



2026 Benefits Guide



Your Health & Wellness

Contents

Important Contacts	3
Eligibility and Enrollment	4
Understanding your Medical Benefits	5
Preventive Care	6
Save Money by using In Network Providers	7
Where to Go for Care	8
Medical Plan Highlights	9
Prescription Drug Benefits	10
Medical Premiums	11
Health Savings Account	12
Dental Benefits	13
Vision Benefits	14
Voluntary Life and AD&D Insurance	15
Voluntary Disability Insurance	16
Supplemental Benefits	19
Annual Notices	23

Welcome to your Employee Benefits Guide!

At Focal Point Care, we're committed to supporting your physical, mental, and financial well-being with a comprehensive and competitive benefits package. Our goal is to provide high-quality benefits while balancing value and affordability.

Additional resources, including Summary Plan Descriptions, Summary of Benefits and Coverage, carrier plan documents, and more, are available by logging in to Employee Navigator.

OPEN ENROLLMENT INFORMATION

Open Enrollment will be held in Employee Navigator beginning Monday December 1st through the end of business day on Friday December 12th.

You will receive an e-mail invitation on December 1st from Employee Navigator with a link to create an account. Please be looking for this e-mail.

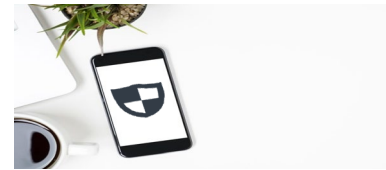
Instruction videos are available in your Employee Navigator profile to assist you with enrollment.

Our benefits are effective:

January 1, 2026 through December 31, 2026

This benefits guide serves as a Summary of Material Modification (SMM) and notification of your rights related to the 2026 plan year. All detailed information is available online on Navigator. This document is for informational purposes only. If there is a disagreement between the benefits described in this guide and information included in the complete plan documents this guide summarizes, the plan documents will govern. In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact HR at hr@focalpointcareco.com.

Important Contacts



If you have any questions about your Team Member benefit plans, you may contact the insurance company or vendors directly through the phone numbers listed below. For general questions or assistance about your eligibility, payroll, life events or registration for open enrollment, contact the Human Resource Department.

Benefit Plan	Carrier	Policy #	Phone Number	Website Email
Human Resources				hr@focalpointcareco.com
Medical Benefits Help	American Plan Administrators		888-624-9545	ApaTpa.com
Prescription Assistance	ProAct		877-635-9545	www.ProAct.com
Dental	Humana		800-457-4708	Humana.com
Vision	Humana		800-457-4708	Humana.com
Vol Life and AD&D	Guardian		888-482-7342	Guardian.com/Employees
Disability Claims	Guardian		888-482-7342	Guardian.com/Employees /file-a-claim
Accident Insurance	Guardian		888-482-7342	Guardian.com/Employees /file-a-claim
Critical Illness	Guardian		888-482-7342	Guardian.com/Employees /file-a-claim
Hospital Indemnity	Guardian		888-482-7342	Guardian.com/Employees /file-a-claim

Eligibility and Enrollment

Who is Eligible

Full-time Team Members working at least 25 hours per week are eligible for benefits during this open enrollment.

Dependents

If you're eligible for benefits, it's likely your dependents are too:

- Your legally married spouse, or your registered domestic Partners.
- Your children, stepchildren, adopted children (including children placed for adoption), and the children of your domestic partners (to the extent such children have not attained the age of 26, and regardless of their status as married, employed, and/or as a student, regardless of whether currently enrolled in academic studies).
- Any children for whom you are required to provide coverage under a Qualified Medical Child Support Order.
- Your unmarried children, stepchildren, adopted children (including children placed for adoption), or children of your registered domestic partner of any age, to the extent they are incapable of self-care due to a physical or mental disability.

Qualifying Life Events (QLEs)

During Open Enrollment, you have the opportunity to elect the benefit plan that is best for you and your family. Carefully review all your options; once you make an election, you cannot change it until the next enrollment period unless you experience a Qualifying Life Event (QLE), sometimes referred to as a family status change. A QLE is an event that may impact your eligibility or a dependent's eligibility. Examples of QLEs include:






- Marriage, divorce, legal separation or annulment
- Birth or adoption (including placement for adoption) of a child
- Performance of a Qualified Medical Child Support Order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP
- Upon the occurrence of significant cost or coverage changes to your underlying coverage
- Upon your qualifying enrollment in a coverage option offered on the federal marketplace or on a state-based exchange



If you experience a QLE, you have 30 days (60 days only when the QLE is the loss of Medicaid or CHIP coverage or becoming eligible for a premium assistance subsidy from Medicaid or CHIP) to notify the Human Resource Department and update your coverage. If you miss this window, you won't be able to make changes until the next annual open enrollment period. Please note that any benefit changes may also affect your premium contributions.

