2026
January 1 –
December 31

EMPLOYEE BENEFITS

StudiesWeekly®

STANDARDS-BASED CURRICULUM

ENROLLMENT INSTRUCTIONS:

Visit www.paycom.com or scan the QR code to get started.

CONTENTS

4	Who's Eligible for Benefits?
5	Changing your Benefits (QLE's)
6	Enrolling for Benefits
7	Medical
11	Dental
13	Vision
15	Health Savings Account (HSA)
16	Flexible Spending Account (FSA)
18	Preventive Care
19	Prescription Drugs
20	Telemedicine
21	Life and Disability
23	Voluntary Plans Voluntary Life/AD&D Voluntary Accident, Critical Illness, & Hospital Indemnity
29	Medicare
30	Wellbeing and Balance
31	Employee Assistance Program (EAP)
32	Important Plan Information
33	Cost Comparison
37	Plan Contacts

GETTING STARTED

January 1, 2026 through
December 31, 2026

MEDICARE PART D NOTICE

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

No matter where you are in your career, Studies Weekly supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, as well as life, disability, and more benefits.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Take a look at what's available to make the most of your benefits package.

WHO'S ELIGIBLE FOR BENEFITS?

Employees

You are eligible if you are a full-time employee working 30+ hours per week.

Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to "Determining Eligibility" later in this guide for details.

Eligible dependents

- Legally married spouse, Domestic Partner, Natural, adopted or stepchildren up to age 26.
- For benefit coverage criteria and additional information on domestic partnership coverage, please see your Human Resources Department. Please note you may be required to provide a Domestic partnership Affidavit to qualify for Domestic Partner Coverage. Domestic partnership coverage has certain tax implications.
- Children over age 26 who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)

For additional coverage information, please refer to the benefit booklets for each benefit.

When do benefits begin?

Eligible employees can receive benefits on the first day of the month following 60 days from date of hire.

Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility.

Existing employees can enroll during the annual open enrollment period.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment.

CHANGING YOUR BENEFITS

Click to play video

LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a QUALIFYING change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within 30 days after the event.

ENROLLING FOR BENEFITS

DO I NEED TO ENROLL?

If you do not plan on making any changes to your 2026 benefits plan, **no action is required.**

You will be required to make new elections for any reimbursement accounts. These include FSA, LPFSA and DCAP.

Paycom is an online system that enables you to make all your benefit decisions in one place. If you don't have access to a computer, you can access Paycom from a tablet or smartphone.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- Login into: Paycom.com
- From the Notification Center or Benefits section, click the 2026 Benefits enrollment.

Use created login and password (same as last year) or reset your own password if necessary.

- ADD your personal and dependent information.
- SELECT your benefit plans for the coming year.
- REVIEW your choices and costs before finalizing.

MEDICAL

OUR PLANS

Motivhealth Traditional 3000

Motivhealth HDHP 3400 w/
Health Savings Account

Which Plan Is Right For You?

Consider a PPO (preferred provider organization) if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want coverage for out-of-network providers (at a higher cost).

Plan To Consider

MotivHealth Traditional 3000 Plan

Consider a high-deductible health plan (HDHP) if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want coverage for out-of-network providers (at a higher cost).
- You want tax-free savings on your healthcare costs.
- You want to build a savings account for future healthcare costs for you and your eligible family members.
- You want an extra way to add to your retirement savings.

Plan To Consider

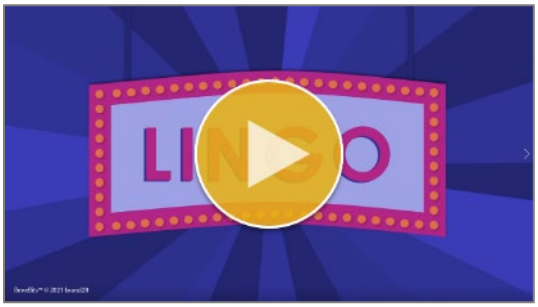
MotivHealth HDHP 3400

MEDICAL

WORDS TO KNOW

Can you beat the Health Lingo game? Learn the words that will help you understand how your plan works.

