Impact Support Services

2026 Employee Benefit Guide

WELCOME

To Your Annual Open Enrollment

This PDF is interactive. Use the navigation bar or page numbers to jump to any section. Click the video links for helpful guidance.

Welcome To Your Open Enrollment!

Impact Support Services is pleased to offer a wide range of benefits for our employees and their families. These benefits are an important part of your total compensation package, serving as a valuable resource and reflecting Impact Support Services' investment in our employees.

We are proud to provide $20,000 in employer-paid basic life insurance, as well as a portion of the insurance premiums for all eligible full-time employees working 30 or more hours per week.

This guide was created to answer some of the questions you may have about your benefits. Please read it carefully along with any additional materials you receive.

If you have any questions or concerns about your benefits, please do not hesitate to contact the Employee Benefits team - we're happy to help!

Lisa Otto
lotto@impactmissouri.org

WHAT'S INSIDE

OVERVIEW & ELIGIBILITY

HEALTH AND WELFARE

ADDITIONAL ANCILLARY

The information in this guide is a summary of your company's benefits. Every effort has been made to ensure its accuracy. If there is any inconsistency between the information in this guide and the carrier's formal plans, programs, policies, or contracts, the insurance carrier's Summary of Benefits and Coverage (SBC) will govern.

Contacts

Benefits Plan	Carrier	Phone Number	Website/Email
HR Contacts	Lisa Otto	573.474.9446	lotto@impactmissouri.org
Medical	HealthEZ	800.948.9450	www.healthez.com
Dental	The Standard	800.547.9515	www.standard.com/services
Vision	The Standard/VSP	800.877.7195	www.standard.com/services
Life | AD&D	The Standard	800.547.9515	www.standard.com

Questions, Problems, or Concerns?

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. If you require assistance, have your ID number or Social Security Number available and follow these steps:

- **FOR CLAIMS ASSISTANCE** call the applicable insurance carrier. Have your ID number, date of service, and provider name available.
- **DO YOU NEED AN ID CARD?** If you do not have an ID card, please contact the insurance carrier to order one, or go online to the carrier's site to download it.
- **IF YOU REQUIRE FURTHER ASSISTANCE,** please contact Human Resources.

Enrollment

Register your account and log in at the Paycom portal

Open Enrollment Is Active This Year

Enrollment is MANDATORY for all eligible employees during this Open Enrollment period regardless of whether you are enrolling for the first time, keeping current benefits the same, making changes or waiving coverage. When selecting your benefits, please discuss this information with your significant other to ensure your choices align with your family financial and health care needs.

If you are a New Hire enrolling for the first time or a current employee wanting to make a change due to a qualifying event, you must notify Human Resources no later than 30 days after your hire date or qualifying event date.

Key Dates

Open Enrollment Period: November 17th - December 2nd
Effective Date of Changes: January 1, 2026

Pre-Tax / Post-Tax Benefits

Pre-Tax Benefits - Any deductions from payroll for Medical, Dental, and Vision, will be taken on a pre-tax basis.

Post-Tax Benefits - Deductions from payroll for Voluntary Life/AD&D, benefits will be taken on a post-tax basis.

Please Note:

- After your enrollment is completed and approved, it may take up to ten (10) days for you to receive your ID card in the mail. Simply give your provider your date of birth and/or social security number so they can verify your coverage with the appropriate carrier.
- It may take up to two (2) weeks for you to be recognized in the insurance carrier's system. Keep this in mind when making doctors' appointments. If you need to schedule an appointment within two weeks (2) of your effective date contact HR to expedite your enrollment.
- **Dependent children enrolled on the medical, dental, and/or vision plans will be removed from coverage at the end of the calendar month following their 26th birthday.**

Benefits Eligibility

Eligibility Details Explained

Each year, during the open enrollment period, you may enroll in or make changes to your benefit elections without needing a qualifying event. After you have made your elections, you will not be able to change, add, or drop coverage until the next open enrollment. The only exception to this is if you experience a "Qualifying Event." For more details refer to page 6.

Eligibility

All full-time employees working at least 30 hours per week are eligible to enroll in the employee benefits outlined in this guide.

If you have questions regarding your eligibility, please reach out to Human Resources for verification.

Eligible Dependents

In addition to enrolling yourself, you may enroll the following eligible dependents in Impact Support Services' Medical, Dental, Vision, and Voluntary Life coverage:

- A legally married spouse;
- A dependent child under age 26, following these guidelines:
  - A child you and/or your spouse have by birth, legal adoption, placement for adoption, or legal guardianship;
  - A child for whom you must provide coverage due to a Court Order.
- Coverage can extend past age 26 for dependents with disabilities.
- Completing enrollment serves as a request for coverage and authorizes any necessary payroll deductions for that coverage.

When Benefits Become Effective

If you are a newly hired employee, your benefits begin on the first day of the month following 60 days from your date of hire. You must complete your enrollment within 30 days of your date of hire.

New employees must enroll within 30 days of their date of hire.

Newly Hired | Eligible Employees

New Hires and newly eligible employees **MUST** complete enrollment through Paycom even if choosing to waive coverage. Please remember to designate a beneficiary, as this is required for the Company-paid life insurance.

