

EMPLOYEE MEDICAL INSURANCE LINKS:

Member Login: https://member.carefirst.com/mos/#/fadsdpublic/search/home

Virtual Urgent Care: <u>https://www.closeknithealth.com/</u> (Also see page 10 of the benefits guide.)

To Make Changes to Your Medical Plan:

https://www.employeenavigator.com/

For questions about our insurance plans: Email: <u>freshbenies@alight.com</u> Call: 877-412-3108



Manage Your Healthcare with My Account

As a CareFirst BlueCross BlueShield (CareFirst) member, your personalized benefit information is available 24/7. Register for My Account for secure online access to your coverage details, ID card and more. Plus, you'll also be able to quickly locate innetwork providers and facilities nationwide.

Visit carefirst.com/myaccount to register.

My Account at a glance:

1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details (2) including password, username and email, or choose to receive materials electronically
- Send a secure message via the Message Center
- Check Alerts A for important notifications

2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)¹
- Order and refill prescriptions
- View prescription drug claims

Claims & EOBs

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary
- ¹ Only if offered by your plan.
- ² Only available when using a computer.
- ³ The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.



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(a) Good Morning, Jane

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In-Network Costs

Most Recent Claims

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- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options¹

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Health Savings •

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2 COVERAGE

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4 DOCTORS

5 MY HEALTH

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7 TOOLS

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CareFirst

CLAIMS & EOBs

MY DOCUMENTS

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(2) What's Cov

Track your Blue Rewards progress¹

6 My Documents

- Look up plan forms and documents²
- Download Vitality, your annual member resource guide

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures³
- Use the drug pricing tool to determine prescription costs

8 Help

- Find answers to many frequently asked questions
- Send a secure message
- Locate important phone numbers

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS[®], BLUE SHIELD[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.





JULY 1, 2024—JUNE 30, 2025 EMPLOYEE BENEFITS GUIDE 12 MONTH EMPLOYEES

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A MESSAGE TO OUR STAFF:

Dear SHORE UP! Employee,

We know how much work goes into making our company a success, so we ensure that our employees are provided with exceptional benefits including medical, dental, vision, life and disability insurance.

Employees can also benefit from included options such as a Health Savings Account (HSA) and CareFirst CloseKnit.

We make it a priority to keep you and your loved ones covered in the event of unforeseeable circumstances so you can focus on fulfilling your career potential and leading a healthy, well rounded life.



QUESTIONS?

MEET YOUR HEALTH PRO TEAM!

Our goal is to make sure that you receive the right coverage information regarding your benefit plans. Because the world of healthcare and insurance can be confusing and hard to navigate, we are pleased to introduce your Health Pro team who will be able to assist you with all things related to vour benefits. We also know that sometimes you have to deal with healthcare issues for your family. Your Health Pro can assist your entire household. This includes spouses, domestic partners, dependents, and parents!

Whenever you need help navigating healthcare, your Health Pro[®] is there for you – at no additional cost to you and your family.

Freshbenies Health Pro line

877-412-3108

freshbenies@alight.com

AT A GLANCE

HOW YOUR HEALTH PRO CAN HELP YOU

- Resolve claims and billing issues/errors
- Answer benefit questions pertaining to your plans
- Locate in-network facilities, dentists & other healthcare providers near you
- Schedule your appointments
- Research cost and value comparisons for medical services and prescriptions
- Transfer medical records

YOUR HEALTH PRO CONTINUED

TRUSTED GUIDANCE

For comprehensive healthcare navigation, your Health Pro eliminates the healthcare hassle and optimizes the health plan network with high quality, cost-effective care. This high tech, high touch support meets you and your dependents at the right time, wherever you are in your healthcare journey.

Healthcare is complex, and people need help. Here's how your Health Pro simplifies healthcare navigation and lowers healthcare costs for you and your family:

🔍 Understand Health Benefits

Explain your benefits plans with unbiased guidance for medical, dental, vision and other health-related benefits.

Highly Rated, Cost-effective Care Recommend in-network medical, dental, and vision providers are recommended based on cost, quality, and personal preferences.

Get Help with Medical Bills

Provide you an expert to fix problem medical bills. We track down and fix problem bills from any source, so you are not overcharged.

Compare Costs for Care

Get price comparisons before receiving procedures and care. Costs can vary by hundreds or thousands of dollars—even in-network.

🛃 Coordinate Care

Help you verify care coverage, schedule appointments, transfer medical records and coordinate care. Let us give you back all the time you've spent on hold only to not get what you needed.

🖰 Right Programs at the Right Time

Help you understand and use your health benefits like telemedicine, disease management and EAP—in the moment when you need them.

Drive Lower Cost Rx Options

Compare medication prices and help lower the cost of prescriptions to drive better medication adherence.

Vurse Navigation

Can connect you to a nurse to better understand a new diagnosis or care path.

CARRIER CONTACT INFORMATION

PLAN	CARRIER	GROUP NUMBER	CUSTOMER SERVICE INFORMATION
Medical	CareFirst		Website: www.carefirst.com Member Services Number: 800-537-5963
Health Savings Account	Further		Website: www.hellofurther.com Member Services Number: 800-859-2144 (CST)
Dental			Website: www.mutualofomaha.com/dental-insurance Member Services Number: 866-480-7566
Vision	Mutual of Omaha		Website: www.mutualofomaha.com/vision-insurance Member Services Number: 866-480-7566
Basic Life and AD&D	Matual of Official		Website: www.mutualofomaha.com
Voluntary Life			Member Services Number: 800-769-7159
Short-Term Disability			Website: www.mutualofomaha.com Member Services Number: 800-877-5176



ELIGIBILITY AND ENROLLMENT

WHO IS ELIGIBLE

Employees | Full-time employees who work at least 30 hours per week are eligible for benefits on the first of the month following 60 days from the date of hire.