Click to play video



- **DEDUCTIBLE:** The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.
- **OUT-OF-POCKET MAXIMUM:** Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.
- **COINSURANCE:** After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.
- **COPAY:** A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.
- **IN-NETWORK / OUT-OF-NETWORK:** In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that participate in the network.

MOTIVHEALTH PLAN – TRADITIONAL 3000

	In-Network	Out-of-Network*
Annual Calendar Year Deductible	$3,000 Single / $6,000 Family	$6,000 Single / $12,000 Family
	If any family member reaches the individual deductible, then the deductible is satisfied for that family member, If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.	
Annual Calendar Year Out-of-Pocket Maximum	$5,500 Single / $11,000 Family	$11,000 Single / $22,000 Family
	If any family member reaches the individual out-of-pocket maximum, then the out-of-pocket maximum is satisfied for that family member. If any combination of family members reach the family out-of-pocket maximum, then the out –of-pocket maximum is satisfied for the entire family	
Professional Services		
Primary Care Physician (PCP)	$30	40% AD
Specialist	$60	40% AD
Preventive Care	Covered 100%	Covered up to allowed amount
Urgent Care	$75	40% AD
Diagnostic X-ray and Lab	Covered 100%	40% AD
Complex Diagnostics - Radiology	20% AD	40% AD
Chiropractic Services (12 visits PCY)	$30	40% AD
Telemedicine	Covered 100%	40% AD
Hospital Services		
In-patient	20% AD	40% AD
Out-Patient Surgery	20% AD	40% AD
Emergency Room	$350	40% AD
Maternity Care	20% AD	40% AD
Mental Health and Substance Abuse		
In-Patient / Out-patient	20% AD	40% AD
Out-patient Office Visit	$30	40% AD
Retail Prescription Drugs (30-day Supply)		
Generic	$15	40% AD
Preferred Brand Drugs	$45	
Non-Preferred Brand Drugs	$80	
Specialty	$100 AD	
Mail Order Prescription Drugs (90-day Supply)		
Generic	$37.50	No Benefit
Formulary	$112.50	
Non-Formulary	$200	
Specialty	$250	

*Subject to balance billing; AD – after deductible

MOTIVHEALTH PLAN – HDHP 3400

	In-Network	Out-of-Network*
Annual Calendar Year Deductible	$3,400 Single / $6,800 Family	$6,800 Single / $13,600 Family
	If more than one person in a family is covered under the policy, the Single deductible does NOT apply. Instead, the family deductible applies, and no medical expenses will be paid by the plan (other than covered preventive care) until the family deductible is met.	
Annual Calendar Year Out-of-Pocket Maximum	$6,250 Single / $12,500 Family	$12,500 Single / $25,000 Family
	If any family member reaches $6,250 of the out-of-pocket maximum, then the OOP is satisfied for that individual family member. If any combination of family members reach the family out-of-pocket maximum, then the out-of-pocket maximum is satisfied for the entire family.	
Professional Services		
Primary Care Physician (PCP)	30% AD	40% AD
Specialist	30% AD	40% AD
Preventive Care	Covered 100%	Covered up to allowed amount
Urgent Care	30% AD	40% AD
Diagnostic X-ray and Lab	30% AD	40% AD
Complex Diagnostics - Radiology	30% AD	40% AD
Chiropractic Services (12 visits PCY)	30% AD	40% AD
Telemedicine	Covered 100%	40% AD
Hospital Services		
In-patient	30% AD	40% AD
Out-Patient Surgery	30% AD	40% AD
Emergency Room	30% AD	40% AD
Maternity Care	30% AD	40% AD
Mental Health and Substance Abuse		
In-Patient/Out-Patient	30% AD	40% AD
Out-patient Office Visit	30% AD	40% AD
Retail Prescription Drugs (30-day Supply)		
Generic	$10 AD	40% AD
Preferred Brand Drugs	$30 AD	
Non-Preferred Brand Drugs	$50 AD	
Specialty	30% AD	
Mail Order Prescription Drugs (90-day Supply)		
Generic	$25 AD	No Benefit
Formulary	$75 AD	
Non-Formulary	$125 AD	
Specialty	No Benefit	

*Subject to balance billing; AD – after deductible

DENTAL

OUR PLAN

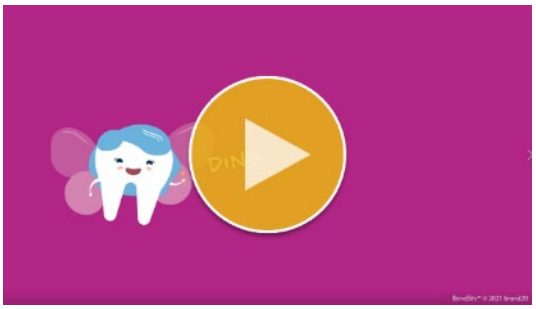
Delta Dental

Why sign up for dental coverage?

