XKIG

Employee Benefits Open Enrollment

Plan Year: January 1st – December 31st

Who is Eligible?

- Team Members
  - All Full-Time Team Members who work at least 30 hours per week*
- Spouse
  - Legal Spouses will be eligible for benefits
- Child(ren)
  - Dependent child(ren) up to age 26.
    - Child(ren) is defined as the Team Members' natural child, adopted child and any other child as defined in the certificate of coverage and/or by state and federal law

Please note – Your employer reserves the right to verify if a dependent is eligible or continues to be eligible under the plan. Documents requested may include, but are not limited to, copies of birth certificates, court orders, marriage certificates, or divorce decrees as needed to establish dependent status.

Spousal Surcharge

- If your spouse has health insurance provided to them by their employer and you elect to cover them on your plan, you will pay a surcharge of $36 per pay.

- This additional charge only applies to medical coverage. You can enroll your spouse in any other plans offered without the additional surcharge.

Preparing for Open Enrollment

1. This is a Passive Enrollment – You must only make elections for new lines of coverage or when making a change. If you do nothing, your 2025 benefits will carry over to 2026.

   Your HSA election MUST be renewed every year. If you do not renew your HSA election, it will be set to a $0 default contribution.

2. Make sure you have your dependents and beneficiaries added and up-to-date, and that their SSNs and birthdates are accurate. You will need this information to successfully complete open enrollment.
3. Take time to evaluate you and your family's needs.
4. Review the information in UKG and make your elections.

Qualified Change in Status

Unless you have a qualified change in status, you cannot make changes to your benefits after Open Enrollment. This must be done within 30 days of the event.

Examples of qualified changes in status include:

Notify HR within

- Marriage
- Divorce
- Legal separation
- Birth or adoption of a child
- Change in spouse's coverage
- And More…

If you feel you have a qualified change, please reach out to Human Resources

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How to Enroll

The Open Enrollment Period :

- **Start : 10/20/2025**
- **End : 10/31/2025**

Set up an appointment to enroll over the phone with a benefits coach with GIS. Services in English and Spanish are available at 1-877-277-7476 .

-or-

Complete your elections online through UKG. Log in at ukg.sipveg.com and make your elections.

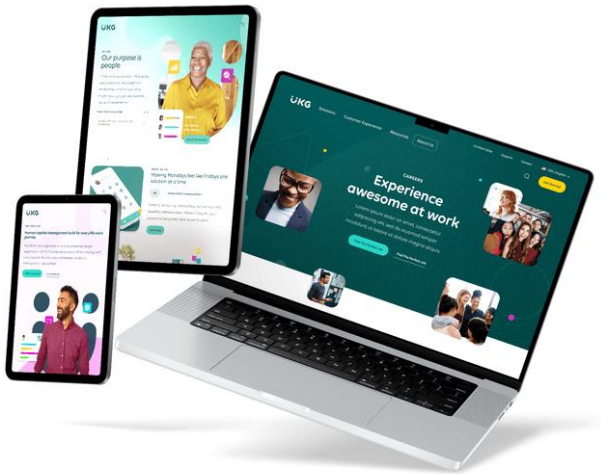
Don’t forget to confirm the accuracy of dependent information or update records.

Enrolling with UKG

- Log into UKGPro Login - Company Access Code is xk001
- Note, you must complete this on the website, not through the app.

If you are unable to log into UKG please call the HR Hotline at 1-877-418-5111 for assistance.

- Username is your email address and use the same password used for the UKG Pro app



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Enrollment Tips

- Once logged in, click on the Open Enrollment section on the left.
- Make sure to read everything. Links to our Benefits Guides and Brainshark are on the first page.
- You will need your dependents/ beneficiary's SSN, DOB, and gender. You cannot complete your enrollment without this information.
- There are important notes at the top of every section and summaries of benefits on the right side. Please review all before making your elections.
- If you cannot submit your enrollment, review the top left-hand side and complete what it says is missing. Your enrollment will not be complete until you successfully submit it.

Enrollment Over The Phone

- If you prefer to enroll over the phone with a benefits coach, or are having trouble enrolling online, call 877-277-7476 and set up an appointment.

- The benefits coach will walk you through the benefits, answer any questions you have and enroll you in coverage.

GIS | Benefits
OUR PLAN. YOUR CHOICE.