Dependents | Employees may enroll legal spouses and dependent children up to age 26, regardless of student or marital status.

Domestic Partners | A domestic partner is defined as a person who cohabitates or resides with the employee in a domestic partnership, same sex or otherwise, and can document evidence of financial interdependence existing for at least six consecutive months prior to application.

Domestic Partners Benefits | *Employees who wish to apply for domestic partner benefits must complete a statement of domestic partnership.* Please reach out to HR to learn more about our company's domestic partner policy, eligibility/benefit criteria, and documentation requirements.

Domestic Partners Tax Implications | Per IRS regulations, the fair market value of benefits for domestic partners (including coverage for a domestic partner's legal dependent(s)) must be reported as taxable income to the employee. Furthermore, a domestic partner's share of premium is not eligible for pre-taxation. Therefore, employee contribution towards the cost of adding a domestic partner will be deducted on an after-tax basis. We recommend consulting with a tax advisor to better understand the tax implications of your domestic partner benefit election.

WHEN TO ENROLL

First Eligibility | If you are a new hire or newly eligible for benefits, you must enroll in your benefit plans within 30 days of your eligibility date. If you waive coverage upon first eligibility, you will be required to wait until the next open enrollment or when you experience a qualifying event.

Open Enrollment | Employees may make benefit changes during open enrollment, which is in June for a July 1 effective date. Your coverage will be in place until the next open enrollment.

Qualifying Event (QE) | A qualifying event is a documented, life status change. If you experience one of these events during the course of your benefit plan year, you may be able to make changes to your plans and coverage.

HOW TO ENROLL THROUGH EMPLOYEE NAVIGATOR

Online Enrollment | Enrolling in your benefits is quick and easy using the benefits portal through Employee Navigator—available 24/7 during your Open Enrollment or New Hire Enrollment.

Log onto: employeenavigator.com/benefits/Account/login

Returning users may reset their username and password by clicking the "Reset a forgotten password" link.

New users will receive a confirmation email from Employee Navigator prompting them to confirm their information as well as provide a company identifier which will be provided in the initial email sent out.

QUALIFYING EVENTS

Here is a list of approved qualifying events in accordance with IRS code Section 125:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or a child
- Change in residence or work location that affects benefits eligibility for you or your covered dependents
- You or one of your covered dependents gain or lose coverage due to a change in employment status i.e. employment termination or reduction of hours
- Gain or loss of qualified coverage

While this list contains the most relevant qualifying events, check with your Human Resources Department or the EBS Platinum Team to see if you may qualify for other enrollment periods. Depending on the type of change, you may need to provide proof of the qualifying event (for example, a marriage license or birth certificate).



If you do not notify Human Resources within 30 days of your QE, you will have to wait until the next annual open enrollment period to make benefit changes.

EMPLOYEE CONTRIBUTIONS

One of the major benefits of employer sponsored coverage is the ability to pay for your employee contributions through payroll deductions. Depending on the product, your deduction could be pre-tax or post-tax (noted below). If you choose to enroll, below are the amounts that will be payroll deducted for the coverages you select. Once you enroll in a pre-tax benefit, you'll need to wait until open enrollment or experience a qualifying event to change your selection. If you have additional questions concerning tax implications, please consult with Human Resources or a tax professional.

The amounts are listed on a bi-weekly basis with 26 pay periods per year.

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
BlueChoice Advantage 500	\$75.24	\$346.10	\$139.19	\$457.46
BlueChoice Advantage 2000	\$52.31	\$320.81	\$96.77	\$424.03
BlueChoice Advantage HSA 1600	\$32.33	\$297.42	\$59.81	\$393.12
Dental	\$10.79	\$21.90	\$25.73	\$39.13
Vision	\$2.87	\$5.29	\$5.55	\$8.31
Employee Life and AD&D	100% Paid by SHORE UP!			
Voluntary Life (post-tax)	100% Employee Paid (see Employee Navigator)			
Short-Term Disability	100% Paid by SHORE UP!			
Employee Assistance Program	100% Paid by SHORE UP!			



EMPLOYEE NAVIGATOR

MAKING INITIAL BENEFIT SELECTIONS

- 1. Update and confirm your personal information as well as your dependent information (if applicable).
- 2. Use the progress bar on the right hand side of the page to track your progress. Expand to see specifically what is still required to complete. Green indicates a section is complete. Orange indicates an incomplete section.
- 3. Be sure to specify who you would like to enroll in EACH specific benefit plan. Dependents enrolled in one benefit plan will not automatically be enrolled in another.
- 4. A brief summary of cost and enrollees will be shown for each benefit.
- 5. Once a place section has been made, click "Save & Continue" to elect or click "Don't want this benefit" to waive coverage.

FINALIZING YOUR BENEFITS

Review your enrollments after selections have been made. The Enrollment Summary report breaks down cost per pay period, the effective date and coverage level is broken down per plan (Employee vs. Employee + Spouse).

We recommend printing or saving your election report for your personal records.

Enrollment is not complete until you have signed off at the bottom of the page. Your benefits WILL NOT be submitted to the carriers until you have signed off and approved these benefits.

