PREMIER MEDICAL



# 2027 Benefits Guide



# Welcome to Your 2027 Benefits Guide

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

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# Getting Started

## Important Contacts

| COVERAGE | CONTACT | PHONE | WEBSITE/EMAIL |
|---|---|---|---|
| **Medical** | BlueCross BlueShield FL | 866-543-5966 | floridablue.com |
| **Spending Accounts** | HealthEquity | 866-346-5800 | healthequity.com |
| **Dental** | Delta Dental | 800-448-3815 | deltadentalins.com |
| **Vision** | EyeMed | 866-800-5457 | eyemed.com |
| **Life/AD&D Coverage** | Reliance Matrix | 800-351-7500 Group #6369 | matrixabsence.com |
| **Disability Coverage** | Reliance Matrix | 800-351-7500 Group #6369 | matrixabsence.com |
| **401(k) Retirement** | Fidelity | 800-835-5097 | netbenefits.com |
| **General Questions** | Avant Call Center | 866-993-7778 | |
| **Virtual Care** | BlueVirtualCare | | floridablue.com/virtual-health |
| **Supplemental Plans** *(Accident, Hospital, Critical Illness)* | Reliance Matrix | 800-351-7500 Group #6369 | matrixabsence.com |



# Welcome to Your Benefits!

We are pleased to provide you with competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances, and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this information to make sure you understand the benefits that are available to you and your family, and be sure to act before the enrollment deadline.

This brochure highlights the main features of our employee benefits program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Premier Medical reserves the right to change or discontinue its employee benefits plans at any time.

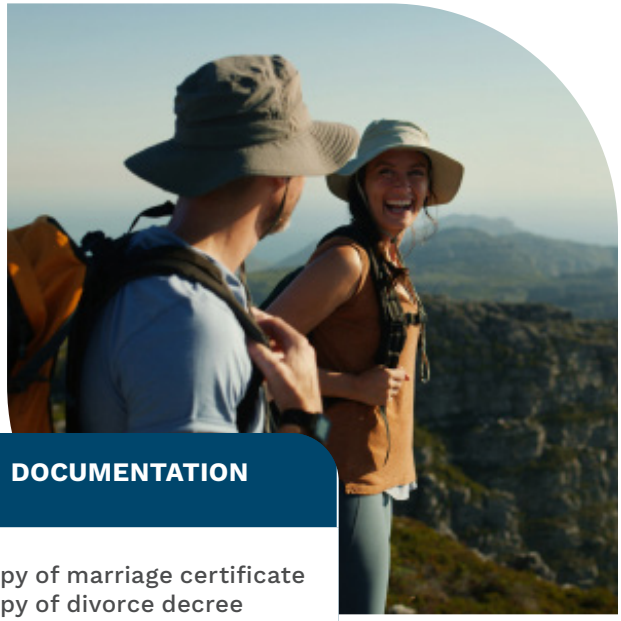
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage.

# Eligibility

As a Premier Medical employee, you are eligible for benefits if you work at least 30 hours per week. You have 30 days following your hire date to enroll in benefits. You also have the option to change your benefit selections during our annual open enrollment period. Most of your benefits are effective on the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents could be:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency, or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return





### CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your benefits unless you have a Qualifying Life Event. If you do not make changes to your benefits within 30 days of the Qualifying Life Event, you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

| QUALIFYING LIFE EVENT | | DOCUMENTATION |
|---|---|---|
| **Change in marital status** | – Marriage<br>– Divorce/Legal Separation<br>– Death | – Copy of marriage certificate<br>– Copy of divorce decree<br>– Copy of death certificate |
| **Change in number of dependents** | – Birth or adoption<br>– Step-child<br>– Death | – Copy of birth certificate or copy of legal adoption papers<br>– Copy of birth certificate plus a copy of the marriage certificate between employee and spouse<br>– Copy of death certificate |
| **Change in employment** | – Change in your eligibility status (i.e., full-time to part-time)<br>– Change in spouse's benefits or employment status | – Notification of increase or reduction of hours that changes coverage status<br>– Documentation of the coverage end date |

# Body and Mind



## Medical Plan

Medical insurance is essential to your well-being, and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

### PARTS OF YOUR MEDICAL PLAN

- **Preventive care** – Always 100% covered when you use in-network providers and includes services like physical exams, flu shots, and screenings.
- **Annual deductible amount** – The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Annual out-of-pocket maximum** – The most you will pay each year for eligible in-network and out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copay** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once your deductible is met, you and the plan share the cost of care, called coinsurance.