Brushing and flossing are great, but regular exams catch dental issues early. If there's a problem, our dental plan makes it easier and less expensive to get the care you need to maintain your smile.

Find out how it works!

Click to play video



DELTA DENTAL PLAN

	In-Network	Out-of-Network*
Annual Deductible	$50 Single / $150 Family	$50 Single / $150 Family
Annual Plan Maximum	$1,500 Per individual	
Diagnostic & Preventive **Deductible Waived** **Not included in Annual Maximum** Sealants through age 15 Fluoride to age 19	100%	100%
Basic Services Periodontics Endodontics	80% AD	80% AD
Major Services Crown / bridge Implants	50% AD	50% AD
Orthodontia	50%	50%
Ortho Lifetime Max to age 19	$2,000	$2,000

*out of network reimbursement based on fee schedule, subject to balance billing

What you need to know about this plan

Type of Plan:	PPO Plan
Features:	*See any provider, but you'll pay more out of network
Am I restricted to in-network providers?	No
Do I have to select a primary dentist?	No
Can I use my HSA or FSA?	If you participate in a healthcare HSA or FSA, you can use your account to pay for dental expenses.
Where can I get more details?	www.deltadental.com

VISION

OUR PLANS

Superior Vision

Click to play video

Why sign up for vision coverage?

Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with the cost.

Visit the plan's website for extra savings on services like LASIK and PRK, and rebates on contact lenses.

SUPERIOR VISION PLAN

Your vision checkup is fully covered after your exam copay. After any materials copay, the plan covers frames, lenses, and contacts as described below.

	In-Network	Out-of-Network
Copay	**Exam:** $10 **Materials:** $25	**Exam:** Up to $45 Reimbursement
Frames	$130 retail allowance	Up to $63 Reimbursement
Lenses	**Single Vision:** $25 **Bifocal:** $25 **Trifocal:** $25 **Standard Progressive**: $25 **Premium Progressive**: Covered at Trifocal Level	**Single Vision:** Up to $32 Reimbursement **Bifocal:** Up to $42 Reimbursement **Trifocal**: Up to $46 Reimbursement **Standard Progressive**: Up to $60 Reimbursement **Premium Progressive**: Up to $60 Reimbursement
Contacts (Elective) Medically Necessary	$125 retail allowance Covered 100%	Up to $100 Reimbursement Up to $210 Reimbursement
Frequency *Based on date of service	**Exam:** 12 months* **Frames:** 12 months* **Lenses**: 12 months* **Contacts (Elective):** 12 months*	**Exam:** 12 months* **Frames:** 12 months* **Lenses**: 12 months* **Contacts (Elective):** 12 months*

Discounts on Covered Materials	
Frames	20% off amount over allowance
Lens Options	20% off retail
Progressives	20% off amount over retail lined trifocal lens, including lens options

Maximum member out-of-pocket	
	Single Vision Lenses
Tints, solids, Gradients	$25
Anti-Reflective coating	$50
Polycarbonate	$40
Ultraviolet Coating	$15
Factory Scratch Coating	100%

SuperiorVision®

HEALTH SAVINGS ACCOUNT (HSA)

Click to play video

ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the Qualified High Deductible Health Plan with Studies Weekly
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

How the Studies Weekly HSA plan works:

- Your HSA account is set up automatically after you enroll.
- To help you get started, Studies Weekly makes a contribution to your HSA:

	Quarterly Amount	$1 for $1 Match Annual Maximum
Employee	$125	$1,850
Employee/Spouse	$250	$2,500
Employee/Child	$250	$2,500
Family	$500	$3,100

- You can contribute up to the limit set by the IRS:
  Individual: $4,400 per year
  Family: $8,750 per year
  Are you age 55 and older, you can contribute an additional $1,000 per year
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future..
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but without penalties.