Understanding Your Medical Benefits

Medical insurance can be difficult to navigate and understand. Below are a few words that are used often with medical plans, so we have defined a few of them below to help you better understand your plans.

				
\$0 Preventive Care	Co-payment	Deductible	Coinsurance	Out-of-pocket
<p>Physical exams, flu shots and annual screenings are covered 100% when you use in-network providers</p>	<p>Co-payment is a fixed dollar amount you pay for specific services covered by your <u>PPO</u> health plan.</p>	<p>Deductible is the fixed dollar amount you must pay from personal funds for covered medical services BEFORE insurance coverage begins making payments. Deductibles typically calculate from January 1 to December 31.</p>	<p>Coinsurance is your share of the costs of a covered healthcare service calculated as a percentage (for example 30%) that you must pay after the deductible amount has been met.</p>	<p>Out-of-pocket expenses are the cost of medical care that are not covered by insurance and that you need to pay for on your own. Your out-of-pocket expenses include deductibles, coinsurance, copays, and any services that are not covered by your health insurance plan.</p>

Preventive Care

Preventive Care is Covered 100% With In-Network Providers!

As part of your Focal Point Care medical plan, preventive care is covered at no cost when you use an in-network provider. Preventive care is an important way to detect health issues early, when they're most treatable, so it's important to get your annual checkup and recommended screenings.

All Adults

Preventive Care Covered for All Adults

- Wellness visits and screenings, including blood pressure, cholesterol, diabetes, depression, and others
- Screenings for certain types of cancer, including lung cancer
- Alcohol and tobacco use screening & counseling
- HIV & Hepatitis B/C screenings (for certain ages and risk factors), and HIV prevention medication
- Obesity screening & counseling
- Certain vaccinations (Flu, COVID-19, Hepatitis A & B, HPV, MMR, Tdap, and others)

Women

Preventive Care for Women (Including Pregnant Women)

- Well-woman visits
- Osteoporosis screening (for women 65+ or younger with risk factors)
- Gestational diabetes screening (for pregnant women)
- Preeclampsia screening (during pregnancy)
- STI screenings & counseling
- FDA-approved birth control methods (pills, IUDs, implants, etc.) and counseling
- Lactation counseling and breast pump coverage

Children & Adolescents

Preventive Care for Children & Adolescents

- Wellness screenings, including vision, hearing, depression, and others
- Newborn screenings (hearing, PKU, sickle cell, hypothyroidism, etc.)
- Autism screening (at 18 and 24 months)
- Obesity screening & counseling
- Certain vaccinations (DTaP, polio, MMR, Hepatitis A & B, flu, HPV, COVID-19, and more)

Save Money by Using In-Network Provider

Using in-network providers helps you save money and avoid surprise bills. They've agreed to discounted rates with your health plan, so you'll pay less out of pocket for care.

In-Network vs. Non-Network Providers

- **In-Network Providers:** These providers have agreed to pre-negotiated rates with your insurance company, ensuring you pay only the agreed-upon amounts.
- **Non-Network Providers:** These providers haven't established agreements with your insurer, which can lead to higher charges. You're responsible for any costs exceeding your insurance's allowed amount—a practice known as balance billing. Additionally, many non-network providers require full payment upfront, leaving you to submit claims for reimbursement. For more details, refer to the "What is Balance Billing" section below.

Check for in-network providers before your visit to avoid extra costs and paperwork:

- **RBP Plan** utilizes the **Magnacare Physician** network open access of providers regardless of which state you reside in. You can search for providers by logging into www.magnacare.com/provider-locator. For Hospital and Surgical procedures, you may see any provider you choose. Before seeking care, please call American Plan Administrators, if possible, so that they can assist you in finding the best provider with the least out of pocket cost.
- **PPO & HSA Plans** utilize the **Cigna network** of providers regardless of the state you reside in. Log into www.Cigna.com; Find A Doctor; Employer or School; Enter zip code; Search by Provider Type, Name or Facility name; Select **PPO** from Network drop down box.

What is Balance Billing?

Balance billing happens when a non-network provider charges you for the difference between their total bill and what your insurance covers. For example:

- The provider charges **\$500** for a service.
- Your insurance covers **\$300** (based on their allowable amount).
- The provider bills you the remaining **\$200**—this is **balance billing**.