Pre-Tax Benefits: Section 125

Our Company's benefit plans are structured under Section 125. This allows you to choose to pay premiums for health, dental, and vision coverage using pre-tax dollars. Using pre-tax dollars lowers your taxable income, resulting in fewer taxes withheld from your paycheck.

Pre-Tax Reminder:

When you pay for your dependent's benefits on a pre-tax basis, you are confirming that they meet the IRS definition of a dependent. [IRC 152, 21 (b)(1) and 105 (b)]. If your children or spouse do not meet the IRS definition, it will result in a tax liability to you, such as changing that dependent's election to a post-tax election or receiving imputed income on your W-2 for the dependent's coverage that was incorrectly taken on a pre-tax basis.

Benefits Eligibility

Qualifying Life Events

You must notify Human Resources within 30 days of the life event to make a change in your benefit selection.

Life Event Status Changes for Health, Dental, Vision, and Flexible Spending Accounts

You experience a life event status change if:

- Your marital status changes due to marriage, the death of your spouse, divorce, legal separation, or annulment.
- Your number of dependents changes through birth, adoption, placement for adoption, or death of a dependent.
- You, your spouse, or dependents start or end employment.
- A dependent becomes ineligible due to attainment of age.
- You, your spouse, or dependents undergo a change in employment hours (including shifting between part-time and full-time, strikes or lockouts, or starting or returning from an unpaid leave of absence).
- You gain or lose eligibility under a plan from your employer or your spouse's employer.
- You, your spouse, or your dependents experience a change in residence that leads to significant network disruption.

Making Changes to Coverage

To change your health, dental, and vision coverage, a life event status change must result in you, your spouse, or dependent gaining or losing eligibility for coverage under this plan or another employer's plan. Not every life change qualifies. Here are some examples:

- **Qualifying Event:** If your spouse loses insurance coverage due to a job loss, this qualifies as a life event status change.
- **Non-Qualifying Event**: If your spouse starts a new job that does not offer insurance and was not previously covered under your plan, this does not qualify because there is no change in eligibility for coverage under your plan.

When a life event status change occurs, your requested election change must directly correspond to the resulting gain or loss of eligibility from that life event under this plan or another employer's plan.

Benefits Eligibility

Qualifying Life Events (Continued)

Other Qualifying Events

Any of the following events may also qualify as life event status changes:

- A court order requires that your child(ren) receive accident or health coverage under this plan or a former spouse's plan.
- You, your spouse, or dependent(s) become eligible for Medicare or Medicaid.
- You have a special enrollment event.
- There is a significant change in the cost or coverage for you or your spouse due to your spouse's employment.

Recognition of Life Event Status Changes for Other Benefits

For all other benefits under the plan, a life event status change will be recognized if it is related to and consistent with a change in status, as determined by the plan administrator, at its discretion, under applicable law and the plan provisions.

Discover how life event status changes can impact your benefits.

Benefits Eligibility

Qualifying Life Events (Continued)

Event	Action Required	Results If Action Not Taken
New Hire:	Make elections within 30 days of your date of hire. Documentation is required.	You and your dependents will not be eligible until the next Open Enrollment period.
Marriage:	Your new spouse must be added to your elections within 30 days of the marriage date. A copy of the marriage certificate may be required.	Your spouse is not eligible until the next Open Enrollment period.
Divorce:	Your former spouse must be removed within 30 days. Proof of the divorce will be required. A copy of the divorce decree may be required.	Benefits are not available for a divorced spouse and will be recouped if paid erroneously. This includes COBRA benefits.
Birth or adoption of a child:	The new dependent must be enrolled in your elections within 30 days of the birth and/or adoption, even if you already have family coverage. A copy of the birth certificate may be required. Once you receive your child's Social Security number, contact Human Resources to update their insurance record.	The new dependent will not be covered on your health insurance until the next Open Enrollment period.
Death of a spouse or dependent:	Remove the dependent from your elections within 30 days from the date of death. A death certificate may be required.	You may pay a higher premium than necessary and could be overpaying for coverage.
Your spouse gains or loses employment that provides health benefits:	Add or drop health benefits from your elections within 30 days of the event date. A letter from the employer or insurance company may be required.	You need to wait until the next Open Enrollment period to make any change.
Loss of coverage with a spouse:	Change your elections within 30 days from the loss of coverage. A letter from the employer or previous insurance carrier may be required.	You will be unable to enroll in benefits until the next Open Enrollment period.
Changing from full-time to part-time employment (without benefits) or from part-time to full-time (with benefits):	Change your elections within 30 days from the employment status change in order to receive COBRA information or to enroll in benefits as a full-time employee. Documentation from the employer may be required.	Benefits may not be available to you or your dependents if you wait to enroll in COBRA. Full-time employees will have to wait until the Open Enrollment period.

Update Promptly if you Experience a Life Event Status Change!

You must update your elections in Paycom within 30 days of any changes in your life event status, otherwise you will have to wait until the next open enrollment period to make changes. If you are adding or removing dependents, you may be required to provide documents to Human Resources. For help in processing life event status changes, please contact Human Resources.

Medical Plan Summary

HealthEZ | 866.486.8242 | www.healthez.com

Impact Support Services offers medical coverage through Big Tree and HealthEZ that allow the flexibility of choosing from "in-network" and "out-of-network" providers.