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Key Information

- The Open Enrollment Period is October 20th –31st
- **You must only log in if you wish to make changes and update your HSA contribution. Your current enrollments will carry over to next year if you do not wish to make changes.**

  - Medical Coverage- Anthem BCBS
  - Dental Coverage- Lincoln
  - Vision Coverage - EyeMed
  - Basic & Voluntary Life - Lincoln
  - Disability Insurance- Lincoln
  - Ancillary Coverage – Lincoln

MEDICAL & RX COVERAGE

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Medical/Rx - Definitions

Copay	Flat dollar amount member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.
Deductible	Amount member is responsible for before the plan pays for certain services.
Coinsurance	Percentage of payment shared between the member and the plan for certain services after the deductible has been met.
Out-of-Pocket Maximum	Member total payments for deductible, coinsurance and copays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the plan year.
High Deductible Health Plan (HDHP)	Qualified plan as defined by the IRS. No first dollar benefits, all services are subject to the deductible before the plan will pay. Exception is Routine Preventive Care as defined by the IRS.
Premium	The amount you pay to belong to a health plan.
Network Provider	Medical and pharmacy providers that have contracted with the plan to provide lower out-of-pocket costs for members.

Anthem PPO Plan Highlights

	Anthem HSA 6500 PPO	Anthem 5000 PPO	Anthem 2000 PPO
Annual Deductible*	$6,500 per individual $13,000 per family	$5,000 per individual $10,000 per family	$2,000 per individual $4,000 per family
Annual Out-of-Pocket Maximum**	$6,525 Individual $13,050 Family	$8,550 per individual $17,100 per family	$5,000 per individual $10,000 per family
Plan Coinsurance	0% coinsurance	30% coinsurance	20% coinsurance
Employer Contributions	$500 per year	None	None
Office Visit	0% coinsurance AD	$25 copay	$15 copay
Specialist Visit	0% coinsurance AD	$50 copay	$30 copay
Urgent Care Visit	0% coinsurance AD	$100 copay	$60 copay
Lab & X-Ray	0% coinsurance AD	30% coinsurance AD	20% coinsurance AD
Complex Radiology	0% coinsurance AD	30% coinsurance AD	20% coinsurance AD
Inpatient Hospital	0% coinsurance AD	30% coinsurance AD	20% coinsurance AD
Emergency Room	0% coinsurance AD	30% coinsurance AD	20% coinsurance AD

*The deductible is calculated on an aggregate basis.
**The out-of-pocket maximum includes the deductible all eligible copays and coinsurance amounts.
*** AD stands for After Deductible
****All benefits shown are in-network

Reminder: Copays apply before the deductible is met for non-HSA plans

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Rx – Plan Highlights

	Anthem HSA 6500 PPO	Anthem 5000 PPO	Anthem 2000 PPO
Rx Deductible	Included with Medical	$500 per individual $1,000 per family	No Deductible
Retail Prescription Drugs			
Generic	$15 copay AD	$5 copay	$5 copay
Preferred Brand Name	$50 copay AD	$50 copay AD	$50 copay
Non-Preferred Brand Name	$85 copay AD	$100 copay AD	$100 copay
Preferred Specialty	Up to a $300 Copay AD	Up to a $250 Copay AD	Up to a $250 Copay
Mail-Order Prescriptions			
Generic	$38 copay AD	$13 copay	$13 copay
Preferred Brand Name	$125 copay AD	$125 copay	$125 copay
Non-Preferred Brand Name	$213 copay AD	$250 copay	$250 copay
Preferred Specialty (30-day supply only)	Up to a $300 Copay AD	Up to a $250 Copay AD	Up to a $250 Copay AD

* AD stands for After Deductible

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Medical Rates

Weekly Rates	Anthem HSA 6500 PPO	Anthem 5000 PPO	Anthem 2000 PPO
Employee	$20.73	$25.45	$50.25
Employee + Spouse	$107.62	$158.51	$166.13
Employee + Child(ren)	$70.80	$111.70	$117.82
Employee + Family	$147.18	$210.26	$219.69

Don't forget! If your spouse has medical coverage available through their employer, you will have to pay an extra fee to cover them on your XKIG medical plan.

Plan Differences

Premiums

Traditional plans will have higher premiums taken out of your paycheck.

Your HSA plan has lower premiums.

Copays

Traditional plans have set copays, so you know exactly what you pay at a primary care or specialist visit.

HSA plans must factor in your deductible, so you will not know your costs until after the visit.

Pharmacy

Pharmacy costs on the traditional plans are lower than the HSA plan.

Medication copays help you reach your deductible faster on the HSA plan than on the traditional plans.

Which plan?

Anthem 2000 PPO

Great for:

- Those who expect to have reoccurring medical expenses
- Those who expect a large medical expense ***and*** prefer a smaller deductible
- Those who prefer to know the cost for office visits upfront
- Those who prefer to pay more out of their paycheck for a smaller deductible and better coinsurance

Which plan?

Anthem 5000 PPO

Great for:

- Those who prefer to know the cost for office visits upfront
- Those who expect a large medical expense ***and*** can cover a larger deductible
- Those who prefer not to worry about meeting a deductible for less pricey, routine pharmacy drugs or office visits
- Those willing to pay slightly less out of their paycheck in return for set copays a slightly less favorable coinsurance

Which plan?