Find out more

- The Easy Guide to Using and Understanding Your HSA
- Eligible Expenses
- Ineligible Expenses
- https://www.motivhealth.com/hsa-basics/

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video

ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Find out more:

- https://www.healthequity.com/fsa

- Eligible Expenses – now include more over-the-counter items!
- Ineligible Expenses

Do you pay for dependent care?
Look in the Financial Wellness section for information on tax savings through the Dependent Care FSA.

HealthEquity®
Connecting Health and Wealth

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the Studies Weekly FSA plan works:

- You estimate what you and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and even eligible drugstore items.
- You can contribute up to $3,400. The annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

Estimate carefully!

If you don't spend all the money in your account, you can roll over up to $680 to use the following year. Any additional remaining balance will be forfeited.

FSA TAX SAVINGS EXAMPLE		
$60,000 Annual Pay, with $1,500 FSA Contribution		
$330 22% Federal income tax	**$115** 7.65% FICA tax	**$445** Annual FSA tax savings
$120,000 Annual Pay, with $2,850 FSA Contribution		
$684 24% Federal income tax	**$219** 7.65% FICA tax	**$903** Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

Click to play video

EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to $7,500 per year tax-free for couples filing jointly. $3,750 for married individuals filing separately.

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Health Equity. https://www.healthequity.com

Here's how the Studies Weekly group plan works:

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children younger than 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to $7,500/$3,750 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

HealthEquity®
Connecting Health and Wealth

PREVENTIVE CARE

TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms – every 2 years
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

Healthy starts now!

You take your car in for maintenance; why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

Health plans are required to cover a set of preventive services at no cost to you, even if you haven't met your deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Be aware: Not all exams and tests are considered preventive care

Certain screenings may be considered diagnostic, rather than preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

In addition, exams performed by specialists are generally not considered preventive care and may not be covered at 100%.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video

THE FORMULARY DRUG TIERS DETERMINE YOUR COST

$	Generic Drug
$$	Brand Name Drug
$$$	Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to be as effective as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, or you need help paying for your prescriptions, call Pharmacy Services at MotivHealth.

Motivhealth Pharmacy Services

(385) 247-1030

WHEN YOU NEED CARE NOW

GET THE CARE YOU NEED

Get immediate support, including prescriptions when appropriate for:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Urinary tract infection
- Respiratory infection
- Skin problems
- Medical Questions
- Ear ache
- And more!

24/7 Doctor access for MotivHealth subscribers

Get convenient care for your health via phone or video. MotivHealth provides First Stop Health to subscribers and their eligible family members. First Stop Health is free to use!

On-demand doctor visits

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

When should you use First Stop Health?

FSH does not replace your primary physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency
- When on vacation, a business trip or away from home
- For short-term prescription refills

How to Access First Stop Health

1. Log into your MotivHealth member portal: www.firststophealth.com
2. Click 'Log In' in the upper right
3. Select "Set up your account"
4. Claim your account using your MotivHealth member ID

LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill financial gaps due to a loss of income. Consider your day-to-day costs and bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (housing, education, loans, credit cards, etc.) after the death of a spouse or partner.

If you need more

In addition to company-provided coverage, we offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Plans section for details.

COMPANY-PROVIDED LIFE AND AD&D INSURANCE

Basic Life and AD&D

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by the company.

All eligible employees are provided Basic Life and Accidental Death & Dismemberment (AD&D) coverage and Studies Weekly pays the full cost of the premium.

UNUM Life and AD&D Plan

	Basic Life and AD&D Plan
Employee Benefit	$25,000
Spouse Benefit	$10,000
Child Benefit	$5,000
Benefit Reduction	Coverage amounts for Life and AD&D Insurance reduce to: 65% of the original benefits when you reach age 65 50% of the original benefit when you reach age 70

VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- Voluntary Life and AD&D
- Voluntary Accident Plan
- Voluntary Critical Illness Plan
- Hospital Indemnity Plan

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. You can also choose not to sign up for voluntary benefits at all—it's up to you.