PPO Plan
HealthEZ offers you several network options. You have the freedom to use providers at either Big Tree Medical, Health Cooperative of Missouri or HealthLink networks, but you will have lower out-of-pocket expenses if you utilize Big Tree or a Health Cooperative of Missouri provider.

Direct Primary Care
Big Tree direct primary care is a membership-based health option that provides access to primary care services for no charge.

Health Cooperative of Missouri (HCM)
***Provider Search* - healthcoopofmo.org**

HCM is a lower-cost network through the Health Cooperative of Missouri. If you utilize a provider in the HCM network, you will have a lower deductible, maximum out-of-pocket, and copays.

HealthLink
Provider Search - healthlink.com/ipf

The HealthLink network includes a wide network of primary care providers, specialists, and hospitals. You can choose whether to use in-network or out-of-network providers, but you are strongly encouraged to seek in-network providers.

Build a Strong Relationship with Your Primary Care Physician

Here are three tips to build a strong relationship with a new primary care physician, or improve the bond with your current one:

1. Know what's important to you in a physician.
When searching for a new doctor, be sure you have good interpersonal chemistry, that they're committed to your well-being, and that their office is well-organized.

2. Share your health history.
Help your physicians understand you better by collecting your medical records, documenting your family's health history, and sharing this information with every new physician you meet.

3. Ask the right questions to build rapport and pave the way to better health.
To make the most of your appointment, write down your health-related questions for your physician beforehand.

Medical Plan Summary

HealthEZ | 866.486.8242 | www.healthez.com

	PPO Plan		
	Big Tree Direct Primary Care	**Health Cooperative of Missouri**	**Healthlink (In Network)**
***Annual Deductible** - (Individual | Family) Once the deductible is met, the plan begins to pay for covered services	N/A	$0 | $0	$3,000 | $7,000
***Out-of-Pocket Max** - (Individual | Family) Once these limits are met, all remaining covered expenses are paid at 100% from Network Providers	N/A	$4,500 | $9,000	$4,500 | $9,000
Coinsurance (portion you pay)	N/A	0%	20%
Preventive Services Includes routine physical exams, well-child care, women's preventative health services and routine screening tests	Covered at 100%	Covered at 100%	Covered at 100%
Office Visits - PCP | Specialist	$0 | N/A	$40 Copay | No charge	$60 Copay | $75
Urgent Care Centers	$0	$40 Copay	$60 Copay
Emergency Room - Copay waived if admitted	N/A	$250	$250
Emergency Medical Transportation	N/A	20% A.D.	20% A.D.
Lab Work	N/A	0%	20% A.D.
Radiology Services	N/A	0%	20% A.D.
Inpatient Hospital Facility Fees	N/A	0%	20% A.D.
Outpatient Facility Fees	N/A	0%	20% A.D.
Physical Therapy Pre-certification required	N/A	0%	20% A.D.
Skilled Nursing Care Pre-certification required	N/A	0%	20% A.D.
Home Health Services Pre-certification required	N/A	0%	20% A.D.
Hospice Services Inpatient stays: Pre-certification Required	N/A	0%	20% A.D.
Durable Medical Equipment Pre-certification may be required	N/A	0%	20% A.D.

Deductibles and Out-of-Pocket Maximums cross accumulate

Understand PPO providers better.

***Deductibles and Out-of-Pocket Maximums reset on January 1st**
A.D. = After Deductible

Medical Premiums

2026 Medical Premiums

Medical	
Coverage Level	Employee *Semi-Monthly Costs*
Employee Only	$57.90
Employee + Spouse	$373.32
Employee + Child(ren)	$294.74
Family	$486.64

Call Big Tree First

Big Tree Medical | 573.814.1170

CALL BIG TREE FIRST!

Most urgent care visits are unnecessary and expensive. Your Big Tree team can treat many of of these issues quickly, often with same-day appointments — in person or virtually. If you're an employee on the Big Tree health plan, **there's no charge for your visit.***

CALL BIG TREE FIRST FOR THESE CONCERNS:

COMMON ILLNESSES
- Strep throat
- Sinus infections
- Ear infections
- Cough, cold, and flu
- Pink eye and minor eye irritation
- Nausea, vomiting, diarrhea
- Urinary tract infections (UTIs)

MINOR INJURIES
- Sprains and strains
- Minor burns and cuts
- Stitches and laceration repair
- Wound care and dressing changes
- Foreign body removal (splinters, glass)

SKIN & ALLERGIES
- Rashes and allergic reactions
- Insect bites or stings
- Poison ivy and contact dermatitis
- Eczema flare-ups
- Minor infections or abscesses

PAIN & OTHER CONCERNS
- Headaches and migraines
- Back or joint pain
- Ear wax impaction (ear lavage)
- Minor dehydration (IV hydration available*)
- Mild asthma or breathing issues

TESTING & PROCEDURES
- Rapid testing (strep, flu*, COVID*)
- Pregnancy tests
- EKGs for heart rhythm concerns

*These services require an additional fee.

573-814-1170

OR MESSAGE US ON SPRUCE!

WHAT TO EXPECT WHEN YOU CALL:

1. You'll first receive an automatic message – press "1" if your need is urgent.
2. Our on-call nurse will respond, assess your situation, and involve your provider if needed.
3. A nurse and provider are available 24/7 to make sure you get the care you need, when you need it.