GENERAL PORTAL KNOWLEDGE

- Any outstanding items will be available using the "Required Tasks" link from your home page.
- Update your password or username at any time by clicking the dropdown menu from your name at the top right from your home page.
- View your benefits at any time by selecting the "Enrollment Summary" shortcut from your home screen.
- Once your enrollment window is over you will be able to request updates to your benefits at any point during the policy year by selecting the "Life Events" shortcut. These requests will be sent for HR review.

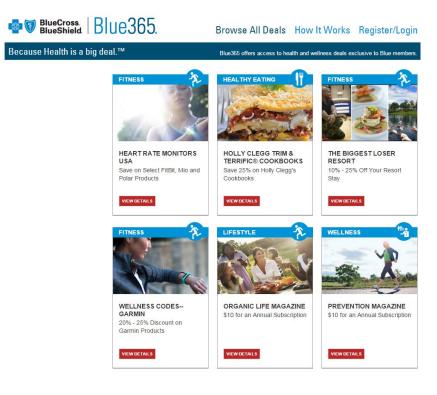


CAREFIRST MEMBER BENEFITS

MY CAREFIRST

As a member of CareFirst, you have access to a variety of services and resources online at www.carefirst.com, including:

- Discount programs for alternative therapies, gym memberships, weight loss and hearing care.
- My CareFirst Wellness website with health calculators, tracking tools and podcast videos on specific health topics at www.carefirst.com/myaccount
- Blue365 which is an exciting program that offers exclusive health and wellness deals. Blue365 delivers great discounts
 from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and
 much more. www.blue365deals.com
- Vitality magazine with healthy recipes, preventive health care tips, articles on nutrition, physical fitness and stress management.
- Health Assessment and Online Coaching.
- Track claims that count toward your deductible and out-of-pocket maximum.
- CareFirst Mobile Access through iOS and Android.



CAREFIRST MEMBER BENEFITS

CAREFIRST WELLBEING

We're pleased to introduce CareFirst WellBeing—your personalized digital connection to your healthiest life. Catering to your unique health and wellness goals, CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

WELLNESS PROGRAM FEATURES:

RealAge: In just a few minutes, the RealAge online health assessment will help members determine the physical age of their body, compared to their calendar age.

Personalized Health Timeline: Receive content based on your health and well-being goals, along with your motivation and interests.

Trackers: your wearable devices or enter your own data to monitor daily habits like stress, sleep, steps, nutrition and more.

Challenges: Stay motivated to achieve your health goals by joining a challenge.

Health Profile: Access important health data all in one place.

Blue Rewards: Earn incentives for participating in health activities.

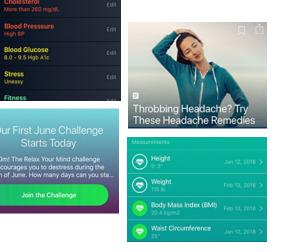
BLUEREWARDS

Each subscriber and spouse/domestic partner can earn up to \$175. Members identified by CareFirst as being eligible for coaching based on their health status can earn and additional \$200. The coaching incentive will be communicated only to those members who are eligible.

STEPS	ELIGIBLE POPULATION	TIMING	INCENTIVE
Select a PCMH PCP and complete health screening with PCP or CVS MinuteClinic	Subscriber and spouse/domestic partner	Within 180 days of effective or renewal date	\$100
Answer an online RealAge health assessment and consent to receive wellness emails	Subscriber and spouse/domestic partner	Within 180 days of effective or renewal date	\$50
Retake the RealAge after 6 months (among those who already completed an initial assessment)	Those who took the initial health assessment and provided e-consent	Within 90 days and through end of the benefit period	\$25
 Health coaching Session 1: \$30 Session 2: \$70 Session 3: \$100 	Those who are identified for coach-directed guidance	2-60 days apart and must be completed before the end of the benefit period	\$30-\$200 based on sessions completed



Download the CareFirst WellBeing app to access wellness tools and resources whenever and wherever you want.



CAREFIRST VIRTUAL URGENT AND PRIMARY CARE

CloseKnit is a new patient-centric, virtual-first primary care practice. Open 24/7/365 through a simple, convenient app.

Our Virtual-first delivery model offers a breadth of care services, including preventive and urgent care, behavioral and mental health, care coordination and more.

CLOSEKNIT SERVICES INCLUDE:

- Primary care (ages 18+)
- Urgent care (adult/pediatric ages 2+)
- Behavioral and mental health therapy
- Psychiatry
- Nutritional counseling
- Lactation consulting
- Care coordination
- Medication management
- Chronic condition management

URGENT CARE:

High-quality providers - See providers who can help you with a wide range of common illnesses, symptoms, and health concerns

Care in minutes - no appointment needed! - We're open when other options are closed

Open 24/7/365 - We're open when other options are closed

Available on your desktop and mobile device - Access CloseKnit Urgent Care on your desktop or mobile device - whichever is most convenient for you

Available in all 50 states and Washington D.C. - There to help you wherever you are in the U.S. - great for traveling

Pediatric urgent care available (ages 2-17) - Get the same quality care for your dependent(s) (ages 2-17) as you do for yourself

\$0 Primary care and \$0 mental health virtual visits through CloseKnit. For employees enrolled in the HSA plan, the deductible has to be satisfied before \$0 visits are available.

PRIMARY CARE SERVICES INCLUDE:

- Well care
- Preventive and urgent care
- Behavioral health and mental health support (therapy, medication)
- Chronic condition prevention and management
- Medication management
- Care coordination
- Education and enrollment support
- Appointment scheduling, insurance navigation and assisting with billing questions

FOR MORE INFORMATION:



Visit www.closeknithealth.com

Download the app in Apple's App Store or Google Play.