Under the No Surprises Act, certain non-network services—such as emergency care and some non-emergency services at in-network facilities—are protected from excessive balance billing. Review your plan documents for details on when these protections apply.

Where to Go for Care

Choose the right healthcare resource. Where you go for medical services can make a big difference in how much you pay and how long you wait to see a healthcare provider. Here is a brief outline to help guide you through the different healthcare setting options.



In-Person Care

Your Doctor's Office

Visiting your doctor's office for non-urgent care is a cost-effective choice when you need in-person care, especially if telemedicine isn't available or suitable for your condition.

Retail Clinics

Retail clinics, found in pharmacies, supermarkets, and retail stores, offer affordable, convenient care for in-person, non-urgent needs—an easy alternative to a doctor's office visit. Retail clinic visits are good options for conditions such as:

- Cold or flu
- Sinus infections
- Mild allergies
- Vaccinations or basic screenings
- Minor sprains, burns, or rashes
- Headaches or sore throats



Urgent Care / Walk-in Clinics

Urgent care centers, sometimes called **walk-in clinics**, are often open in the evenings and on weekends, making them a convenient place to go when you need non-emergency care. Urgent Care is a good option for conditions such as:

- Cold, flu, and fever
- Strains, sprains, and breaks
- Infections
- Rashes/Mild burns
- Ear pain
- Animal or insect bite
- Fever over 101.5°

Important! Some facilities that look like urgent care clinics are actually freestanding emergency rooms, which may not be in-network. These can cost as much as—or more than—a hospital ER. Always check with your healthcare provider to confirm network participation and avoid unexpected costs.



Emergency Room

Hopefully, you'll never need it, but for true emergencies, always go to the **emergency room**. Some examples of emergencies include:

- Severe chest pain
- Sudden shortness of breath
- Signs of a possible stroke
- Open wounds
- Sudden or unexplained loss of consciousness
- Broken bone
- Severe burn or bleeding

For non-emergencies, the Emergency Room can mean long waits and high costs, and some health plans may not fully cover the visit. When possible, consider urgent care or telehealth for faster, more affordable care.

Medical Plan Highlights

Plan Name	RBP	HSA	PPO
Network Name	Magnacare (Physician Only) Open Access	Cigna PPO	Cigna PPO
Plan Differences			
HSA Eligible	No	Yes	No
In-Network Benefits			
Calendar Year Deductible	\$1,000 Ind / \$2,000 Fam	\$3,000 Ind / \$6,000 Fam	\$3,000 Ind / \$6,000 Fam
Out-of-Pocket Maximum (Includes Deductible)	\$3,500 Ind / \$7,000 Fam	\$3,000 Ind / \$6,000 Fam	\$6,000 Ind / \$12,000 Fam
Coinsurance (You Pay)	10%	0%	20%
Office Visit Copay • Preventive Care • PCP • Specialist • Urgent Care • Lab and X-Ray	No Charge \$20 \$40 \$40 Included in office visit copay	No Charge 0% after deductible 0% after deductible 0% after deductible 0% after deductible	No Charge \$25 \$50 \$50 20% after deductible
Complex Imaging (MRI/CT) • Diagnostic • Complex	10% after deductible	0% after deductible	20% after deductible
Hospitalization • Inpatient • Outpatient Surgery	10% after deductible	0% after deductible	20% after deductible
Emergency Services	\$100 + 10% after deductible	0% after deductible	\$500 + 20% after deductible
Prescription Drugs			
Retail RX (30-day supply)			
Tier 1 – Generic	\$15	RX applies toward medical deductible Then 100% after deductible has been met	\$10
Tier 2 – Preferred Brand	\$50		\$35
Tier 3 – Non-Preferred Brand	\$75		\$85
Specialty	Not Covered		20% up to \$300 per fill

Your cost per paycheck

Bi-Weekly - 26 Payroll Deductions/Year

Plan	RBP	HSA	PPO
Team Member Only	\$0	\$38.80	\$207.79
Team Member + Spouse	\$330.35	\$339.48	\$581.82
Team Member + Child(ren)	\$273.02	\$337.87	\$584.89
Team Member + Family	\$467.61	\$611.07	\$923.52

In addition to your per-paycheck cost, keep in mind that each plan has different out-of-pocket expenses – such as deductibles, copays, and hospital costs – which affect your total yearly spend.

IRS Code Section 125

Focal Point Care benefits plans are designed under Section 125 of the IRS Code. This allows you to take advantage of federal laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, your Medical, Dental, and Vision contributions are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event. You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars. Contact the Human Resource Department if you wish to pay for your benefits with after-tax dollars.