Emergency Care Disclaimer

Big Tree Medical is not an emergency care facility. If you are experiencing chest pain, severe shortness of breath, major injuries, signs of a stroke, heavy bleeding that does not stop, or any other potentially life-threatening emergency, you should call 911 immediately or go to the nearest emergency department.

Call Big Tree First Included Services

Big Tree Medical | 573.814.1170

SERVICES INCLUDED IN YOUR MEMBERSHIP

All these services–and more–are included with your Big Tree Unlimited Membership* at no extra cost, with no copays:

INCLUDED SERVICE
Preventative Care
Acute Care
Chronic Disease Management
Routine Health Maintenance
Women's Health Services
Well-Woman Exam
Specialty Referrals
Nutritional Counseling
Patient Education
Medication Management
ECG or EKG
Suturing / Stitching
Pediatrics
Ear Wax Removal
Mental Health Conditions
Diabetes
Hypertension
Asthma
Obesity
Strep Test
Pregnancy Test

*Access members still pay copays.

BIG TREE MEDICAL

BILLED SERVICES

Big Tree strives to provide the most cost effective services possible. There is a charge associated with the following items:

BILLED SERVICE	COST
Covid Test	$15
Urine Drug Screening	$25
Flu Test	$30
Botulinum Toxin Injection *(Per Unit)*	$10
GLP-1 Medication *(Starting Price)*	$185
Female HRT Pellets *(3-4 Month Supply)*	$250
Male HRT Pellets *(5-6 Month Supply)*	$500
NAD+ *(2 month supply)*	$250
Sermorelin *(2 month supply)*	$250
Nexplanons	$359.99
Mirena IUDs	$389.99
Sclerotherapy	$300

Need a service you don't see here? Call, text, or message us on Spruce!

(573) 814-1170 | bigtreemedical.com | 200 Corporate Lake Dr, Columbia, MO 65203

Health Co-Op Of Missouri (HCM)

Health Cooperative of Missouri | www.HealthCoopofMO.org

Welcome to the Health Co-Operative of Missouri Plan

If you enroll in the PPO Plan, you have access to the Health Co-Operative of Missouri—a community-based health plan designed to deliver high-quality, affordable healthcare through a network of over 750 local physicians, hospitals, and healthcare professionals. This plan is built by Missouri providers, for Missouri residents, with the goal of improving your access to care while reducing costs for you and your family.

Priority Access Health Program

The Priority Access Health Program offers you the flexibility to choose your provider and hospital, with traditional deductible, copays, and coinsurance. If you use a provider or hospital that is a member of the Health Cooperative of Missouri, you may qualify for enhanced benefits, including lower copays, deductibles, and coinsurance. This means you can receive care from trusted local providers with minimal out-of-pocket expenses, making it easier to stay healthy without financial stress. The program encourages proactive and routine visits, which can lead to better health outcomes and lower overall healthcare spending.

Notable Providers Available through the Co-Op

- A.T Still University of Health Sciences
- Big Tree Medical Home
- Boone Health
- Bothwell Regional Health Center
- Columbia Endoscopy Center
- Central Missouri Dermatology
- Fitzgibbon Hospital
- Kirksville Specialty Clinic
- Labcorp
- Marshall Medical
- Medix Infusion
- Missouri Cancer Associates
- Ozarks Healthcare
- Columbia Orthopedic Group
- Pershing Health System
- Sullivan County Memorial Hospital
- Surgery Center at the Forum
- Tiger Pediatrics
- Women's Health Associates

Locate a Provider Near You

For a comprehensive list of providers in your area, please visit HealthCoopofMO.org or use the QR Code below to visit their website.

Know Where to Go for Care

Go to the right place - for the right care - at the right time

Make the best decision about where to go for medical care. With so many options to get care quickly, it can be confusing to know where to go and how much you might have to pay.

Virtual Care

Get care for common health problems wherever you are, 24/7.

Use your smartphone or computer to meet with a board-certified doctor for a quick and convenient virtual visit. These doctors are contracted through Big Tree Medical to provide private and secure visits.

Choosing between primary, urgent, or emergency care.

Your Doctor

If it is not a life-threatening emergency, your doctor is usually the best option.

If you need medical care, but it is not an emergency, always start with your primary care doctor for an appointment.

Big Tree Medical

If your doctor can't see you today or the office is closed, urgent care is an option for issues that can't wait.

Urgent care centers and retail health clinics (normally a walk-in clinic found inside a retail store) can save you time and money when you have a non-life-threatening illness or injury.

Emergency Room

If your health or life is threatened, never wait. Call 911 or go straight to the nearest emergency room.

Emergency rooms (ER) are not intended for routine healthcare. When you go to the ER, a doctor, who may not be familiar with your medical history, determines whether you need emergency care. If you use the ER for a non-emergency, it may cost you more.*

***Important Note**

Smaller community or neighborhood hospitals may advertise both "emergency" and "urgent" care. Emergency room rates are generally charged for any type of visit at these facilities.