# Medical Plan Comparison

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted fees instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

| | HDHP W/ HSA PLAN | PPO PLAN $7,500 | PPO PLAN $1,500 |
|---|---|---|---|
| | IN-NETWORK | IN-NETWORK | IN-NETWORK |
| | | | |
| **Individual** | $5,000 | $7,500 | $1,500 |
| **Family** | $10,000 | $15,000 | $3,000 |
| **CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)** | | | |
| **Individual** | $6,850 | $8,200 | $4,500 |
| **Family** | $13,100 | $16,400 | $9,000 |
| **COINSURANCE / COPAYS** | | | |
| **Preventive Care** | 100% Coverage | 100% Coverage | 100% Coverage |
| **Primary Care Physician** | | | |
| **Value Choice Provider** | No charge after ded. | $10 copay | No charge, ded. does not apply |
| **Primary Care Visits** | Ded. + 10% coinsurance | No charge, ded. does not apply - visits 1-3; $30 copay per remaining | $35 copay |
| **Virtual Visits** | Ded. + 10% coinsurance | $30 copay | No charge, ded. does not apply |
| **Specialist** | | | |
| **Value Choice Specialist** | No charge after ded. | $30 copay per visit | $20 copay per visit |
| **Primary Care Visits** | Ded. + 10% coinsurance | $60 copay per visit | Ded. + 50% coinsurance |
| **Virtual Visits** | Ded. + 10% coinsurance | $60 copay per visit | Ded. + 50% coinsurance |
| **Urgent Care** | | | |
| **Value Choice Provider** | No charge after ded. | No Charge, Ded. does not apply - Visits 1-2; $100 Copay per remaining Visit | No Charge, Ded. does not apply - Visits 1-2; Ded. + 50% Coinsurance per remaining Visit |
| **Urgent Care Visits** | Ded. + 10% coinsurance | $100 copay | 50% after ded. |
| **Emergency Room** | 10% after ded. | 20% after ded. | 50% after ded. |
| **RETAIL RX (UP TO 30- AND 90-DAY SUPPLY)** | | | |
| **Generic** | Deductible + $10 Copay | $10 | $10 |
| **Preferred Brand** | Deductible + $50 Copay | 20% Coinsurance up to | $60 |
| **Non-Preferred Brand** | Deductible + $80 Copay | Not covered | $100 |
| **Specialty** | Refer to applicable Rx drug cost sharing | Specialty drugs are subject to the cost share based on applicable drug tier. | Specialty drugs are subject to the cost share based on applicable drug tier |
| **MAIL ORDER RX (UP TO 90-DAY SUPPLY)** | | | |
| **Preferred Brand** | Ded. + $25 copay | $35 | $25 |
| **Non-Preferred Generic** | Ded. + $125 copay | 20% coinsurance up to a max of $500 | $150 |
| **Non-Preferred Brand** | Ded. + $200 copay | Not covered | $300 |

90-day Rx retail services from out-of-network providers may require prior authorization.
For more information about limitations and exceptions, see the plan or policy document at **floridablue.com**.

# Telemedicine

When you need care — anytime, day or night — or when your primary care provider is not available, telemedicine can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or clinic or sit in a waiting room when you're sick — you can see a doctor from the comfort of your own bed or sofa. Registering in advance ensures your account will be active and ready when you need care.

## Using Telemedicine is Easy:

**1. Register Now**
Download the Florida Blue app from the App Store or Google Play. You can also access BlueVirtualCare at **floridablue.com/virtual-health**.

**2. Request a Visit**
You can see a doctor right away or schedule an appointment by phone, computer, or on the Florida Blue app.

**3. Feel Better**
Get treated by a board certified, licensed doctor who can prescribe medication if necessary.



- Avoid germs in the ER, urgent care clinic, or doctor's office.
- See a US board certified, licensed, telemedicine-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends, and holidays.
- Get treated for more than 80 common conditions including colds, flu, allergies, and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.
- Avoid costly ER and urgent care copays and deductibles.



# Supplemental Medical

Supplemental Medical plans can help you pay for costs you may incur after an accidental injury, illness, or hospitalization. These plans are 100% voluntary, and if you purchase coverage for yourself, you can add coverage for your spouse, domestic partner, and child(ren).