Prescription Drug Benefits

When you and your dependents enroll in a Focal Point Care medical plan, you have pharmacy coverage through ProAct . Your plan covers many prescription drugs, though some exclusions apply.

Where to Buy Prescription Drugs

- **Retail Pharmacy:** Use a retail pharmacy for short-term medications. At participating pharmacies, you can get up to a 30-day supply of your prescription.
- **Mail Order Pharmacy - Maintenance Medication:** Save time and money with mail order pharmacy for maintenance medications. Get up to a 90-day supply at a lower cost.
- **Specialty Drugs:** Specialty medications treat complex or chronic conditions and may require you to try a lower cost drug before filling a more expensive specialty medication. Manufactures Copay assistance and prescription outsourcing is also available to employees to keep out of pocket costs down. Check with your provider for coverage details.

Retail Pharmacy Customer Service (877) 635-9545 or Email Support@ProActRx.com for questions.

Mail Order Pharmacy Customer Service (866) 287-9885 or Email MailOrder@ProActPharmacySerices.com for questions.



Pharmacy Tips

- **Choose generics or over-the-counter medications.** Save on prescriptions by opting for generics, which have the same active ingredients and safety standards as brand-name drugs.
- **Check prices in advance.** Log in to your member account or use the carrier's mobile app to compare drug costs by pharmacy location and save money.

Important Note: Do not change or substitute your medication without first consulting your provider, as it may affect your treatment and health.

Health Savings Account



A Health Savings Account (HSA) is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or to use as a retirement savings tool.

If you enroll in our HSA-eligible medical plan – the High-Deductible Health Plan – you are eligible to enroll in the HSA offered by Focal Point Care and administered by HSA Bank.

See the chart below for the IRS-mandated annual contribution maximums.

Annual Limits	IRS Contribution Limit
Team Member Only	\$4,400
Team Member + Family	\$8,750
Catch-Up (Age 55+)	\$1,000

The IRS allows you to contribute the maximum annual contribution as long as you remain eligible through December 31 of the following year. If you are concerned that you may not remain eligible for the entire period, you may wish to prorate contributions based on the number of months you were HSA eligible.

Using Your Funds

After open enrollment is completed, you will receive an e-mail inviting you to open an HSA account. Please click on link and open your account. ***If you skip this step and do not open an account Focal Point Care will not be able to deposit your pre-tax payroll deductions into the account. A small monthly administrative fee will be assessed upon opening an account.***

Upon enrollment, HSA Bank will send you a debit card, which can be used at the time of purchase of HSA-eligible items.

The account acts like a regular checking account with a debit card that accrues interest. All money in the account is owned by you and is fully vested as soon as it is deposited. Funds can accumulate over time, and the account is portable.

Any unused monies left in your HSA at the end of the calendar year will roll over to the next year for you to use.

When you use the funds for qualified health expenses, you will not pay taxes. If you use the money for other expenses, you'll pay a tax and a penalty fee.

Examples of Eligible HSA Expenses

For a complete list of IRS-qualified healthcare expenses, visit www.irs.gov/publications/p502



- Doctors, Nurses
- Prescription Drugs
- Hospital Services
- Lab and X-Ray
- Emergency Services
- Acupuncture / Chiropractic



- Dentists, Orthodontists
- Teeth Cleaning
- Dental Treatment
- Orthodontia



- Optometrists, Ophthalmologists
- Exams
- Glasses
- Contact Lenses
- Lasik Surgery



- COBRA
- Long-Term Care
- Medicare

Examples of Ineligible HSA Expenses

Expenses that are not medical or health-related as well as cosmetic surgery.

High Deductible Health Plans & HSAs
<https://info.baldwin.com/hdhp/>

Dental Benefits

Humana Dental | PPO Plan

With the PPO plan, you'll get the highest benefits and lower out-of-pocket costs when using a Humana Dental PPO network dentist. If you visit a non-network dentist, you'll be responsible for the difference between the covered amount and the actual charges, and you may need to file claims.

Plan Name	Humana Base Plan	Humana Buy Up Plan
Network Name	PPO/Traditional Preferred	PPO/Traditional Preferred

In-Network Benefits

Calendar Year Maximum	\$1,500	Unlimited
Annual Deductible		
• Individual	\$50	\$50
• Family	\$150	\$150
Preventive Services	No charge	No charge
Basic Services	80% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible

Orthodontia

<ul style="list-style-type: none"> Covered Members Benefit Percentage Lifetime Maximum 	Not Covered	Children Only up to age 19 50% up to \$1,500 (\$1,500 lifetime max)
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Dentists who are non-network have not agreed to pricing and may bill you for the difference between what Humana pays them and what the dentist usually charges.