Know Where to Go for Care (continued)

Go to the right place - for the right care - at the right time

	Primary Care Physician	Big Tree Virtual Care	Retail Health Clinic	Big Tree Urgent Care	Emergency Room
Mild Asthma	✓	✓	✓	✓	
Minor Headaches	✓	✓	✓	✓	
Sprains, Strains	✓	✓	✓	✓	
Nausea, Vomiting, Diarrhea	✓	✓	✓	✓	
Bumps, Cuts, Scrapes	✓	✓	✓	✓	
Coughs, Sore Throat	✓	✓	✓	✓	
Ear and Sinus Pain	✓	✓	✓	✓	
Eye swelling, irritation, redness, or pain	✓	✓	✓	✓	
Minor Allergic Reactions	✓	✓	✓	✓	
Minor Fevers, Colds	✓	✓	✓	✓	
Rashes, Minor Burns	✓	✓	✓	✓	
Vaccinations	✓		✓	✓	
Back Pain	✓			✓	
X-Rays				✓	
Animal Bites				✓	
Stitches				✓	
Cut or wound that won't stop bleeding					✓
Any life-threatening or disabling condition					✓
Sudden or unexplained loss of consciousness					✓
Chest pain, numbness in face, arm, or leg					✓
Severe shortness of breath					✓
High fever with stiff neck, mental confusion					✓
Coughing up or vomiting blood					✓
Possible broken bones					✓

Disclaimer: This is not medical advice. Please consult a medical professional for further assistance.

Rx Summary

Prime Therapeutics | 800.858.0723 | www.primetherapeutics.com

Prime Therapeutics			
	Big Tree Medical	**Retail (per 30-day Supply)**	**Mail Order (per 90-day Supply)**
Preventive Prescriptions	180+ Medications for only $1	No Charge	No Charge
Generic		$5 Copay	$10 Copay
Preferred Brand		$15 Copay	$30 Copay
Non-Preferred Brand		$25 Copay	$50 Copay
Specialty Drugs		$100 Copay	Not Covered

Rx Summary

Prime Therapeutics | 800.858.0723 | www.primetherapeutics.com

A Smarter Way to Manage your Pharmacy Benefits

Your Pharmacy Benefit Manager is Prime Therapeutics.

What is a Pharmacy Benefit Manager?

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers.

What is Mail Order?

If you take maintenance medications for long-term conditions you could save money with Prime Therapeutics' mail service pharmacy. Visit your dedicated Benefits website to get started.

What are Generic drugs?

Generics are the same in dosage, safety, strength, quality and intended use as brand-name drugs, and although they are chemically identical to their branded counterparts, they are sold at substantial discounts. Talk to your doctor to find out if there is a generic equivalent for your brand-name drug.

Prime Therapeutics Member Portal

Access your prescription history, schedule a refill and more! Visit PrimeTherapeutics.com and select Member Portal. If it's your first time on the site, you will need to complete the one-time registration process.

Your Specialty Medications are administered through Payer Matrix.

Your Prescription Plan has been enhanced to reduce your cost paid for specialty drugs through a program called the Specialty Cost Containment Solution. All plan participants using specialty drugs are required to meet prior authorization criteria and administrative review under the Payer Matrix program. You must enroll in the Payer Matrix program or you will be responsible for 100% co-insurance or the full cost of your medication

If you are currently taking a specialty medication, please contact a Payer Matrix Care Coordinator at (877) 305-6202 or email customerservice@payermatrix.com.

Dental Insurance

The Standard | 800.547.9515 | www.standard.com/services

In addition to protecting your smile, dental insurance helps pay for dental care and usually 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.

Benefit Summary	
Calendar Year Maximum - Per Individual	$1,000
Calendar Year Deductible - Individual | Family	$50 | $150
Preventive Services (Included in Calendar Year Maximum)	Covered 100%, No Deductible
Basic Services	10% A.D.
Major Services	40% A.D.
Orthodontia (Child only)	50%, Lifetime maximum: $1,000 per person

Dental	
Coverage Level	Employee Semi-Monthly Cost
Employee Only	$15.50
Employee + One	$29.25
Employee + Two or More	$52.50

Vision Insurance

The Standard/VSP | 800.877.7195 | www.standard.com/services

Benefit	VSP Choice Network + Affiliates	Frequency
Exams	Covered in full	1 per 12 months
Prescription Glasses		
Lenses	Covered in full Single vision, Bi/Trifocal, and Lenticular Lenses	1 pair per 12 months
Frames	$130 Allowance	1 set per 24 months
Contacts		
Conventional	Up to $130 allowance when chosen instead of glasses, or covered in full if medically necessary	1 set per 12 months

Vision	
Coverage Level	Employee *Semi-Monthly Cost*
Employee Only	$3.23
Employee + One	$5.78
Employee + Two or More	$8.58

Life and AD&D Insurance

The Standard | 800.547.9515 | www.standard.com

Basic Life and AD&D Insurance

Life Insurance ensures your family's financial security in the unfortunate event of your passing. Impact Support Services provides basic Life and AD&D insurance at no cost to you. You are automatically covered for up to $20,000 through Standard Insurance Company. Coverage in the amount of $5,000 is provided for spouses and coverage in the amount of $2,000 is provided for children. The entire cost of these benefits is covered by Impact Support Services.

Life and AD&D benefits reduce to 65% at age 70, and 45% at age 75.

Basic Life and AD&D	Coverage Detail
Employee	Employer-paid benefit providing $20,000 in coverage for life insurance and AD&D.
Spouse	Employer-paid benefit providing $5,000 in coverage for life insurance and AD&D.
Child(ren)	Employer-paid benefit providing $2,000 in coverage per child for life insurance and AD&D.