CAREFIRST NOOM

Ready to join the millions of Americans already using Noom? Now you can join Noom at no cost as part of your CareFirst BlueCross BlueShield (CareFirst) health plan benefits. CareFirst is focused on whole health and aims to meet the needs of our members in all aspects of their lives. That's why we've made Noom available through our well-being program.

The Noom app is designed to help you achieve and maintain a healthy weight. It can also help lower the risk for chronic conditions like diabetes. Noom Weight uses evidence-based techniques to empower behavior change. It's a personalized, mind -first approach that combines technology and human support to create healthier daily habits that lead to long-lasting results.

- Techniques that teach people the why behind their habits and how to change them.
- Daily lessons tailored to each person's goals.
- One-on-one texting through the app with a Noom coach and peer support to help improve outcomes.

HERE'S HOW NOOM MAKES IT A LITTLE EASIER:

DAILY LESSONS ON YOUR TERMS

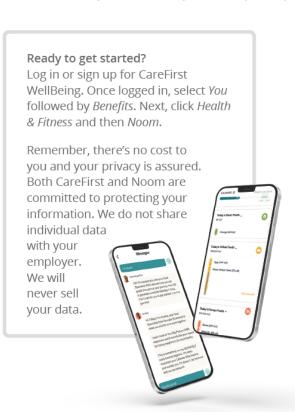
Gain confidence with practical knowledge you can use right away. How much time you spend on each lesson is up to you. So it's easy to fit Noom into your schedule.

GET AND STAY MOTIVATED

With optional one-on-one coaching and support groups, you can choose the kind of support you need to keep going.

AT YOUR SPEED

Noom's tracking tools are designed to empower you to hit your goals at a pace that's comfortable for you.



Healthier habits lead to lasting results

employee adoption rate¹

%+ of engaged users lost more than 5% of their body weight²

47% of users with significant weight loss maintained weight loss for 2 years³

Together, we can give your employees the tools they need to make a difference in their health.

CareFirst 💩 🚺 🕴 NOOM

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MEDICAL

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To locate an in-network doctor, visit www.carefirst.com/doctor

BLUECHOICE ADVANTAGE 500 PLAN HIGHLIGHTS

- In Northern Virginia, Maryland, and DC, members have access to the BlueChoice network.
- Outside of the service area, members have access to the national BlueCard PPO Network.
- Members are not required to select a (PCP) nor do you need referrals to see specialists.
- Members have the freedom to seek care from any provider. Care from out-of-network providers may result in additional costs.
- When traveling internationally, members have access to the BCBS Global Core program for emergency or urgent care.

BLUECHOICE ADVANTAGE 500 PLAN DETAILS

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE		
Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000
ANNUAL OUT-OF-POCKET LIMIT		
Individual / Family	\$4,500 / \$9,000	\$9,000 / \$18,000
PREVENTIVE CARE		
Well Child Care, Adult Physical, Cancer Screenings, Immunizations	No charge	No charge Ded., then No charge
OFFICE VISITS AND CONVENIENCE CARE		Ded., then no charge
	¢10 conov	Ded then 10%
Primary Care Physician (PCP) Specialist	\$10 copay \$20 copay	Ded., then 10% Ded., then 30%
Convenience Care		
Convenience Care CareFirst CloseKnit Virtual Visits	\$10 copay	Ded., then 30% N/A
	No charge	N/A
Labs (Non-Hospital / Hospital)	\$20 copay / Ded., then 10%	Ded., then 30% / Ded., then 30%
X-ray (Non-Hospital / Hospital)	\$20 copay / Ded., then 10%	Ded., then 30% / Ded., then 30%
Advanced Imaging	Ded., then 10%	Ded., then 30%
EMERGENCY AND URGENT CARE		
Urgent Care Center		сорау
Hospital Emergency Room (waived if admitted)	Ded., t	then 10%
HOSPITALIZATION		
Inpatient Hospital Facility	Ded., then 10%	Ded., then 30%
Outpatient Facility Services	Ded., then 10%	Ded., then 30%
PRESCRIPTION		
Prescription Deductible	5	\$0
Preventive Drugs	No charge	
Generic Drugs (34-day supply / 90-day supply)	\$15 copay / \$30 copay	
Preferred Brand Drugs (34-day supply / 90-day supply)	\$35 copay	/ \$70 copay
Non-Preferred Brand Drugs (34-day supply / 90-day supply)	\$60 copay / \$120 copay	
Preferred Specialty Drugs (34-day supply)	50% up to \$100	
Non-Preferred Specialty Drugs (34-day supply)	50% up to \$150	



To locate an in-network doctor, visit www.carefirst.com/doctor

BLUECHOICE ADVANTAGE 2000 PLAN HIGHLIGHTS

- In Northern Virginia, Maryland, and DC, members have access to the BlueChoice network.
- Outside of the service area, members have access to the national BlueCard PPO Network.
- Members are not required to select a (PCP) nor do you need referrals to see specialists.
- Members have the freedom to seek care from any provider. Care from out-of-network providers may result in additional costs.
- When traveling internationally, members have access to the BCBS Global Core program for emergency or urgent care.