## Accident Insurance

Accident insurance pays out a lump sum if you become injured because of an accident. It allows you to claim benefits even if the injuries you incur do not keep you out of work. Accident insurance may also complement health insurance if an accident causes you to have medical expenses that your health insurance doesn't cover. Accident insurance covers qualifying injuries, which might include a broken limb, loss of a limb, burns, lacerations, or paralysis. In the event of your accidental death, accident insurance pays out money to your designated beneficiary. While health insurance companies pay your provider or facility, accident insurance pays you directly.

**HOW ACCIDENT INSURANCE WORKS**

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse, and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

## Critical Illness Insurance

If you suffer from a serious illness, such as cancer, stroke, or a heart attack, medical insurance may not provide all the coverage you need. Critical Illness insurance will ease the financial strain so you can focus on recovery.

**HOW IS A CRITICAL ILLNESS CLAIM PAID?**

If you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things including:

- Childcare costs
- Medical expenses
- Travel expenses for you and your family
- Lost wages from missed time at work
- Living expenses
- And more

## Hospital Indemnity Insurance

Hospital Indemnity insurance is a supplemental insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance.

**HOW DOES HOSPITAL INDEMNITY INSURANCE WORK?**

If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you to pay for costs not covered by your health insurance, including health insurance deductibles, copays and coinsurance, childcare expenses while you are in the hospital, or cost-of-living expenses as you recover.

# Dental

DELTA DENTAL®

Taking care of your oral health is not a luxury; it is a necessity to long-term optimal health. With a focus on prevention, early diagnosis, and treatment, dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

| DENTAL PLAN SUMMARY | PPO NETWORK | PREMIER NETWORK | NON-DELTA DENTAL |
|---|---|---|---|
| Diagnostic and Preventive | 100% | 100% | 100% |
| Radiographs | 100% | 100% | 100% |
| **BASIC SERVICES** | | | |
| Minor Restorative Services<br>Sealants<br>Posterior Composites<br>Emergency Palliative Treatment<br>Other Basic Services | 80% | 80% | 80% |
| Endodontics<br>Periodontics | 50% | 50% | 50% |
| Oral Surgery (simple/complex) | 80% / 50% | 80% / 50% | 80% / 50% |
| **MAJOR SERVICES** | | | |
| Major Restorative<br>Prosthetic Repairs/Adjustments | 50% | 50% | 50% |
| **ORTHODONTIC SERVICES** | | | |
| Orthodontics<br>(Per covered dependent child up to age 18) | 50% | 50% | 50% |
| **ORTHODONTIC AGE LIMIT** | **8 THROUGH 18** | | |
| Annual/Individual Deductible | $50 | $50 | $50 |
| Annual/Family Deductible | $150 | $150 | $150 |
| Annual Maximum | $1,500 | $1,500 | $1,500 |
| Lifetime Orthodontic Maximum | $1,500 | $1,500 | $1,500 |
| Deductible Waived for: | Diagnostic and Preventive | Diagnostic and Preventive | Diagnostic and Preventive |
| Standard Implants | Covered under Prosthetics | Covered under Prosthetics | Covered under Prosthetics |
| Waiting Periods | None | None | None |
| Product | Comprehensive Enhanced | Comprehensive Enhanced | Comprehensive Enhanced |
| Plan Type | Contributory | Contributory | Contributory |
| Networks | Delta Dental PPO Plus | Delta Dental PPO Plus | Delta Dental PPO Plus |
| Out-of-Network Reimbursement Level | 50% | 50% | 50% |

# Dental (continued)

## Make the Most of Your Benefits

Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventive care, such as cleanings and X-rays, and helps cover extensive dental procedures such as crowns and fillings.

## Resources Available to Members at:

**deltadentalins.com**

**Save Money, Go In Network:**

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.

**Dental Insurance 101:**

Robust member tools including commonly defined insurance terms, videos, and frequently asked questions.

**Oral Health Resources:**

Access dental and health information including a section dedicated to kids' oral health.

**Cost Estimator:**

Use our cost estimator to find out what a dental procedure will cost, or you can always request a pre-treatment estimate from your dentist.

**Prefer to Speak to Someone?**

Toll Free: (800) 422-4234
Monday-Friday: 7 a.m.-7p.m. Central

## Tools Available in the Secure Member Portal

**Coverage Summary:**

Review your dental plan information including eligibility, waiting periods, plan maximums, and frequency limitations.