Dental (Per Pay Period) Payroll Deductions	Base	Buy Up Plan
Team Member Only	\$15.25	\$21.94
Team Member + Spouse	\$30.49	\$43.86
Team Member + Child/ren	\$37.98	\$54.64
Team Member + Family	\$57.07	\$82.10

Note:

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.



Finding a Dental Provider

- **Telephone:** Call 877-877-1051
- **Web:** Go to www.Humana.com/findadentist

Vision Benefits

Vision Plans

Your vision health is important. Focal Point Care offers coverage through Humana to help you stay on top of eye care. Regular exams detect vision changes, spot health issues, and keep you seeing clearly.

Plan Name	Humana
Network Name	Humana Vision Insight
In-Network Benefits	
Eye Examination (Every 12 Months)	\$10
Materials - Standard Lenses (Every 12 Months)	\$15
Frame Allowance (Every 24 Months)	Up to \$130 allowance
Contact Lenses (Every 12 Months) <ul style="list-style-type: none"> • Medically Necessary • Cosmetic / Elective 	(In lieu of frames and lenses) \$0 copay; paid in full Up to \$130 allowance

Vision (Per Pay Period) Payroll Deductions	Vision PPO Plan
Team Member Only	\$3.71
Team Member + Spouse	\$7.41
Team Member + Child/ren	\$7.75
Team Member + Family	\$11.77



Finding a Vision Provider

- **Telephone:** Call 877-877-1051
- **Web:** Go to www.Humana.com/vision

Vol Life and AD&D Insurance

Life insurance provides financial protection for your loved ones in the event of your death, easing their burden during a difficult time. It helps cover funeral costs, outstanding debts, and daily expenses, ensuring their financial stability and well-being.

Guardian | Voluntary Life and AD&D

You can purchase Term Life and AD&D insurance at discounted group rates through Guardian. This coverage is paid with after-tax dollars via convenient payroll deductions. Log in to Employee Navigator for rates.

Benefits

Team Member

You may purchase coverage for yourself in increments of \$10,000 up to a maximum benefit of \$500,000

Spouse or Domestic Partner

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse or domestic partner. Benefits for your spouse or domestic partner are available in increments of \$5,000 from \$10,000 up to a maximum benefit of \$250,000, not to exceed 100% of your Team Member election.

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) are available in the amount of \$1,000 up to \$10,000 not to exceed 100% of Team Member election. The maximum benefit birth to 6-months is \$1,000. Policy covers child(ren) until their 26th birthday.

Life benefits gradually reduce with age and will end upon leaving the company, unless converted into an individual policy.

Guarantee Issue

Guaranteed Issue is a pre-approved amount of coverage that does not require proof of good health. It is available during your initial eligibility period (upon hire) in the following amounts:

- **Team Member:** \$200,000
- **Spouse or Domestic Partner:** \$25,000
- **Child(ren):** Entire benefit amount \$10,000

Voluntary Disability Insurance

Disability Insurance covers a percentage of your income if you're unable to work due to illness, injury, or other health issues.

Guardian | Short Term Disability

Short Term Disability (STD) protects your paycheck, replacing lost income if you're unable to work due to a short-term illness, injury, or pregnancy. This voluntary benefit is 100% Team Member-paid. Log in to Employee Navigator for rates.

Short Term Disability	Benefit
Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	Day 8 due to accident or illness
Maximum Benefit Duration	12 Weeks

Guardian | Long Term Disability

Long Term Disability (LTD) protects your income by providing long-term financial support if you're unable to work due to a qualifying injury or illness. Benefits can continue up to Social Security Normal Retirement Age (SSNRA). This voluntary benefit is 100% Team Member-paid. Log in to Employee Navigator for rates.

Long Term Disability	Benefit
Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	Day 91
Maximum Benefit Duration	To Social Security Normal Retirement Age

Rates

Short Term Disability and Long Term Disability rates are shown in Employee Navigator.

This perk is at no additional cost to team members who enroll in Long Term Disability.



Supporting employees' Long Term Disability claims experience

Assistance with transportation to doctors or rehabilitation appointments

All employees go through different experiences throughout life, but they all want to feel protected and secure with their benefits package. That's why Guardian offers competitively-priced, comprehensive, flexible plans with innovative built-in benefits for companies large and small.