Anthem HSA 6500 PPO

Great for:

- Those who do not expect to have reoccurring medical expenses
- Those that don't anticipate seeing their doctor beyond a yearly physical and one or two other visits
- Those who expect a large medical expense ***and*** can afford out of pocket expenses until they meet their deductible
- Those who prefer to pay less out of their paycheck, but know they may have to pay more until they meet the deductible
- Those who would like to be able to save and invest unspent money reserved for their medical expenses

HSA Overview

- An HSA is a bank account used in conjunction with a High Deductible Health Plan.
- Its objective is to provide you with a way to save money pre-tax for use on your medical deductible, coinsurance, and other out of pocket expenses.
- This is a private bank account and goes with you if you leave the plan.
- You can spend the money in your account on medical, dental, and vision expenses.
- Money left over in your account at the end of the year will rollover to the next year. You can even choose to invest some of your money like a retirement fund.

If you choose the 6500 medical plan, you are eligible for a Health Savings Account (HSA)

A health savings account (HSA) is an account that you can use to pay medical expenses.

- This account helps offset your medical costs by giving you tax advantages, allowing your income to stretch farther by using the dollars that would have otherwise been paid in taxes.

BUT there are still a few rules:

- You must be **eligible** to have an HSA
- You must spend the dollars on **qualified medical expenses** and keep itemized receipts.
  - You can visit www.HSAstore.com to view selected eligible items

To be HSA-Eligible, an individual must:

- Be covered by a High Deductible Health Plan (HDHP)
- Not be covered by any other health insurance
- Not be enrolled in Medicare; and
- Not be eligible to be claimed as a dependent on another persons' tax return

2026 IRS Contribution Limits:

$4,400 Individual

$8,750 Family

An additional $1,000 catch-up contribution is available for those age 55 and older!

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Some Advantages of an HSA Plan

Advantages of a Health Savings Account Plan Include:

- Cheaper Medical premiums
- Pay for qualified expenses with pre-tax dollars.
- Money can be invested much like 401(k) funds, once you accumulate $1,000 in your HSA
- Unused money is not forfeited at the end of the year and is carried forward.
- The account is yours to keep so you can take it with you if you change jobs or retire.
- If you have any money remaining after age 65, you may withdraw it as cash that will only be taxed as regular income.
- **If you complete an annual physical and prove you have opened an HSA account with Chard Snyder, your employer will contribute up to an additional $500 per year to your account to help cover expenses. $125 will be added to your account each quarter.**

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If you elect our Anthem 6500 HDHP you will have an HSA with Chard Snyder

- Chard Snyder administers our HSA
- You will receive a new debit card from Chard Snyder if you enroll in the HSA plan for the first time
- Employer contributions will be added to this account
- You may be required to provide documentation to finish setting up your account
- You need to update your contribution every year. It will reset to $0 if you do not update it

CHARDSNYDER™
Benefit Solutions

XKIG

Receive $500 in HSA Funds

- If you complete an annual physical and have proven you have an open Chard Snyder HSA, XKIG will contribute up to an additional **$500 per year** to your account to help cover expenses.
  - $125 will be added to your account each quarter.
- You must submit an attestation form from the Wellworks portal, signed by your doctor, confirming you have completed an annual exam. You can upload the completed form to the web portal of mobile app.

LOG INTO THE WELLNESS PORTAL

Your account has been created for you.

1. Go to **www.wellworksforyoulogin.com**

	EMPLOYEE
Username Format	**SIP_ First Name + Last Name + Year of Birth (YYYY)**
Password Format	Birthdate in **MMDDYYYY**
Example	**UN:** SIP_JohnDoe1995 **PW:** 02121995

2. Accept the terms of the Consent Form
3. Fill in the required information

***PLEASE NOTE:**

The temporary password is only for the first time you access the Wellness Portal and you will be prompted to change it upon entry. If you have accessed the Wellness Portal in the past, you should continue to use your existing password.

Please visit https://xkig.hrbenefits.net/health-savings-account/ for more information and view the Wellness Program Guide

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Saving Money on Upfront Costs

- Use mail order pharmacy to save on Rx costs
  - A 3-month supply ordered by mail costs the same as a 2-month supply at retail
  - You could save up to 4 months' worth of costs per year, per medication
- Use the right doctor for the right problem
  - Emergency room trips are expensive and it's best to avoid going to them unless it's truly an emergency