**Claims Inquiry:**

View claim status, procedure details, dates of service, and applied deductibles. View your explanation of benefits (EOB) online. Opt-out of the paper delivery of your EOB.

**Print ID Cards:**

Print a digital or replacement ID card.

**Secure Member Portal Registration**

1. On **deltadentalins.com,** select "Log In" in the top right-hand corner.
2. Select "Create an account," and on the next page, select Enrollee/Adult Dependent.
3. Remember your username and password because you will need them each time you log in.

**Learn more about how your oral health connects to your overall health at: deltadentalins.com**

# Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

| | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| | YOU PAY | REIMBURSEMENT |
| Exam | $10 Copay | Up to $40 |
| Single Vision Lenses | $10 Copay | Up to $30 |
| Bifocals Lenses | $10 Copay | Up to $50 |
| Trifocals Lenses | $10 Copay | Up to $70 |
| Frames | $0 Copay; 20% off balance over $130 allowance | Up to $91 |
| Contacts in lieu of Frames/Lenses | $0 Copay; 15% off balance over $130 allowance | Up to $130 |
| **BENEFIT FREQUENCY** | | |
| Exam | Exam Every 12 Months | Once Every 12 Months |
| Frames | Exam Every 24 Months | Once Every 24 Months |
| Lenses | Exam Every 12 Months | Once Every 12 Months |
| Contacts | Exam Every 12 Months | Once Every 12 Months |



# Funding Accounts



## Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pre-tax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan, as long as they are not covered under a separate PPO plan.

### How a Health Savings Account Works:

**ELIGIBILITY**
You must be enrolled in the High Deductible Health Plan (HDHP).

**CONTRIBUTIONS**
Premier Medical contributes to your HSA to help offset your annual HDHP deductible. We contribute $20 per pay period ($480 annually) into your HSA.

You contribute on a pre-tax basis and can change how much you contribute from each paycheck up to the annual IRS maximum of $4,500 if you enroll only yourself or $9,000 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older. Keep in mind that the limit includes both your contributions and those made by Premier Medical.

**ELIGIBLE EXPENSES**
You may use your HSA funds to cover medical, dental, vision, and prescription drug expenses incurred by you and your eligible family members.

**USING YOUR ACCOUNT**
Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.

**YOUR HSA IS ALWAYS YOURS — NO MATTER WHAT**
One of the best features of an HSA is that any money left in your account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave Premier Medical or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.

# Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs: the Health Care FSA, the Limited Purpose FSA, and the Dependent Care FSA. **Please Note:** If you are a participant in a HSA, you are not eligible for the Health Care FSA account, but you may contribute to the Limited Purpose FSA.

| HEALTHCARE FSA / LIMITED PURPOSE FSA | DEPENDENT CARE FSA |
|---|---|
| Contribute up to $3,500 per year, pre-tax, to pay for copays, prescription expenses, lab exams and tests, contact lenses, and eyeglasses.<br><br>**Limited Purpose FSA**<br>Those enrolled in the HDHP can contribute up to $3,500 per year, pre-tax, to pay for eligible vision and dental expenses. | Contribute up to $7,500 per year pre-tax, or $3,750 if married and filing separate tax returns to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses. |
| Receive a debit card to pay for eligible medical expenses (funds must be available in your account). | Annual costs may be submitted for automatic reimbursement to your bank account each pay period. |
| Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, and over-the-counter medications prescribed by your doctor. | Can only be used to pay for eligible dependent care expenses including day care, after-school programs, and elder care programs prescribed by a doctor. |
| Submit claims up to March 1 of the following year for expenses from January 1 to December 31.<br><br>If you do not spend all the money in this FSA by **March 1**, per IRS regulations, unused dollars will be forfeited for pre-tax contributions. | Submit claims up to March 1 of the following year for expenses from January 1 to December 31.<br><br>If you do not spend all the money in this FSA by **March 1**, per IRS regulations, unused dollars will be forfeited for pre-tax contributions. |





# Income Protection



## Basic Life and AD&D

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

| BASIC LIFE AND AD&D INSURANCE – FOR YOU | | |
|---|---|---|
| COVERAGE LEVEL | COVERAGE AMOUNT | EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH |
| **Life and AD&D** | One times your base annual earnings up to a maximum of $50,000. | None |

## Voluntary Life & AD&D

Voluntary Life and AD&D insurance for you and your dependents can help protect your family during difficult times.