Voluntary Life and AD&D Insurance

In addition to the company paid life insurance, you have the opportunity to elect additional life insurance through Standard Insurance Company. AD&D amount will reflect the Voluntary Life insurance amount.

Voluntary Life and AD&D	Coverage Details
Employee Benefit	Increments of $10,000, up to $500,000
Employee Maximum Benefit	$500,000
Employee Guarantee Issue	$130,000
Spousal Benefit	Minimum of $5,000, up to $250,000
Spousal Maximum Benefit	50% of employee's benefit, up to $250,000
Spousal Guarantee Issue	$250,000
Child Benefit	Birth to 14 days: $1,000 14 days+: $10,000
Child Maximum Benefit	$10,000

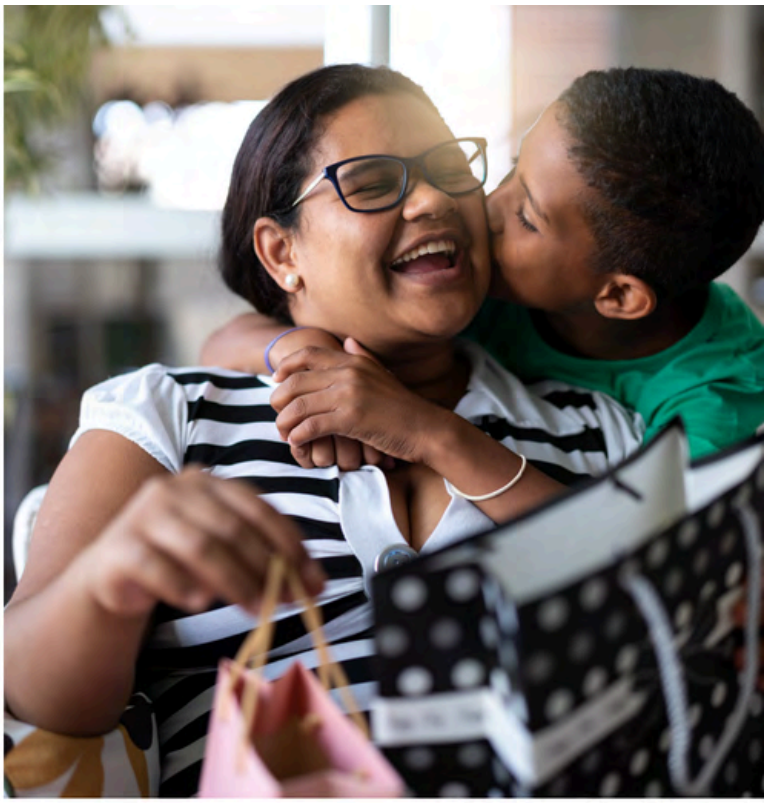
Group Voluntary Life Insurance

The Standard | 800.547.9515 | www.standard.com

TheStandard®

Protecting the People You Love

Group Voluntary Life Insurance



Life insurance can help make life without us easier for the people we care about.

How would your loved ones manage without you? It's tough to think about, but life insurance can help provide security and peace of mind.

That's why your employer makes it easy to purchase life insurance from Standard Insurance Company (The Standard).

You can apply for the amount of coverage that fits your lifestyle and family's needs. And have the premiums deducted directly from your paycheck.

> Help protect the people you care about. Contact your human resources representative to learn how to apply for life insurance.

Maybe you're thinking about protecting your children or spouse. Or you might want to help your partner, your parents or a friend. Whoever you choose to receive the benefit can decide to put it toward things like:

- Child care costs
- Housing costs
- College tuition
- Daily living expenses
- Funeral expenses

Use the worksheet on the reverse to guide you in calculating the right amount of life insurance for your individual circumstances.

Life Insurance Calculator

The Standard | 800.547.9515 | www.standard.com

Life Insurance Needs Calculator

Each person has a unique set of circumstances and financial demands. Use the worksheet below to calculate how much life insurance you may need.

Step 1: Income Needs

Estimate the income you would need to replace if you or your partner passed away.	You	Spouse/Partner
Annual Income	$	$
Other Income	$	$
Years Needed Number of years your beneficiaries would need the income support.		
Total Income Needs	$	$

Step 2: Major Expenses

Estimate the major expenses you may leave behind or want to plan ahead for.	You	Spouse/ Partner
Final Expenses Estimate the amount needed to cover your final medical expenses as well as funeral and burial expenses. A traditional funeral averages $7,640, but may cost much more.[1]	$	$
Mortgage Balance	$	$
Loans and Debt Include credit card debt, car loans, home equity loans, etc.	$	$
College Savings Estimate the amount each partner's income would contribute toward education funds. Average annual cost of tuition, fees, room and board for a four-year college ranges from about $26,820 for a public in-state college to $54,880 for a private college.[2]	$	$
Total Major Expenses	$	$

Step 3: Assets

Estimate the value of your assets.	You	Spouse/Partner
Savings and Investments Include real estate, retirement plans, investments or inheritance.	$	$
Existing Life Insurance Include any existing insurance plans/benefits outside this plan.	$	$
Total Available Assets	$	$

Step 4: Estimated Life Insurance Needed

Add your Total Income Needs and Total Major Expenses. Then subtract your Total Available Assets to get your personal estimate.	$	$

This calculator is only intended to provide a general estimate of your family's potential income needs and should not be considered financial advice. For a more accurate and detailed analysis, please consult with a professional financial planner.