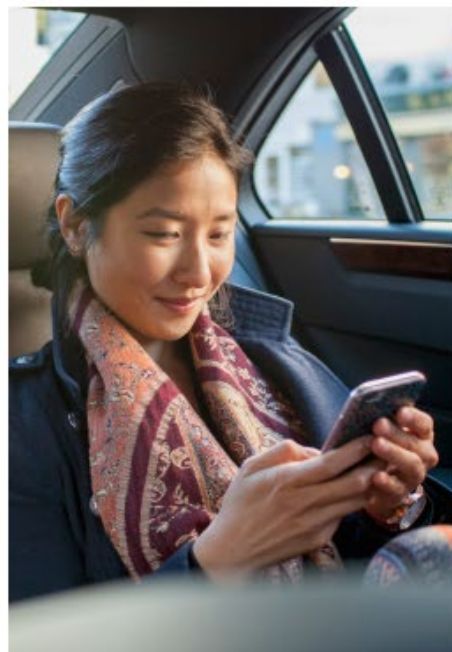
We recognize that when an employee is out on disability and receiving their Long Term Disability (LTD) benefits, they're likely going through a lot and need extra support. Our personalized approach to disability insurance puts people first, with a team of seasoned professionals managing the logistics of each claim quickly, efficiently, and with compassion.

Beginning January 12, 2025, Guardian is partnering with Uber to provide an additional benefit to assist employees with LTD claims. No action is needed from you or your employee.



Transportation voucher

With our new benefit offering, employees are eligible to receive a **\$50 Uber ride voucher** to help provide financial assistance to help cover transportation costs for doctor visits or rehabilitation appointments.



Who is eligible?	Employees who are approved for a new LTD claim.
How will employees be notified of the benefit?	Qualified employees will be notified about the benefit via email or text once their claim has been approved. This communication will contain a voucher that includes simple instructions on how to redeem it via the Uber app. The voucher will be valid for one year.

We are excited to add this benefit to help support employees on their path to recovery by providing financial assistance for travel related costs.

Contact your Guardian representative for more information.

The Guardian Life Insurance Company of America
guardianlife.com

New York, NY
7231857.1 (20261130)

Uber is an unaffiliated service provider for the Guardian Life Insurance Company of America and is wholly responsible for the administration of these services. Benefit is available on plans with a contract version of 2009 or later.

Guardian's Group Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Uber is an unaffiliated service provider for The Guardian Life Insurance Company of America and is wholly responsible for the administration of these services. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Forms No. GP-1-LTD15-1.0 et al. No. GP-1-LTD07-1.0, et al

This perk is at no additional cost to team members who enroll in Long Term Disability.



Helping to support recovery and return to work

Access to wellness resources

When the unexpected happens, employees look toward their workplace benefits to help them get through challenging times. With Guardian disability insurance, employees can rely on income replacement while they're unable to work. Plus, they also have access to well-being support and resources to help them during their recovery.

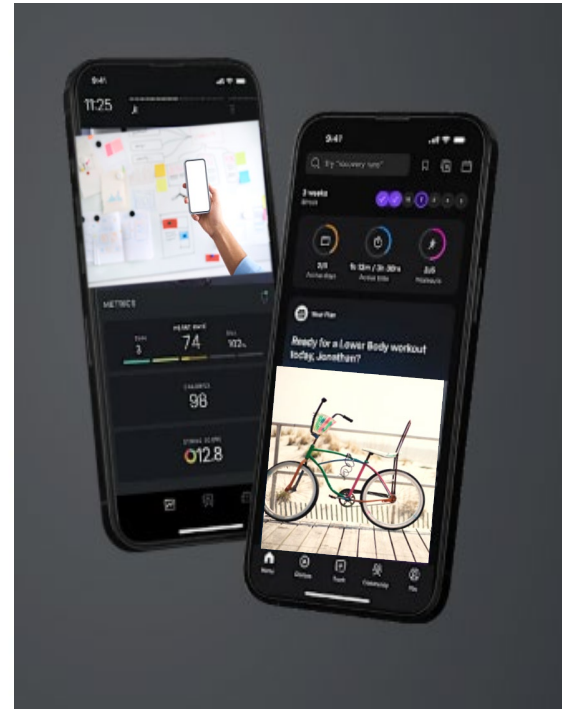
Beginning January 12, 2025, an additional benefit to assist employees with LTD claims has been added to your LTD plan. No action is needed from you or your employee.