| LIFE AND AD&D INSURANCE – FOR YOU AND YOUR DEPENDENTS | | |
|---|---|---|
| COVERAGE LEVEL | COVERAGE AMOUNT | EVIDENCE OF INSURABILITY/PROOF OF GOOD HEALTH |
| **Employee Only** | Increments of $10,000 not to exceed 8 times your salary or $500,000. | Required if electing coverage equal to or greater than 8 times base annual pay or $200,000, whichever is less. |
| **Spouse** | Increments of $5,000 up to $250,000 – not to exceed the total amount of employee coverage elected. | Required for amounts equal to or greater than $50,000. |
| **Child(ren)** | Increments of $2,000 to a maximum of $10,000. Reduced coverage for children 14 days to 6 months. | None |

### Guaranteed Issue and Evidence Of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

# Disability

Disability insurance can keep you financially stable should you experience a qualifying disability and are unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.

| SHORT-TERM DISABILITY BENEFITS AT A GLANCE | |
|---|---|
| Coverage | 66.6% of your weekly earnings to a weekly $1,500 maximum for up to 76 days. |
| When Benefits Begin | Benefit begins after 14 days of disability. |
| Election Required | Yes (this is a voluntary plan). |

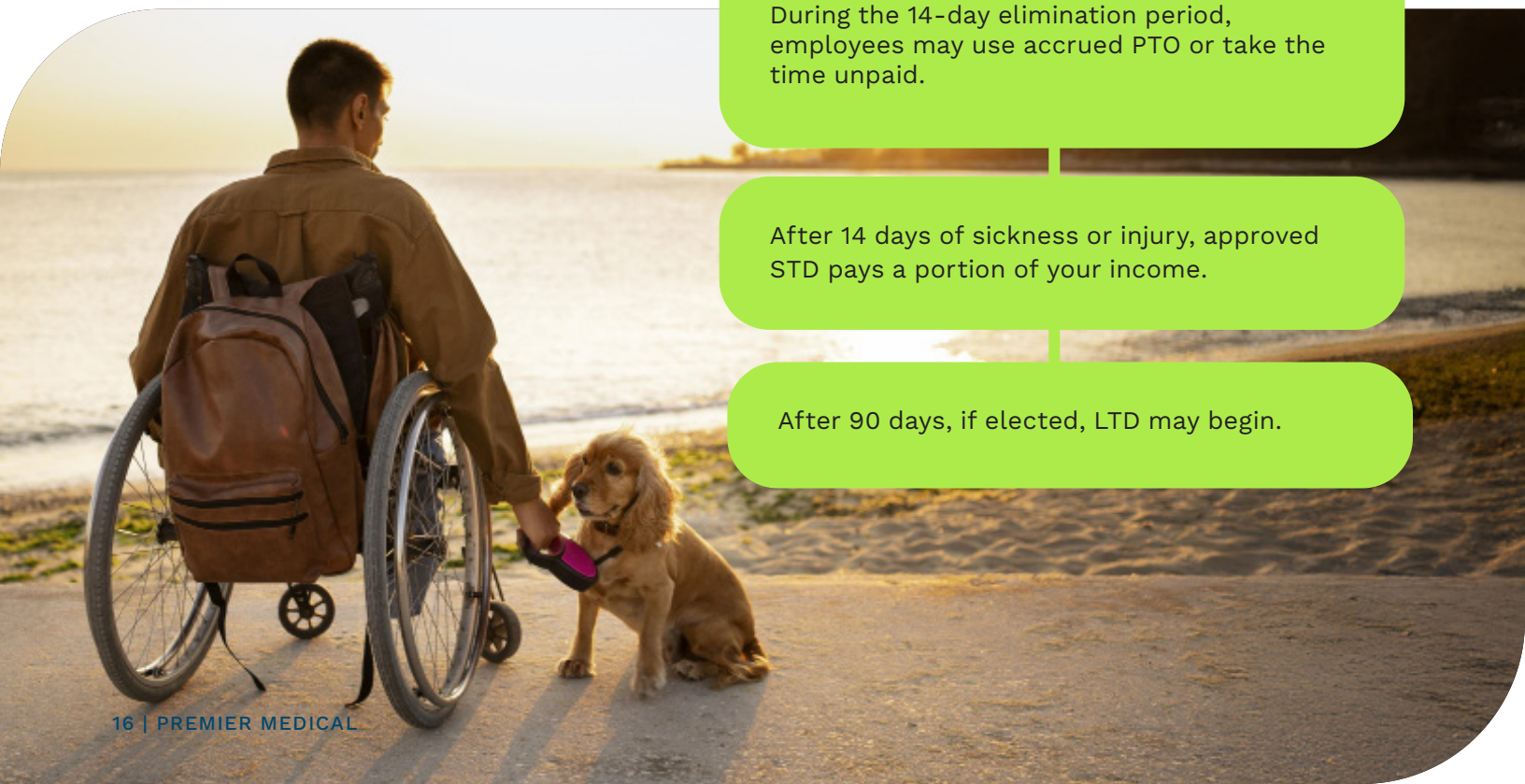
| LONG-TERM DISABILITY BENEFITS AT A GLANCE | |
|---|---|
| Coverage | 60% of your pre-disability earnings up to a maximum benefit of $10,000 per month until you recover or reach your Social Security Normal Retirement Age, whichever is sooner. |
| When Benefits Begin | Benefit begins after 90 days of disability. |
| Election Required | Yes (this is a voluntary plan). |

