

Advantive provides an extensive benefits package to help you and your covered dependents. The following is a general summary of the benefits, including contact information and where to find additional information. Advantive benefits are available the first of the month following the hire date. You must also be a full-time employee working at least 30 hours per week for you and your eligible dependents to participate in the Advantive Benefits Program.

Cigna	Medical / RX	HDHP Base Plan In-Network Benefits	Copay Buy-Up In-Network Benefits		
Network		Open Acces	Open Access Plus		
Do du etile la	Individual	\$3,400	\$1,000		
Deductible	Family	\$6,600	\$3,000		
Coinsurance (insurance	e/you)	80%/20%	80%/20%		
Out-of-Pocket (OOP)	Individual	\$5,000	\$4,000		
Maximum	Family	\$10,000	\$8,000		
Surgery		Subject to deductible and coinsurance			
	Primary Care	20% after deductible	\$25 copay		
Office Visits (you pay)	Specialist	20% after deductible	\$50 copay		
(you puy)	Emergency Room	20% after deductible	\$350 copay		
Pharmacy Copays Retail		\$5/\$30/\$75 *Copays apply after the deductible	\$10/\$35/\$70		
Mail order (90-day supply)		3x retail copay cost *Copays apply after the deductible	2.5x retail copay cost		

	Health Savings	Account (HSA)	Flexible Spending Accounts (FSA)	
WEX Health Account-Based Plans (Annual Amounts)	IRS Annual Maximum*	Employer Contribution Match (deposited per pay period/prorated for new hires)	Healthcare or Limited Purpose	Dependent Care
Individual	\$4,400	Up to \$600 annually		\$7,500
Family	\$8,750	Up to \$1,200 annually		(\$2,500 if married &
Over Age 55 Catch-up	Additional \$1,000	N/A		you/spouse file separately)

	Cigna Dental	In-Network Dental DPPO
Dental Network		Total Cigna DPPO
Network Deductible	Individual	\$50
Network Deductible	Family	\$150
	Preventive Care	Covered at 100%
Coinsurance Levels	Basic Care	80%
by Service Type	Major Care	50%
	Child Orthodontia	50%
Maximum Benefit	Annual	\$1,500
iviaximum Benefit	Child Orthodontia Lifetime	\$1,500
Out-of-Network Servio	ces	Out-of-network plan reimbursement is based on the 90th percentile of prevailing charges for the geographic area.



	Cigna Vision	In-Network
Network		EyeMed
Network	Exam	Every 12 months / Covered with \$10 copay
Copays	Materials	\$25 copay
	Lenses (single, bifocal, trifocal)	Every 12 months / 100% after materials copay
Frequency	Contact Lenses **	\$150 allowance (Elective) Covered at 100% (Medically necessary)
	Frames	Every 24 months / \$150 allowance; 20% off amount over allowance

^{**}Contacts are in place of frames.

Symetra Life Insurance	Employer Paid	Voluntary Life and AD&D Insurance		
Symetra Life msurance	Basic Life/AD&D	Employee	Spouse	Child
Benefit	1x annual earnings up to \$500,000	Increments of \$10,000 to the lesser of 5x annual earnings or \$500,000	Increments of \$5,000 to the lesser of 50% of the employee benefit or \$250,000	Increments of \$2,000 up to \$10,000
Maximum Benefit	\$500,000	\$500,000	\$250,000	\$10,000
Guarantee Issue	N/A	\$100,000	\$20,000	\$10,000
Evidence of Insurability (EOI)	N/A	hire enrollment pe over the GI, you n	outside of your new riod or are electing nay be required to n questions (EOI)	N/A

Symetra Disability	Employer Paid Short Term Disability	Employer Paid Long Term Disability	
Coverage Amount	60% of weekly salary	60% of monthly salary	
Maximum Benefit	\$2,000 Per Week	\$10,000 Per Month	
Maximum Duration	12 Weeks	To SSNRA	
Benefits Begin	Day 8	Day 91	
Guarantee Issue	Health statement may be required for late entrants		

Symetra Employee Assistance Program (EAP)

Symetra EAP is a confidential assistance program that provides you guidance for personal issues you might be facing and information about other concerns that affect your life, whether it's a life event or a day-to-day basis. Program highlights include five confidential face-to-face counseling sessions, plus an additional five with a covered disability claim. Through the EAP, you can also access financial information and resources, as well as legal support services. Reference our EAP flyer and other materials on our benefits website.