VOLUNTARY LIFE INSURANCE

All Supplemental Insurance amounts can be purchased at any time and are subject to evidence of insurability (EOI). Insurance will become effective on the first of the month following underwriting approval by UNUM. Employees who currently have voluntary life can elect the annual increase of the greater of 10% or $10,000 to the plan maximum without completing an EOI. This is an employee only benefit. New hires have 31 days from their date of eligibility to elect coverage and can elect up to the guaranteed issue without completing an EOI. Supplemental Life benefits will reduce to 65% at age 65 and 50% at age 70. All benefit reductions are a percentage of the reduced benefit amount. Coverage terminates at retirement. Supplemental Life offers a Right of Conversion. Enrollment forms are available from Human Resources.

Accidental Death & Dismemberment: All employees and spouses who enroll in voluntary supplemental life coverage must elect the same amount in accidental death and dismemberment coverage. Benefit reduction matches Life and AD&D. See Certificate of Coverage summary for more detailed benefit information.

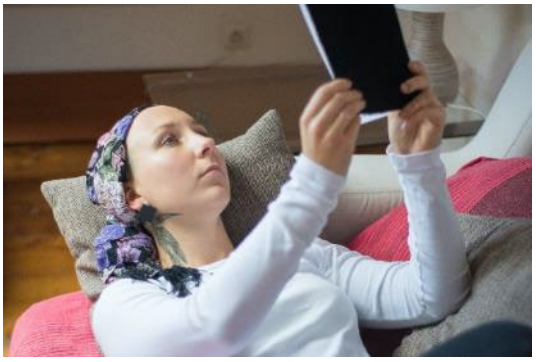
GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

Coverage	Benefits	Guarantee Issue*
Employee	Increments of $10,000 to a maximum $500,000	Lesser of 5x annual salary or $100,000
Spouse	Increments of $5,000 up to maximum $500,000. (not to exceed EE supplemental coverage amount)	Lesser of 100% of EE benefit or $25,000
Unmarried Dependent Child(ren) to age 26	Increments of $2,000	$10,000

*Guarantee issue applies to new hire enrollments only

VOLUNTARY HEALTH-RELATED PLANS



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Accident Insurance

Accident insurance from UNUM helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest X-ray.

Critical Illness Insurance

Critical illness insurance from UNUM can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest X-ray.

Hospital Indemnity Insurance

Hospital indemnity insurance from UNUM can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

VOLUNTARY ACCIDENT

UNUM **Off-Job** Accident Plan – 100% Employee Paid
These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

BENEFIT	
Accidental Death EE / Spouse / Child	$50,000 / $25,000 / $12,500
Common Carrier Accidental Death EE / Spouse / Child	$50,000 / $25,000 / $12,500
Dismemberment EE / Spouse / Child	Up to $50,000
Dislocation & Fracture EE / Spouse / Child	Up to $3,375 *(dislocation)* Up to $4,500 *(fracture)*
Hospital Visits or Confinement Initial Confinement Hospital Confinement Intensive Care	$1,000 $300 Per Day $300 Per Day
Ambulance	$300 Regular Ambulance $1,000 Air Ambulance
Emergency Room Services	$100
X-Ray	$50 to $200
Emergency Physician Treatment	$75
Lacerations	$50 to $600
Burns Less than 20% of body surface More than 20% of body surface	$500 to $5,000 $1,000 to $10,000
Appliance	$50 to $200
Physical Therapy	$20 Per Day
Transportation	$100 Per Trip
Family Member Lodging	$150 Per Night
Wellness Benefits (1 per family member per year)	$50 Per Visit