### HOW STD AND LTD WORK TOGETHER

During the 14-day elimination period, employees may use accrued PTO or take the time unpaid.

After 14 days of sickness or injury, approved STD pays a portion of your income.

After 90 days, if elected, LTD may begin.



# Paid Time Off

Premier Medical offers seven paid holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day



Premier Medical's Paid Time Off (PTO) program supports your need for time away from work, whether for vacation, illness, or occasional absences from your scheduled workday.

| COMPLETED YEARS OF SERVICE | ANNUAL PTO ACCRUAL |
|---|---|
| **Less than 1 Year** | 40 Hours / 5 Days |
| **1 Year** | 48 Hours / 6 Days |
| **2 Years** | 56 Hours / 7 Days |
| **3 Years** | 64 Hours / 8 Days |
| **4-6 Years** | 80 Hours / 10 Days |
| **7-9 Years** | 120 Hours / 15 Days |
| **10 or More Years** | 160 Hours / 20 Days |

The Annual PTO Accrual is prorated for part-time employees scheduled to work a minimum of 30 hours per week based on their full-time equivalency. New employees will receive a prorated Annual PTO Accrual based on their hire date.

Any unused accrued PTO carries over at the end of the year. The maximum PTO accrual is equal to 1x the annual accrual rate. If the maximum accrual is reached, no additional hours are accrued until time is used and the total accrual falls below the maximum. (Ex: An employee who has been with Premier Medical for 3 years and has unused accrued PTO of 8 days in December will carry over 8 days to the new year. Additional accrual of PTO will not be received in January because the maximum accrual has been reached.)

*Policy details such as eligibility and days recognized can be found on Nucleus.*

# 401(k) Retirement Plan

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) retirement plan allows you to save for retirement on a pre-tax basis. You can begin contributing to the plan at any time once you become eligible and can start making contributions to your account through convenient payroll deductions.

Learn more by visiting **netbenefits.com** or calling 800-835-5097.

## Eligibility Requirements

You are eligible to enroll in the plan after three months of service as long as you are age 18 or older. New hires will be automatically enrolled as soon as they are eligible at a pre-tax contribution of 4%. To encourage savings, the plan will automatically increase your annual contribution by 1% every year on your participation eligibility date until you reach a deferral of 6%. You may change this amount or opt out at any time.

## Contributions

The 2027 IRS retirement plan maximum contribution is projected to be $25,500. You can choose to contribute up to 100% of your eligible compensation and change your contribution at any time throughout the year.

If you are or will be age 50 or older by the end of 2027, you are eligible to make additional catch-up contributions up to $8,500. If you are or will be age 60-63 by the end of 2027, you are eligible to make an increased catch up contributions up to $11,750.

## Employer Match

Premier Medical will match your contributions at 100% on the first 2% you save and 50% on the next 4%. So, if you save 6% to your 401(k), the company will deposit a 4% match into your account. The employer match is contributed every paycheck and begins as soon as you start participating in the plan.

All employer match contributions will be 100% vested after two years of eligibility with Premier Medical.