BLUECHOICE ADVANTAGE 2000 PLAN DETAILS



BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE		
Individual / Family	\$2,000 / \$4,000	\$4,000 / \$8,000
ANNUAL OUT-OF-POCKET LIMIT	φ2,0007 φ4,000	<u> </u>
Individual / Family	\$4,500 / \$9,000	\$9,000 / \$18,000
PREVENTIVE CARE	\$4,3007 \$3,000	\$3,0007 \$10,000
Well Child Care, Adult Physical, Cancer Screenings,		No charge
Immunizations	No charge	Ded., then No charge
OFFICE VISITS AND CONVENIENCE CARE		
Primary Care Physician (PCP)	\$20 copay	Ded., then 40%
Specialist	\$40 copay	Ded., then 40%
Convenience Care	\$20 copay	Ded., then 40%
CareFirst CloseKnit Virtual Visits	No charge	N/A
DIAGNOSTIC SERVICES		
Labs	Ded., then 20%	Ded., then 40%
X-ray	Ded., then 20%	Ded., then 40%
Advanced Imaging	Ded., then 20%	Ded., then 40%
EMERGENCY AND URGENT CARE		
Urgent Care Center	\$50 copay	
Hospital Emergency Room (waived if admitted)		, then 20%
HOSPITALIZATION		
Inpatient Hospital Facility	Ded., then 20%	Ded., then 40%
Outpatient Facility Services	Ded., then 20%	Ded., then 40%
PRESCRIPTION		
Prescription Deductible	\$0	
Preventive Drugs	No charge	
Generic Drugs (34-day supply / 90-day supply)	\$15 copay / \$30 copay	
Preferred Brand Drugs (34-day supply / 90-day supply)	\$35 copa	y / \$70 copay
Non-Preferred Brand Drugs (34-day supply / 90-day supply)	\$60 copay / \$120 copay	
Preferred Specialty Drugs (34-day supply)	50% u	ıp to \$100
Non-Preferred Specialty Drugs (34-day supply)	50% up to \$150	

MEDICAL

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To locate an in-network doctor, visit www.carefirst.com/doctor

BLUECHOICE ADVANTAGE HSA 1600 PLAN HIGHLIGHTS

- In Northern Virginia, Maryland, and DC, members have access to the BlueChoice network.
- Outside of the service area, members have access to the national BlueCard PPO Network.
- Members are not required to select a (PCP) nor do you need referrals to see specialists.
- Members have the freedom to seek care from any provider. Care from out-of-network providers may result in additional costs.
- When traveling internationally, members have access to the BCBS Global Core program for emergency or urgent care.

BLUECHOICE ADVANTAGE HSA 1600 PLAN DETAILS

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE		
Individual / Family (aggregate)	\$1,600 / \$3,200	\$3,200 / \$6,400
ANNUAL OUT-OF-POCKET LIMIT		
Individual / Family (separate)	\$4,500 / \$7,900	\$6,550 / \$13,100
PREVENTIVE CARE		
Well Child Care, Adult Physical, Cancer Screenings, Immunizations	No charge	No charge Ded., then No charge
OFFICE VISITS AND CONVENIENCE CARE		
Primary Care Physician (PCP)	Ded., then 10%	Ded., then 30%
Specialist	Ded., then 10%	Ded., then 30%
Convenience Care	Ded., then 10%	Ded., then 30%
CareFirst CloseKnit Virtual Visits	Ded., then No charge	N/A
DIAGNOSTIC SERVICES		
Labs	Ded., then 10%	Ded., then 30%
X-ray	Ded., then 10%	Ded., then 30%
Advanced Imaging	Ded., then 10%	Ded., then 30%
EMERGENCY AND URGENT CARE		
Urgent Care Center	Ded., then 10%	
Hospital Emergency Room (waived if admitted)	Ded., the	en 10%
HOSPITALIZATION		
Inpatient Hospital Facility	Ded., then 10%	Ded., then 30%
Outpatient Facility Services	Ded., then 10%	Ded., then 30%
PRESCRIPTION		1
Prescription Deductible	Integrated w	rith Medical
Preventive Drugs	No Charge	
Generic Drugs (34-day supply / 90-day supply)	Ded., then \$15 / Ded., then \$30	
Preferred Brand Drugs (34-day supply / 90-day supply)	Ded., then \$35 /	Ded., then \$70
Non-Preferred Brand Drugs (34-day supply / 90-day supply)	Ded., then \$60 / Ded., then \$120	
Preferred Specialty Drugs (34-day supply)	Ded., then 50%	up to \$100 max
Non-Preferred Specialty Drugs (34-day supply)	Ded., then 50% up to \$150 max	

HEALTH SAVINGS ACCOUNT (HSA)

HSA DETAILS

All eligible employees who participate in the CareFirst BlueChoice Advantage HSA 1600 plan have the option to enroll in a Health Savings Account (HSA) through Further. A HSA is an account that you can put money into and save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment.

CONTRIBUTING TO YOUR HSA

Contributions to your HSA can be made by you, your employer, or both. However, the total contributions are limited annually. Contributions may be made through a pre-tax salary reduction or, if made after-tax, you can deduct the contributions when completing your federal income tax return.

The contribution limits for the year 2024:

Employee Coverage \$4,150 Family Coverage \$8,300

Individuals age 55 and older can also make additional "catch-up" contributions. The maximum annual catch-up contribution is \$1,000.

USING YOUR HSA

You can use the money in your HSA account to pay for any "qualified medical expense" permitted under federal law.

Examples of eligible HSA expenses are:

- Medical deductibles
- Copays or coinsurance
- Dental
- Vision
- Prescription drugs
- Orthodontic
- Limited over-the-counter items

Other uses include COBRA or State Continuation premiums, qualified long-term care insurance, Medicare premiums and related expenses.