VOLUNTARY CRITICAL ILLNESS

UNUM Critical Illness - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

BENEFIT	$10,000/$20,000; Spouse & Children 50% of Employee Elected Amount
Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure EE / Dependent	100% Employee Elected Amount/50% Spouse and Child Elected Amount
Coronary Artery Disease – Major Disease/Minor Disease Employee / Dependent	50% Employee Major and 10% Employee Minor
Cancer-Internal or Invasive EE / Dependent	100% Employee Elected Amount/50% Spouse and Child Elected Amount
Carcinoma in Situ (25%) EE / Dependent	25% of elected amount
Skin Cancer Benefit	$500
Progressive Diseases-Dementia *(including Alzheimer's Disease), Benign Brain Tumor, Coma*	100% Employee Elected Amount/50% Spouse and Child Elected Amount
Recurrence Benefit *(Occurrences must be separated by 6 months)*	Pays 100% of previously paid base policy benefit
Supplemental Critical Illnesses-Benign Brain Tumor, Coma, loss of sight, speech or bearing and Permanent Paralysis *(occurrences must be separated by 3 months)*	Pays 100% of previously paid base policy benefit
Be Well Benefit	$50 for completing approved wellness exam *(can be claimed once per covered person per year. No wait)*
Pre-Existing Waiting Period	6 Month Look-Back / 6 Months on Plan
Guarantee Issue	$20,000 – Employee/Spouse and Child; 50% of Employee Elected Amount

VOLUNTARY HOSPITAL INDEMNITY

UNUM Hospital Indemnity- 100% Employee Paid
These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

BENEFIT	LOW PLAN
First Day Hospital Stay UNUM pays the benefit amount shown for the first day a covered person is confined in a hospital. Maximum one day per year	$1,000
Daily Hospital Stay Benefit UNUM pays the benefit amount shown per day when a covered person is confined in a hospital. Up to 365 days.	$100
Short Stay Hospital Benefit UNUM pays the benefit amount shown per day when a covered person is confined in a hospital. Maximum one day per year	$500
Hospital Intensive Care Benefit UNUM pays the benefit amount shown per day when a covered person in confined in a hospital intensive care unit. Maximum one day per year	$500
Intensive Care Daily Stay Maximum 30 days	$100
Pre-Existing Waiting Period	12 Month Look-back / 12 Months on plan
Be Well Benefit	$50 *(Once per person, per calendar year)*

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS

Alliant MEDICARE SOLUTIONS

Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.

alliantmedicaresolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at **(877) 888-0165** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Find Out More

Your Guide to Medicare

Medicare 101 Video

Social Security Planning Video

WELLBEING & BALANCE

“The key to keeping your balance is knowing when you've lost it. ”

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it’s not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health and family issues.
- Maximize your physical well-being.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Blomquist Hale
SOLUTIONS

EAP Contact

Phone

(801) 262-9619

Text
(801) 383-0580

Website

www.blomquisthale.com

Email
supportnow@blomquisthale.com

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Studies Weekly can help you handle a wide variety of personal issue such as emotional health and substance use disorder; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues with unlimited visit limits
- Unlimited web access to helpful articles, resources, and self-assessment tools.

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your medical, dental and vision benefit contributions for 2026 Plan year
- Contact information for our benefit carriers and vendors

YOUR MONTHLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—so you pay less in taxes.

MOTIVHEALTH – TRADITIONAL 3000

	Employee Bi-Weekly premium	Employee Monthly premium
EMPLOYEE ONLY	$130.00	$260.00
Employee + Spouse	$225.00	$450.00
EMPLOYEE + Child(ren)	$235.00	$470.00
Family	$385.00	$770.00

MOTIVHEALTH – HDHP 3400

	Employee Bi-Weekly premium	Employee Monthly Premium
EMPLOYEE ONLY	$ 75.00	$150.00
Employee + Spouse	$130.00	$260.00
EMPLOYEE + Child(ren)	$120.00	$240.00
Family	$240.00	$480.00

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Human Resources if your domestic partner is your tax dependent.

YOUR MONTHLY BENEFIT COSTS

DELTA DENTAL – PPO NETWORK

	Employee Bi-Weekly premium	Employee Monthly premium
EMPLOYEE ONLY	$ 2.50	$ 5.00
EMPLOYEE + Spouse	$ 5.00	$10.00
EMPLOYEE + Child(ren)	$ 5.00	$10.00
Family	$10.00	$20.00

SUPERIOR VISION

	Employee Bi-Weekly premium	Employee Monthly premium
EMPLOYEE ONLY	$ 1.38	$ 2.76
EMPLOYEE + Spouse	$ 2.63	$ 5.26
EMPLOYEE + Child(ren)	$ 2.77	$ 5.54
Family	$ 4.15	$ 8.30

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Human Resources if your domestic partner is your tax dependent.