Access to the Peloton App

Peloton provides world class content and expert instruction to create impactful and entertaining workout experiences for anyone, anywhere, and at any stage in the employee's fitness or recovery journey. Peloton offers:

- Inspiring classes in yoga, meditation, stretching, strength, and more for any experience level, goal, mood, or music taste
- A diverse lineup of over 50 world-class instructors each with their own unique motivational styles
- The convenience of at-home and on-the-go workouts that you can access on your smartphone, TV, or web so employees can enjoy high quality fitness and wellness - anytime, anywhere



Who is eligible?	Employees who are approved for a new LTD claim.
How will employees be notified of the benefit?	Employees will receive an email with instructions to claim their benefit.
How long will employees have access to the Peloton App?	To help with recovery, eligible employees have 6 months of access to instructor-led classes like stretching, meditation, outdoor walking, and yoga.

This perk is at no additional cost to team members who enroll in Long Term Disability.

ID Theft Protection Services

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

24/7 Access to Identity Protection Experts

You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues.

Credit Card and Document Registration

Register your details using our secure website to store information from credit cards, banks and other important document in a single, centralized and secured location.

Loss & Stolen Card Assistance

Assist America arranges for notification to credit and debit card issuers that a card has been lost or stolen, for all such issuers who accept third party notifications. This Service requires advance registration of up to ten (10) debit or credit cards by the member.

24/7 Identity Fraud Support

If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

1-877-409-9597 (Within the US)

1-816-396-9192 (Outside the US)

Access Code:

18327

How to Activate Services

To activate the services, contact Assist America at:

- Use the **Tap for Help Button on the Mobile App**
- **1-800-872-1414** (Within the US)
- **1-609-986-1234** (Outside the US)
- Email medservices@assistamerica.com

Your Assist America Reference Number is:

01-AA-GLI-10231

Conditions & Limitations:

Assist America pays for all the transportation services it arranges. Requests for reimbursement for medical transport or other services arranged independently by the member will not be accepted. Assist America is not responsible for the cost of medical treatments and other non-medical services received by the member upon a referral made by Assist America.

Assist America will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care
- Trips exceeding 90 days away from legal residence

Assist America will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy beyond the 28th week
- With mental or nervous disorders unless hospitalized
- Spouse traveling on business

Download the Mobile App

Access a wide range of global emergency assistance services from your phone by downloading the Assist America Mobile App. Enter your Assist America Reference Number to set up the App:

01-AA-GLI-10231

▶ Tap for Help

Tap-to-call Assist America's 24/7 Operations Center

▶ Voice Over Internet Protocol (VoIP)

Avoid international phone charges by calling Assist America for free using a Wi-Fi connection

▶ Pre-Trip Information

Access detailed country-specific information to prepare for your trip

▶ Travel Alerts

Receive alerts on urgent global situations that may impact travel

▶ Travel Status Indicator

A GPS feature letting you know when you are eligible for services

▶ Embassy Locator

Locate the nearest embassy/consulate of 23 countries

▶ Mobile ID Card

Your Assist America ID card is conveniently stored within the app

▶ Available in 7 languages

The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French



Available on Google Play
and the App Store

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. Assist America is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local laws.

All consulting physicians and attorneys are independent contractors and not under the control or responsibility of Assist America.

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Guidance Resources

Online Will Preparation

Secure Your Wishes With a Legally Binding Will

Drafting a will ensures that your assets pass on to your loved ones and your children are protected by a guardian of your choosing. EstateGuidance® makes it easy with online tools that walk you through the process in minutes. Just access the site using the directions provided and supply the information at the prompts. Your will can be completed online and downloaded to your computer or printed and shipped to you. In addition, you can draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

Log on to EstateGuidance® to:

- Complete a customized will: No cost to you
- Have your will printed and sent to you: \$14.99
- Draft a living will: \$14.99
- Draft a final arrangements document: \$9.99

This perk is at no additional cost to team members who enroll in Long Term Disability.

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Online: guidanceresources.com
App: GuidanceNowSM
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Supplemental Health Benefits

You may purchase additional insurance from Guardian that will help to cover additional out-of-pocket expenses. These policies offer direct-to-the-policyholder cash payouts to help cover what other insurance does not. Coverage options are available for you and your spouse, and your child(ren) . Your premiums are paid through payroll deductions on a post-tax basis. These policies are portable, which means that you can keep them should you change jobs or retire.

Accident

The Accident plan pays you benefits to help cover out-of-pocket medical and other costs in case of an off-the-job accident.

Hospital Indemnity

Hospital Indemnity pays you a lump sum benefit if you are admitted to the hospital as well as a daily benefit for days spent confined.