## Advisory Services

To help you achieve your financial goals, Premier Medical partners with the Christensen Group to provide you with access to personal investment advisors. Here is how to connect with them:

Spencer Rose
Investment Advisor
952-653-1047
**srose@cgfinancial.com**





# Employee Assistance Program (EAP)

You automatically have access to the Employee Assistance Program (EAP). This program provides professional, confidential telephonic or face-to-face counseling services to you and your household members at no cost. The EAP can help you resolve personal issues and problems before they affect your health, relationships, and work performance.

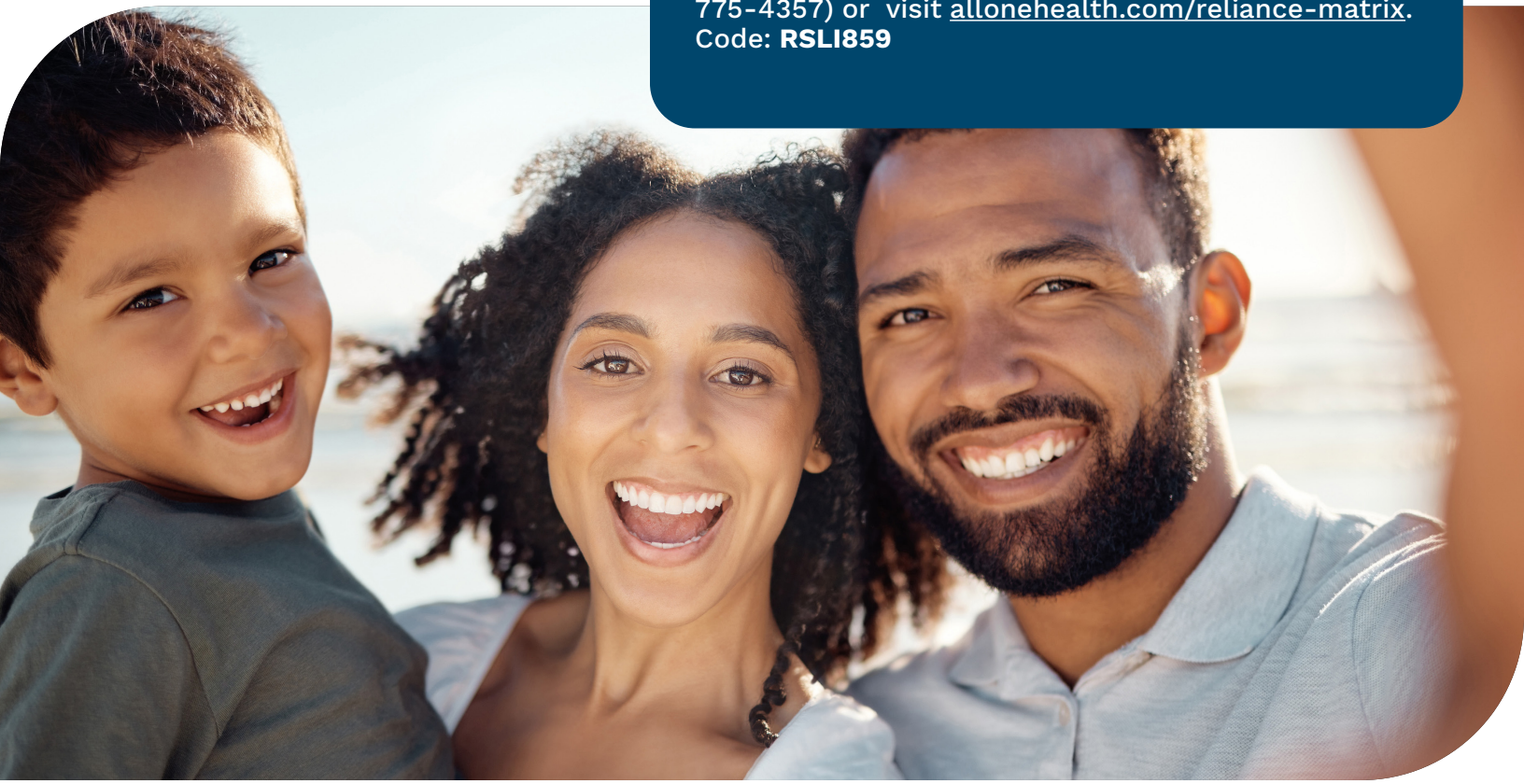
This program is available 24 hours a day, 365 days a year for confidential counseling, referral, and follow-up services for issues such as:

- Mental health concerns
- Emotional difficulties
- Domestic abuse
- Substance abuse
- Financial worries
- Grief and loss
- Relationship support
- Self-esteem and personal development
- Stress management
- Work-life balance

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

**EAP CONNECTION OPTIONS**

Contact AllOne Health: Call 855-RSL-HELP (855-775-4357) or visit allonehealth.com/reliance-matrix. Code: **RSLI859**



# Additional Benefits



As part of our commitment to preventive health and wellness, Premier Medical offers the following additional services to you and your dependents enrolled in our medical plans at no cost to you:

## Blue365

Use Blue365 to save on local and national wellness products. Some examples include fitness apparel, gym memberships, healthy food, and more. Visit **Blue365Deals.com**.