Prefer to figure it out online?

Visit our **Life Insurance Needs Calculator** for help finding the right amount to protect your loved ones,

or

scan the QR code below with your mobile device.

Accident

The Standard | 800.547.9515 | www.standard.com

TheStandard®

First Aid for Your Finances

Group Accident Insurance

We all want to be ready for bills we don't see coming — especially accident-related costs not covered by medical insurance.

You can't predict a car crash, a fall, a bike accident or a child getting hurt playing soccer. But you can take action to help prepare your finances:

Purchase Group Accident insurance from Standard Insurance Company (The Standard‡).

Accident insurance

- Helps with out-of-pocket costs from a covered accident
- Pays you or a covered family member directly, not medical providers
- Can help with whatever costs you decide — like deductibles, copays or other expenses
- Covers a wide range of treatments due to an accident
- Pays an extra 25% of total benefits for injuries during youth organized sports

Insurance in Action

Hit By a Car*

Dante was struck by a car while on vacation. An ambulance took him to the hospital, and multiple fractures kept him in the hospital for five days.

Benefits from his **Accident Insurance** helped cover his health plan's copays and deductible. Dante also used the money to pay for out-of-pocket costs, like his family's travel to and from the hospital.

Dante used his Accident Plan benefit to help cover:

- Ground ambulance
- Emergency room
- CAT scan
- Hospital admission
- Five-day hospital stay
- Two physician follow-ups
- Physical therapy (two sessions)

An accident shouldn't injure your finances.

Contact your human resources representative to learn how to apply for Accident insurance.

Critical Illness

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TheStandard®

Peace of Mind for Life's "What Ifs"

Critical Illness Insurance

Medical insurance doesn't usually cover everything. What happens if you need money for copays, deductibles or other expenses while you're sick?

You can't predict cancer, a heart attack or a newborn's spina bifida. But you can do something to prepare for the out-of-pocket expenses that come with being very ill.

Purchase Group Critical Illness[1] insurance from Standard Insurance Company (The Standard[‡]).

Critical Illness insurance

- Helps with out-of-pocket costs from a covered illness
- Pays you or a covered family member, not medical providers
- Can help with whatever costs you decide — like groceries, child care or other expenses
- Covers a variety of illnesses, including heart attack, cancer and stroke

Insurance in Action

Cancer[2]

Shayna beat cancer, but there were many costs her medical insurance didn't cover. She had to pay her health plan's coinsurance for chemotherapy treatments and copays for doctor visits. Plus, her husband missed work to help care for her, which meant a loss of income.

Fortunately, Shayna's **Critical Illness** insurance helped shield her family's finances during treatment.

Shayna used her Critical Illness benefit to help cover:

- Medical insurance deductible
- Doctor visit copays
- Out-of-pocket expenses for six months, including hair prosthetics
- Alternative treatments and diets not covered by her medical plan
- Transportation to medical appointments and treatments
- Lodging near treatment facility
- Husband's lost wages

A serious illness shouldn't make your bank account sick.

Contact your human resources representative to learn how to apply for Critical Illness insurance.

401(k) Plan

Lincoln Alliance

FlexPEP(k) Pooled Employer 401(k) Plan

Your employer-sponsored retirement plan is a powerful way to save for the future. Learn more about the benefits of your plan and get the answers to any questions you have.

How can I contribute to my retirement plan?

You can control your contributions in the following ways:

- Your employer will automatically enroll you in the plan at a 3% pretax contribution rate unless you have opted out of automatic enrollment or made an affirmative election during the designated administrative timeframe.
  - This applies to all participants who have not made a salary deferral election under the plan.
- Unless you manually select a different contribution rate or opt out, the plan will automatically increase your deferral rate 1% per year until you reach 10%.
- You can contribute up to 100% of your salary to your retirement savings, not to exceed the maximum allowed by the IRS.
- You can increase or decrease your contribution rate at any time.
- You can discontinue contributions to your retirement savings plan at any time. The effective date of the changes occurs as soon as administratively possible.
- You can enroll by logging in to LincolnFinancial.com/Retirement.

Will my employer contribute to my retirement savings plan?

Your employer will contribute to your retirement savings through:

- A discretionary matching contribution: Each year, your employer may match some or all of your contributions.
- A discretionary contribution: Each year, your employer may contribute a percentage of your salary.
- A Safe Harbor enhanced matching contribution: Your employer will match 100% of the first 4% you contribute.

When am I fully vested in my retirement plan?

“Fully vested” means you have 100% ownership of the assets in your retirement account (your plan).

- You always have 100% ownership of any money you contribute to the plan, including any earnings and/or assets consolidated from another retirement plan.
- After three years of service, you will have 100% ownership of your employer’s discretionary matching and discretionary contributions, including any earnings.
- After two years of service, you will have 100% ownership of your employer’s Safe Harbor contributions, including any earnings.

401(k) Plan

Lincoln Alliance

What are my investment options?

You can choose from a wide variety of investment options to meet your retirement savings goal.