You can use the money in your account to pay for medical expenses for yourself, your spouse and your dependent children. You may use HSA funds for your dependents' expenses even if they are not enrolled in a Qualified High Deductible Health Plan (QHDHP).

ADVANTAGES OF HSA

Health Savings Accounts provide triple tax savings:

- (1) tax deductions when you contribute to your account
- (2) tax-free earnings through investment
- (3) tax-free withdrawals for qualified medical expenses

Accounts are employee-owned and completely portable regardless of whether you change jobs, change medical coverage or move to another state.



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Unlike Flexible Spending Accounts, HSAs can roll over any unused funds year after year. There is no "use it or lose it" rule or lifetime maximum. The only stipulation is that you may not contribute more than the set IRS Contribution amount for that tax year.

DENTAL

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To locate an in-network doctor, visit www.mutualofomaha.com/dentalinsurance

MUTUAL OF OMAHA DENTAL PLAN HIGHLIGHTS

- You have access to one of the nation's largest networks with over 200,000 participating dentists and specialist nationwide.
- You have the freedom to choose any dentist. However, in-network providers will offer the deepest discounts.
- There are no claims to file when seeing in-network dentists.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.
- When seeing out-of-network dentists, you may incur additional costs subject to balance billing.

MUTUAL OF OMAHA DENTAL PLAN DETAILS

Below is a snapshot of your benefits. *The benefit summary from the carrier will always prevail.*



When seeing non-participating dentists, watch out for balance billing!

BENEFITS	IN-NETWORK	OUT OF NETWORK
ANNUAL DEDUCTIBLE		
Individual / Family <i>(per plan year)</i>	\$50 /	\$150
ANNUAL MAXIMUM		
Maximum amount the plan will pay per year	Plan pays \$1,0	000 maximum
CLASS I—DIAGNOSTIC/PREVENTIVE SERVICES		
Cleanings, Oral Exams, Fluoride Treatments**, X-rays,	Plan pays 100% of AB*	Plan pays 100% of AB*
Sealants, Space Maintainers		
CLASS II—BASIC SERVICES/MAJOR SURGICAL		
Fillings, Simple Extractions, Periodontics, Endodontics,	Ded., then plan pays 80% of AB*	Ded., then plan pays 80% of AB*
Oral Surgery, General Anesthesia		
CLASS III— MAJOR SERVICES/RESTORATIVE		
Inlays, Onlays, Crowns, Prosthetics (bridges and dentures)	Ded., then plan pays 50% of AB*	Ded., then plan pays 50% of AB*
CLASS IV— ORTHODONTIC SERVICES		
Orthodontic Lifetime Maximum	Plan pays \$1,000 maximum	
Available for covered members who meet treatment criteria	Plan pays 50% of AB*	Plan pays 50% of AB*
(for children up to age 26)		

*AB is Allowed Benefit

**Fluoride Treatments available for children up to age 19



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To locate an in-network doctor, visit www.mutualofomaha.com/visioninsurance

MUTUAL OF OMAHA VISION PLAN HIGHLIGHTS

- Vision services are administered through the EyeMed national network of providers.
- You have the freedom to choose any provider, however, as a Mutual of Omaha member, you'll receive the deepest discounts in-network.
- There are no claims to file when seeing in-network providers.
- When seeing out-of-network providers you may incur additional costs subject to balance billing.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.

MUTUAL OF OMAHA VISION PLAN DETAILS

	IN-NETWORK	OUT-OF-NETWORK
BENEFITS		
	YOU PAY	REIMBURSEMENT
EYE EXAM		
Once every 12 months	\$10 copay	Plan pays \$37
EYEGLASS FRAMES		
Once every 24 months	\$0 copay, Plan pays up to \$130 + 20%	Plan pays \$58
EYEGLASS LENSES		
Once every 12 months		
Single	\$25 copay	Plan pays \$20
Bifocal	\$25 copay	Plan pays \$36
Trifocal	\$25 copay	Plan pays \$64
Lenticular	\$25 copay	Plan pays \$64
LENS OPTIONS		
Progressives (Tier 1)	\$85 copay	Plan pays \$36
Anti-Reflective	\$45 copay	N/A
Photochromic- Transitions	\$75 copay	N/A
Scratch Resistant Coating	\$0 copay	Plan pays \$12
Polycarbonate	\$40 copay	N/A
CONTACT LENSES		
Once every 12 months		
Elective—Conventional	\$0 copay, Plan pays \$130 + 15%	Plan pays \$89
Elective—Disposable	\$0 copay, Plan pays \$130	Plan pays \$104
Medically Necessary	No copay	Plan pays \$210
LASER VISION CORRECTION	Up to 15% of AB* or 5% off any advertised special	
ADDITIONAL PAIR OF GLASSES OR CONTACTS	40% discount off of complete pair of eyeg	lasses and 15% off convention
	contact lens	ses

LIFE AND AD&D INSURANCE

SHORE UP! recognizes the importance of planning for the unexpected. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech or use of your limbs due to an accident.

EMPLOYEE BASIC LIFE AND AD&D

SHORE UP! provides you with Basic Term Life and AD&D insurance at a flat \$50,000 through Mutual of Omaha at no cost to you.

Employee benefits are reduced to 50% at age 75. Benefits terminate upon your retirement or when your employment ends.

You have one option for continuing your life coverage if you leave the company:

Conversion allows you to convert the coverage to an individual policy if any or all of your life insurance ends while you are
insured under the group plan.