Symetra	Voluntary Critical Illness	
	Plan pays a lump sum cash benefit direct to the insured upon the first diagnosis after	
Benefit	the coverage effective date from the list of eligible conditions (i.e., cancer, heart	
	attack, stroke, etc.)	

Symetra	Voluntary Accident Plan	
Benefit	Pays a lump-sum payout or fixed benefit based on the type of accident and services received. (i.e., lacerations, fractures, burns, etc.) See the benefit guide and plan documents for additional details.	

Symetra	Voluntary Hospital Indemnity
Benefit	Plan pays a lump sum benefit directly to the insured if admitted or confined to the hospital for accidental injury or sickness.

Plan options and rates are housed in the Ceridian Dayforce Enrollment Portal.

Legal & ID Theft Protection	Voluntary LegalShield	Voluntary IDShield
Benefit	 Legal consultation and advice Trial defense Dedicated provider law firm Legal document preparation and review Will preparation Speeding ticket assistance And more! 	 Identity consultation and advise Dedicated licensed private investigators Identity, credit, and financial account monitoring Full-service identity restoration Social media monitoring and online privacy reputation management
	Individual Plan	Family Plan
	\$21.95 (Legal Plan)	\$21.95 (Legal Plan)
	\$12.95 (ID Theft Plan)	\$22.95 (ID Theft Plan)
	\$34.90 (Dual Plan)	\$41.90 (Dual Plan)

Nationwide	Voluntary Pet Insurance	
	 All pets are welcome (dogs, cats, birds, rabbits, ferrets, reptiles, and exotic pets) and no age limits Visit any vet, anywhere, anytime 	
	My Pet Protection	
	Accidents/ Injuries	
Benefit	 Common Illnesses (like upset stomach, allergies, etc.) 	
	• Serious illnesses (like cancer, diabetes, etc.)	
	 Surgeries and hospitalizations 	
	Diagnostic tests (like X-rays, MRIs and CT scans)	
	• Prescription medications, chemotherapy, and therapeutic diets	
	 Individual pricing based on breed and age 	



	Medical Plans	
	\$3,400 HDHP Base Plan	\$1,000 Copay Buy-Up Plan
Employee Only	\$0.00	\$136.70
Employee + Spouse	\$113.06	\$330.81
Employee + Child(ren)	\$79.10	\$246.88
Employee + Family	\$155.67	\$455.48
	Dental	Vision
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$12.50	\$1.50
Employee + Child(ren)	\$15.00	\$1.80
Employee + Family	\$20.00	\$2.50

Carrier/Vendor	Benefit Covered	Website (www.)	Customer Service
Advantive's Benefit Website	All lines of coverage	https://advantive.mybenefits.life/	N/A
Cigna Insurance	Medical, Dental, Vision	<u>myCigna.com</u> Policy #655815	1-866-494-2111 (Or call the number on the back of your ID card)
Symetra Life Insurance	Life, Disability, Worksite	https://www.symetra.com/ Policy #01-020746-00 (Life/DI) Policy #12739000 (Worksite) No ID Cards	1-888-327-9573
Symetra EAP	Employee Assistance Program	https://guidanceresources.com Web ID: SYMETRA	1-888-327-9573
WEX Health	Health Savings Account & Flexible Spending Accounts	Group ID #47802 customerservice@wexhealth.com cobraadmin@wexhealth.com	1-866-451-3399
LegalShield and IDShield	Legal and ID Theft Protection	https://www.legalshield.com/ https://www.idshield.com/identity-theft- protection/	Legal – 1-800-654-7757 ID- 1-888-494-8519
Nationwide	Pet Insurance	https://benefits.petinsurance.com/advantive	1-877-738-7874

For additional support or questions regarding your health and welfare benefits, please contact



Monday-Thursday 8 a.m.-5:30 p.m. CST/Friday 8 a.m.-5 p.m.

Please note that this summary highlights some of the main features of your benefit programs but does not include all plan rules, features, limitations or exclusions. Legal documents, including insurance contracts, govern the terms of your benefit plans. Should there be any inconsistencies between this summary and the legal plan documents, the plan documents are the final authority.