- **MAKE AN ALL-IN-ONE CHOICE** if you want one diversified portfolio managed for you.
- **MANAGE IT YOURSELF** and select your own portfolio of investments.
- **STILL UNDECIDED?** If you participate in the plan without selecting investment options, your money will be directed to the Qualified Default Investment Alternative (QDIA) selected by your employer.

Can I consolidate accounts from my previous retirement plans?

You can consolidate assets from one or more previous retirement plans. When determining whether consolidation is right for you, consider:

- Investment options in the old and new plans
- Investment expense within the old and new plans
- Services available to you within the old and new plans

Contact your financial representative for assistance in determining the course of action appropriate to your situation.

Can I access balances in my retirement savings account prior to retirement?

Your retirement plan will have the greatest potential to grow if you stay invested for the long term, rather than withdrawing money from it. For that reason, the IRS limits what you can do with your account prior to retirement by imposing certain penalties for early distributions. However, you do have access to your savings —and may avoid penalties—under certain circumstances.

Loans

You can take a loan from certain account balances for:

- General purposes
- Purchase a primary residence

Check with your financial professional for information about loan fees, repayment, and the pros and cons of borrowing from your retirement plan.

Withdrawals of pretax balances

You may take a distribution from **certain available accounts** upon:

- Severance from employment
- Attainment of age 59½
- Financial hardship

  (Distribution may be subject to the premature 10% distribution penalty if taken prior to age 59½.)
- Birth or adoption of a child up to $5,000, exempt from the 10% penalty tax
- RMDs (Required Minimum Distributions)

Taxation of Roth distributions

If you have a Roth account, your distribution will be a qualified distribution (tax-free) if your Roth deferral or Roth rollover account has been in place for five (5) taxable years (from the year the first Roth contribution or the Roth rollover was made to the plan, whichever was first) and the distribution is made after one of the following:

- Attainment of age 59½
- Disability
- Death

If the distribution conditions above are not met, the earnings may be taxable and may be subject to a 10% early distribution penalty on the taxable portion of the distribution.

Consult with your tax advisor before withdrawing any money from your account. You may wish to consult with your plan sponsor or review your plan's Summary Plan Description (SPD) to determine the distributions that are available under your plan.

401(k) Plan

Lincoln Alliance

How can I access my account?

You can access and manage your retirement account any time:

LincolnFinancial.com/Retirement
800-234-3500

How can I access the Lincoln WellnessPATH® financial wellness tool?

- Make sure you're registered for an online account at LincolnFinancial.com/Retirement.
- Log in to your account.
- Select Find Your Path on the Account Summary page.

The first time you use the tool, you'll take a short quiz to help you set goals so you can immediately take action. Then you'll have your information at a glance, the ability to link financial accounts, and suggested articles based on your quiz results. Using the tool on a regular basis will help you keep track of your complete financial picture and the actions you need to take to reach your goals.

Health Insurance Terms

In order to get the most out of your health care benefits, you need to understand the terms used by insurance companies, health plans, and health care providers.

Benefits - The amount of money payable by an insurance company to a claimant under the insurance policy.
Claim - A request by an individual (or his/her provider) for the insurance company to pay for services obtained.
Co-insurance - The money that an individual is required to pay for services, after the deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20% of the charges while the health plan pays 80%.
Co-payment - An arrangement where an individual pays a specified amount for various health care services, and the health plan or insurance company pays the remainder. The individual must usually pay his or her share when services are rendered.
Deductible - A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual or contract-year basis.
Exclusions and Limitations - Specific conditions or circumstances for which an insurance policy or plan will not provide coverage (exclusions), or for which coverage is specifically limited (limitations).
Health Savings Account (HSA) - An individual savings account where an insured can set aside pre-tax money to pay for qualified items (reference IRS Publication 502). You must be covered by a high deductible health plan (HDHP) in order to contribute to an HSA.
High Deductible Health Plan (HDHP) - A health plan that meets the requirements of being considered an HDHP. There are no copayments on an HDHP. All medical and prescription drug expenses are applied toward the calendar-year deductible first, then once a member has satisfied his/her deductible, the coinsurance will apply.
In-Network - Typically refers to physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.
Medically Necessary - Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.
Out-of-Network - Typically refers to physicians, hospitals, or other health care providers who do not contract with the insurance plan to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.
Out-of-Pocket Maximum - The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.
Pre-Existing Condition - A health problem, like asthma, diabetes, or cancer, you had before the date that new health coverage starts. Insurance companies can't refuse to cover treatment for your pre-existing condition or charge you more.
Preferred Provider Organizations (PPO) - A type of managed care plan in which doctors and hospitals agree to provide discounted rates to plan members. Patients are typically reimbursed 80-100% for treatment received within the network, versus 50-70% outside the network.
Primary Care Physician (PCP) - A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.
Reasonable and Customary Charges - The commonly charged or prevailing fees for health services within a geographic area. If charges are higher than what an insurance carrier considers reasonable and customary, the carrier will not pay the full amount and instead will pay what is deemed appropriate for the particular service. The remaining charges then are the responsibility of the patient.
Explanation of Benefits (EOB) - A summary of claims processed, which will be provided to you after a claim is processed for you or for a dependent. This statement outlines year-to-date deductible and out-of-pocket amounts met during the year. This statement will be mailed unless it is turned off on the website.

Impact Support Services

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