VOLUNTARY LIFE INSURANCE

Voluntary Life Insurance provides employees with a way to purchase additional life insurance outside of what SHORE UP! provides already to you by way of Basic Life. You may purchase additional life insurance amounts through a convenient payroll deduction. Coverage is provided by Mutual of Omaha.

Employee Coverage | You may elect up to 5x your annual salary, up to \$500,000. Medical underwriting is required for an election above \$100,000 at your first eligibility and for any amount afterwards should you waive at your first eligibility.

Spouse Coverage | You may elect 100% of your employee amount, up to \$250,000 for your spouse. Medical underwriting is required for an election above \$20,000 at your spouse's first eligibility and for any amount afterwards should waive for your spouse at first eligibility.

Child(ren) Coverage | You may elect 100% of your employee amount, up to \$10,000 for your children. One election will cover all children up to 26 years of age. Medical underwriting is not required.

You can continue your voluntary life insurance should your employment end.

- Portability will allow you to keep your term life policy for you and your dependents without providing evidence of
 insurability. You will be responsible for paying the premium.
- Conversion will allow you to convert your term policy to an individual life insurance policy without having to provide evidence of insurability. You will be responsible for paying the premium.



IMPORTANT NOTE ABOUT EVIDENCE OF INSURABILITY (EOI)

If you do not elect Employee or Spousal Supplemental Life Insurance when you are first eligible, any amount elected later may be subject to EOI. For new hires, EOI will be required if you elect an amount over \$100,000 for yourself or \$20,000 for your spouse. EOI is not required for child life coverage.

DISABILITY INSURANCE

SHORE UP! understands that there may be times of illness or injury that prevent you from working for a period of time. In fact, statistics show that 1 out of every 4 persons in the U.S. workforce will suffer a disabling injury before retirement. Disability insurance provides financial protection in the event that you become disabled and are unable to work.

SHORT-TERM DISABILITY (STD)

Short-term disabilities are often the most prevalent in the workplace. Disabilities can stem from minor injuries or illnesses to major instances like surgery or maternity. Once you have been disabled for 7 days due to an accident or 7 days due to an illness, your STD plan pays 60% of your weekly base salary up to a maximum of \$700 per week, for up to 12 weeks. Eligible employees will be enrolled in STD Insurance at no cost. Coverage is offered through Mutual of Omaha.

BENEFIT	SHORT-TERM DISABILITY
Elimination Period	7 days accident / 7 days illness
Benefit Percentage	60%
Max Benefit Amount	\$700 per week
Benefit Duration	12 weeks



MUTUAL OF OMAHA ADD ONS

WILL PREP SERVICES

Will Preparation Services, powered by Epoq, Inc., offers a secure account space that allows you to prepare a will and other legal documents.

Services include:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works—life insurance clients simply:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer simple questions related to your estate
- Download, print and share any document instantly
- Make the document legally binding—clients should check with their state for requirements



This services is provided by Epoq, Inc. To get started, simply visit: https://willprep.clientsecured.com/willprep/

HEARING DISCOUNT SERVICE

Mutual of Omaha has partnered with Amplifon USA to provide participants with discount hearing products, hearing aids and batteries. Amplifon works with leading national brands including Phonak, ReSound, Starkey, Siemens and more. Members can take advantage of price guarantees, significant savings and free batteries.

There are no enrollment fees and access to the hearing program is completely free. To start, simple follow the steps below:

- 1. Call Amplifon at 1-888-534-1747. Amplifon's Patient Care Advocate will help you find a hearing care provider near you.
- The Patient Care Advocate will explain the details of the Amplifon program, help identify a local hearing care provider and assist you with making an appointment.
- 3. Amplifon will send you and your provider all the necessary information to activate your program.

For additional information or to sign up, please visit:



www.amplifonusa.com/mutualofomaha

TRAVEL ASSISTANCE

Travel Assistance can help you, your spouse and dependent children avoid unexpected bumps in the road from 100 miles away from your home to anywhere in the world. Take comfort in knowing that Travel Assistance provided by AXA Assistance USA travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

IDENTITY THEFT

- Comprehensive ID theft assistance guide
- Recovery information regarding the steps to recover from credit card, check, fraud or personal information that's been compromised

PRE-TRIP ASSISTANCE

- Information regarding passport visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Daily foreign currency exchange rates

MEDICAL ASSISTANCE

- Locating medical providers and referrals
- Emergency evacuation if adequate medical facilities are not available, including payment of covered services
- Communication on your medical status with family, physicians, employer, travel company and consulate

EMERGENCY TRAVEL SUPPORT SERVICES

- Telephonic translations and interpreter services 24/7
- Baggage- assistance with lost, stolen, or delayed baggage
- Emergency payment and cash—assistance with advance funds for medical expenses or other travel emergencies
- Document replacement—coordination of credit card, airline ticket or other documentation replacement

Services are available for business and personal travel 24 hours a day, seven days a week. For inquiries, please call below:



Within the US 1-800-856-9947 Outside the US 312-935-3658

EMPLOYEE ASSISTANCE PROGRAM

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

WE'RE HERE TO HELP

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Health lifestyles
- Work and life transitions

WHAT TO EXPECT

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive in your area.

Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

FAP BENEFITS

- Unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- Telephone assistance and referral
- Service for employees and eligible dependents
- Legal assistance and financial services
 - Online will preparation •
 - Legal library & online forms
 - Telephonic financial consultation .
- Resources for:
 - Financial tools and resources
 - Substance abuse and other addictions
 - Dependent and elder care assistance and referral services
- Access to a library of educational articles, handouts and resources via www.mutualofomaha.com/eap

Don't delay if you need help.



Visit www.mutualofomaha.com/eap

Call all 800-316-2796 for confidential consultation and resource services



SOFI

ABOUT SOFI

SoFi is a new kind of finance company taking a radical approach to lending and wealth management. SoFi offers a unique employee benefit—student loan refinancing—as a crucial way to build financial wellness at your company. With student loan debt for undergrads getting closer to six-figures for many graduate student loans, more employees than ever are looking to their employers for solutions to help them reduce their debt.

STUDENT LOAN REFINANCING

This program can help you save on your student loans. With low rates and no fees, SoFi can refinance student loans and save you money. Our members save \$316 per month on average. Plus they get access to great perks, like career strategy services and local member events.

- Special cash bonus for employees
- Quick setup and enrollment, with comprehensive educational resources
- No cost for you
- No integration needed

THREE EASY STEPS

If you have questions, our friendly customer support team is standing by to help you through the process seven days a week.

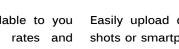
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ONLINE PRE-APPROVAL

Our quick pre-approval process lets you know if you qualify before you complete the full application. Compare the plans available to you with specific payments, rates and terms.

SELECT A LOAN



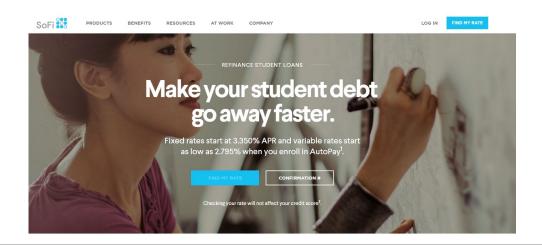
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UPLOAD & SIGN

Easily upload documents via screenshots or smartphone photos, then sign your paperwork electronically.

GET STARTED BY CHECKING YOUR RATES TODAY

Apply using this link and get a \$100 bonus when you refinance. Visit www.sofi.com/ebsmd





BENEFITHUB

BENEFITHUB

Welcome to your Discount Marketplace! BenefitHub is a web portal where you can enjoy discounts, cash back rewards and perks on thousands of the brands you love in a variety of categories!

- Travel
- Auto
- Entertainment
- Restaurants
- Health and Wellness
 - Beauty and Spa
 - Insurance
- Local DealsEducation

Apparel

Electronics

Sports & Outdoors



IT'S EASY TO ACCESS AND START SAVING!

If you have questions, BenefitHub's friendly customer support team is standing by to help you through the process!

1 VISIT THE UNIQUE URL

ebsmd.benefithub.com



With 21 categories, 100+ subcatego-

ries, and a powerful search engine, it's simple to find what you're looking for!



COMPLETE REGISTRATION

Whether it's discounts on everyday items or health and financial wellness, everything needed to help facilitate a healthy work-life balance is available on BenefitHub!





FREQUENTLY ASKED QUESTIONS

WHAT IS A "COPAYMENT [COPAY]"?

A Copayment is a fixed dollar amount (for example, \$15) that you must pay for certain covered benefits. Your copay is due at the time of service. If you have a plan that includes copays, your copay amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT IS A "DEDUCTIBLE"?

A Deductible is a fixed dollar amount that you pay for your covered benefits that have a coinsurance cost share before your health insurance begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. NOTE: Not all health care costs that you pay will count towards your deductible. Your Summary of Benefits & Coverage will include these details.

WHAT IS "COINSURANCE"?

Coinsurance is your share of the costs of a covered health care service. It is calculated as a percent (for example, 20%) of the allowed amount for the service. Coinsurance only takes affect once you have met your deductible. For example, if the health insurance plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Your health insurance pays the rest of the allowed amount. If you have a plan that includes coinsurance, your coinsurance amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT ARE "COVERED BENEFITS"?

Covered Benefits are the products and services that you are eligible to receive or obtain payment for under your health plan. Treatment for medical emergencies or accidental injuries are also included in your covered benefits.

WHAT IS AN "ALLOWABLE AMOUNT"?

An Allowable Amount is the negotiated amount paid to providers for the services covered by the medical carrier. This is the maximum amount on which payment is based for covered health care services. It is typically a discounted cost rather than the actual (billed) amount.

WHAT ARE "OUT OF POCKET COSTS"?

Out-of-pocket costs are any expenses for medical care that are not reimbursed by your insurance. These include deductibles, coinsurance, and copayments. Your premium is not considered an out-of-pocket cost.

Your out-of-pocket costs vary depending on the actual care you receive. An example of an out-of-pocket cost is what you pay when you visit a doctor or get a prescription filled. Copays, deductibles and coinsurance are all out-of-pocket costs because you pay them out of your own pocket.

Medical plans have a maximum out-of-pocket amount that limits the amount you have to pay for your covered benefits each calendar year. Once you reach the out of pocket maximum, your plan will pay for all additional non-excluded services and you will not have to pay for any services.

WHAT IS A "PREMIUM"?

A premium is the amount that you pay each month for your health insurance coverage. Your premium stays the same whether or not you see a doctor. If you are a member in an individual plan, you may pay your premium payments through the Member Portal. If you are in a group plan, your employer pays your insurance premium through a combination of employer contributions and employee deductions. This guide describes the benefit plans available to you as an employee of SHORE UP! . The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your summary plan description. If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation.



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