YOUR MONTHLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—so you pay less in taxes.

VOLUNTARY ACCIDENT

	Monthly Premiums
EMPLOYEE ONLY	$10.29
EMPLOYEE + SPOUSE	$18.58
EMPLOYEE + CHILD(REN)	$27.16
EMPLOYEE + FAMILY	$35.45

HOSPITAL INDEMNITY

	Monthly Premiums
EMPLOYEE ONLY	$12.23
EMPLOYEE + SPOUSE	$24.02
EMPLOYEE + CHILD(REN)	$18.98
EMPLOYEE + FAMILY	$30.77

VOLUNTARY CRITICAL ILLNESS

	LOW PLAN – Employee $10,000/Spouse $5,000		HIGH PLAN - Employee $20,000/Spouse $10,000	
	Employee or EE + Child	EE + Spouse / Family	Employee or EE + Child	EE + Spouse / Family
25 and under	$3.68	$2.78	$5.48	$3.68
25 to 29	$4.48	$3.18	$7.08	$4.48
30 to 34	$5.68	$3.78	$9.48	$5.68
35 to 39	$7.28	$4.58	$12.68	$7.28
40 to 44	$9.78	$5.83	$17.68	$9.78
45 to 49	$13.38	$7.63	$24.88	$13.38
50 to 54	$18.08	$9.98	$34.28	$18.08
55 to 59	$24.68	$13.28	$47.48	$24.68
60 to 64	$34.88	$18.38	$67.88	$34.88
65 to 69	$50.88	$26.38	$99.88	$50.88
70 to 74	$77.58	$39.73	$153.28	$77.58

VOLUNTARY LIFE & AD&D INSURANCE COSTS

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary life and AD&D Monthly Rates

	Cost per $10,000 of coverage	Cost per $5,000 of coverage
AGE	**Employee**	**Spouse**
<24	$0.92	$0.53
25-29	$0.98	$0.56
30-34	$1.20	$0.68
35-39	$1.58	$0.90
40-44	$2.26	$1.26
45-49	$3.29	$1.86
50-54	$4.69	$2.67
55-59	$6.60	$3.85
60-64	$8.40	$5.26
65-69	$13.06	$7.41
70-74	$21.99	$13.85
75-79	$67.23	$42.41

Calculate your life insurance rate

1. Desired Coverage ($10,000 or $5,000 Increments)

You:	Spouse:

2. Divide Step 1 by 1,000 =

You:	Spouse:

3. Multiply Step 2 by Rate from Table =

You:	Spouse:

4. Multiply Step 4 by 12 and divide by 24 =

You:	Spouse:

5. Add You + Spouse from Step 4:

TOTAL COST PER PAYCHECK:

Child life insurance

COVERAGE AMOUNT	Rate per $2,000 of coverage	Total Cost Per Paycheck
$2,000	$0.81	$0.81
$10,000	$0.81	$4.05

Premium includes all eligible children. Eligible children include dependent children under age 26 as long as you apply for and are approved for coverage for yourself.

PLAN CONTACTS

Enrollment Website
Paycom
Paycom.com

MEDICAL, DENTAL & VISION

MotivHealth
Motivhealth.com
Member Services
(844)234-4472
Pharmacy Services
(385) 247-1030

Delta Dental
Deltadental.com
Member Services
(844) 825-8111
Delta Dental Mobile App
Find a Provider

Superior Vision
Policy # 3648801
Superiorvision.com
Member Services
(800) 100 -0120

HEALTH SAVINGS ACCOUNT (HSA)

Motivhealth
Motivhealth.com
Member Services
(844)234-4472

LIFE AND AD&D

UNUM
Unum.com
Member Services
(800)241-0344

VOLUNTARY PRODUCTS
Lee Harmer
(801) 942-0143
Claims Fax
(801)944-0641

EMPLOYEE ASSISTANCE PROGRAM EAP
Blomquist Hale
Blomquisthale.com
Member Services
(801)262-9619
(800)926-9619

FLEXIBLE SPENDING ACCOUNTS (FSA)

HealthEquity
Healthequity.com
(866)346-5800

Irene Hansen
Account Manager
Irene.Hansen@alliant.com
(801) 821-3941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