Critical Illness

The Critical Illness plan helps protect you and your family from the unexpected cost of fighting a life-threatening illness.

Plan Name	Accident	Hospital Indemnity	Critical Illness
Plan Differences			
Covered Conditions	Ambulance, ER visits, Fractures, Dislocations, Major Diagnostic Exams, PT, and more	Hospitalizations resulting from injury or illness	Heart Attack, Stroke, Cancer, Progressive Diseases, Organ Failure and more
Wellness Benefit	\$50	\$50	\$50
Guarantee Issue (without medical questions)	Full Benefit Amounts	Full Benefit Amounts	Up to \$30,000 if you apply during initial enrollment
Pre-Existing Condition Limitation	None	Pregnancy: 10 months	None
Options	AD&D Benefit Team Member: \$20,000 Spouse: \$10,000 Child(ren) \$5,000 Refer to Benefit Summary for Details	\$1,000/Admission \$150 or \$300/Day Confinement Refer to Benefit Summary for Details	Team Member: \$10,000, \$20,000 or \$30,000 Spouse: Up to 100% of Team Member election Child(ren): Up to 50% of Team Member election

Rates

Accident, Hospital Indemnity and Critical Illness Insurance rates are shown in Employee Navigator.



For More Information

- Telephone: 888-482-7342
- Web: go to www.Guardian.com

Please note: Supplemental Health benefits are not directly sponsored or endorsed by your employer and are offered as optional coverage opportunities through third-party issuers based on your status as an Team Member. These benefits are exempt from many requirements of the Employee Retirement Income Security Act (ERISA), allowing Team Members to partner with external providers for participation.

This perk is at no additional cost to team members who enroll in the Hospital Indemnity.



Caregiving support services

Personalized support to help with caring for a loved one or yourself

At Guardian, we understand that many employees also juggle caregiving responsibilities outside of work. That's why we've partnered with Wellthy to help provide caregiving support services as part of the disability benefit provided by your employer. Tailored to your needs, you'll have access to the support you need to help tackle any caregiving challenge you might face, while also being able to stay on top of your own physical, mental, and emotional wellness.

How caregiving support can help

Wellthy is for anyone who finds themselves managing care for a loved one (or themselves), in any capacity, big or small.

- **For aging parents or relatives:** Help with coordinating to-dos for daily needs like filling prescriptions and arranging transportation, moving a loved one into an assisted living facility and end-of-life preparations.
- **For children and teens:** Get support for things like vetting babysitters, evaluating nanny agencies, identifying counselors, and exploring alternative learning solutions like learning pods and tutors.
- **For you or someone you love:** Wellthy will design a care plan for situations including a new diagnosis, an ongoing health condition, a surgery, a sudden accident, routine care needs, and more.

Features of your caregiving support services benefit

Access to self-service tools, resources, and dedicated support to help manage your caregiving responsibilities in a way that works for you and your family.



Care coordination

Dedicated, hands-on support from specialists who get to know each family and help tackle their to-dos



Care planning

Comprehensive care planning tools and resources in one centralized, accessible place



Wellthy community

Peer-to-peer space where family caregivers can find support and exchange knowledge



“Their guidance not only drastically changed the outcome for my father, but it allowed me to make informed decisions that were in my family’s best interest.”

- Wellthy Program Participant



How to access

- Visit join.wellthy.com/guardian-members
- First-time users will need to register.

Important Information

The Affordable Care Act (ACA) and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Focal Point Care or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through the federal health insurance marketplace or a state-based insurance exchange;
- Enroll in coverage through a government-sponsored program (if eligible).

If you choose to purchase coverage through the marketplace or a state exchange, because Focal Point's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a premium tax subsidy, and you may not see lower premiums or out-of-pocket costs with these enrollment options. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.



For More Information

- **Web:** Go to www.healthcare.gov.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by Focal Point Care. Please refer to the SBCs and carrier contracts provided by our health plan carriers for additional plan details.

The SBCs are available on Employee Navigator.

Annual Notices

Focal Point Care publishes Annual Notices each year outlining your legal rights regarding benefits. Visit Employee Navigator to review this year's notices.

The following is a list of Annual Notices:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform Team Members of the privacy practices followed by group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.



This benefits guide serves as a Summary of Material Modification (SMM) and notification of your rights related to the 2026 plan year. All detailed information is available online on Navigator. This document is for informational purposes only. If there is a disagreement between the benefits described in this guide and information included in the complete plan documents this guide summarizes, the plan documents will govern. In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the People Department.