## Cost of Care Tools

It can sometimes be hard to make health decisions for you and your family. Download the BlueCross BlueShield mobile app or go to **FloridaBlue.com** to research and compare costs for common procedures and non-emergency services.

## Health Management

Receive professional support to help you manage chronic or serious health conditions by calling 888-476-2227. This service includes education, treatment plan support, and community resource information.

## Maternity Management

Maternity Management provides prenatal support to help you prepare for the arrival of your new baby, answer any questions you may have, and offer advice about staying healthy throughout your pregnancy. To connect, call 800-955-7635 (option 6).

## Travel Assistance

Get help coping with emergencies when you travel. Travel specialists are available to help handle complex and remote medical transportation needs and provide support for travel concerns as they arise. As a Premier Medical employee, you are automatically enrolled for travel assistance through Reliance Matrix. Travel assistance is accessible 24 hours a day, every day. For more information, call 800-456-3893 while traveling within the United States or +1 603-328-1966 anywhere in the world.

# Monthly Employee Contributions

| MEDICAL | HDHP W/HSA | PPO PLAN $7,500 | PPO PLAN $1,500 |
|---|---|---|---|
| Employee Only | $261.16 | $162.77 | $321.94 |
| Employee + Spouse | $595.46 | $484.07 | $734.03 |
| Employee + Child(ren) | $522.33 | $424.63 | $643.88 |
| Employee + Family | $835.72 | $679.40 | $1,030.21 |

| DENTAL | |
|---|---|
| Employee Only | $20.67 |
| Employee + Spouse | $42.68 |
| Employee + Child(ren) | $55.03 |
| Employee + Family | $75.16 |

| VISION | |
|---|---|
| Employee Only | $6.33 |
| Employee + Spouse | $12.03 |
| Employee + Child(ren) | $12.66 |
| Employee + Family | $18.62 |

**VOLUNTARY LIFE WITH AD&D**

| AGE | MONTHLY RATES PER $1,000 | AGE | MONTHLY RATES PER $1,000 |
|---|---|---|---|
| Child Rate | $0.151 | 45-49 | $0.163 |
| Under 25 | $0.053 | 50-54 | $0.242 |
| 25-29 | $0.053 | 55-59 | $0.442 |
| 30-34 | $0.068 | 60-64 | $0.602 |
| 35-39 | $0.093 | 65-69 | $1.09 |
| 40-44 | $0.113 | 70-74 | $1.769 |

# Monthly Employee Contributions Continued

| ACCIDENT | |
|---|---|
| Employee Only | $9.64 |
| Employee + Spouse | $14.80 |
| Employee + Child(ren) | $18.57 |
| Employee + Family | $24.11 |

| HOSPITAL INDEMNITY | |
|---|---|
| Employee Only | $19.00 |
| Employee + Spouse | $27.00 |
| Employee + Child(ren) | $37.00 |
| Employee + Family | $47.00 |

**CRITICAL ILLNESS RATES**

| AGE | EMPLOYEE & SPOUSE MONTHLY RATES PER $1,000 | AGE | EMPLOYEE & SPOUSE MONTHLY RATES PER $1,000 |
|---|---|---|---|
| < 25 | $0.19 | 50-54 | $1.78 |
| 25-29 | $0.19 | 55-59 | $2.40 |
| 30-34 | $0.29 | 60-64 | $3.46 |
| 35-39 | $0.41 | 65-69 | $4.74 |
| 40-44 | $0.65 | 70+ | $6.52 |
| 45-49 | $1.09 | | |

| Premium Cost: Dependent Child(ren) Monthly Rate per $1,000 of Coverage |
|---|
| $0 |
| One rate covers all eligible Dependent Children in family, regardless of number |



# PREMIER MEDICAL

2027 BENEFITS GUIDE