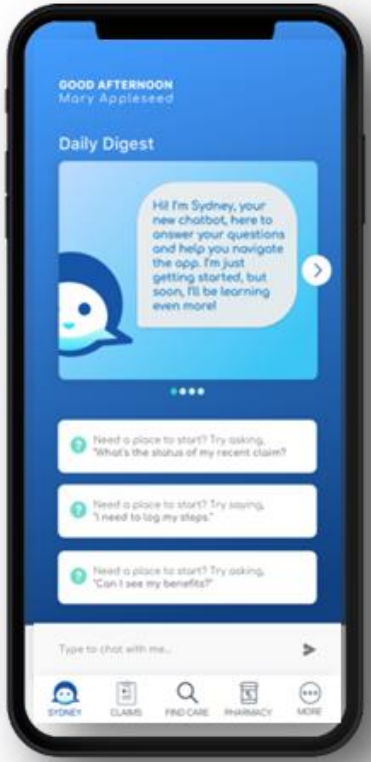
	What Is It?	What Can They Treat?	Cost
 Nurse Helpline	• Staffed by Registered Nurses • Available 24/7 • Provides guidance	• Answer general questions • Give advice or referrals for treatment	No Cost
 Telemedicine	• Low-cost option for treating common non-urgent matters • Doctors diagnose and prescribe over the phone or via webcam • Often 24/7	• Acne • Allergies • UTI's • Pink Eye • Etc.	$
 Primary Care	• Care for a wide range of issues • Practitioner aware of medical history • Limited hours	• Annual Checkups • Immunizations • Minor injuries • Chronic condition management	$$
 Convenience / After Hours Clinic	• For Minor conditions when Primary Care is unavailable • Staffed by nurse practitioners and physician assistants • Open evenings and weekends	• Acute illness that is non-urgent • Sore throat • Vomiting • Minor cuts and burns	$$
 Urgent Care Clinic	• Treat non-life-threatening issues • Staffed by Physicians • Generally open nights and weekends	• Cold and flu symptoms • Minor accidents • Minor sprain and fractures • Vomiting, diarrhea	$$$
 Emergency Room	• Immediate treatment for life-threatening and critical issues • Can be hospital or free standing • Open 24/7	• Chest pain/ Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries/ Seizures • Uncontrolled bleeding/ Coughing blood	$$$$

Sydney Health Mobile App

Download Anthem's Sydney Health and register on the app to take full advantage of your Anthem plan.

Use it to:

- Find care and check costs.
- See all benefits.
- View claims and payment information.
- View and use digital ID cards.
- Manage prescription orders and refills.
- Get answers quickly with the interactive chat feature.
- Access virtual care.
- Access wellness resources and rewards.
- Sync with your fitness tracker.
- Reach Member Services for support.



Anthem Engagement 200

Engagement Package 200

Providing extra support to help YOU reach your personal health goals

We understand that every employee has their own approach to achieving their wellness goals. Engagement Package 200 rewards employees up to $200 for taking part in a wide variety of condition management, preventive care, and wellness activities that offer you options to best meet your goals.

Reward redemption options

Rewards can be applied toward an electronic gift card from popular retailers, such as Mastercard®, Amazon, Bed Bath & Beyond®, Gap Options (all brands), Apple store, Target, The Home Depot, and TJ Maxx®.

Engagement Package 200

Preventive care	Annual eye exam	Claims	$25
	Annual adult wellness exam or well woman exam	Claims	$25
	Cholesterol test	Claims	$20
	Colorectal cancer screening	Claims	$25
	Flu shot	Claims	$20
	Mammogram	Claims	$25
Condition management	Condition Care	Completion	$50 ($20/$30)
	Future Moms	Completion	$40: ($10/$10/$10/$10)
	Well-being Coach Telephonic – Tobacco Cessation Program	Completion	$25
	Well-being Coach Telephonic – Weight Management Program	Completion	$25
Wellness	Action plans	Tracked	$25 $5/action plan
	Connect a device	Tracked	$5
	Heath Assessment	Tracked	$20
	Log into website or app	Tracked	$5
	Track Steps	Tracked	$60 $2 per 50,000 steps
	Update contact information	Tracked	$10
	Well-being Coach Digital	Tracked	$20*

* 1st check-in: $4, next 15 check-ins during 1st quarter: $4, 25 check-ins for quarters 2-4: $4 each

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Anthem Engagement 200

Use Your Rewards

1. **To View you Rewards**
   open the Sydney Health Mobile app or go to **Anthem.com**. Next, go to *My Dashboard*

2. **Select *My Rewards***

3. **Select *Redeem Rewards***
   to see how much you've earned and use them

Have Questions?

Log in at anthem.com or open the Sydney Health app. Then go to My Health Dashboard and select My Rewards to learn more. You can also call Member Services at the number on the back of your ID card

You may already have rewards waiting to be claimed!

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DENTAL COVERAGE

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Dental – Plan Highlights

Lincoln Voluntary Dental		
	Base Plan	Buy-Up Plan
Network Benefits	PPO In-Network	PPO In-Network
Individual Deductible	$50	$50
Family Deductible	$150	$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum	$1,500 per person	**$2,500 per person**
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia		
Eligibility	None	**Adults & Children**
Lifetime Maximum	None	**$2,500**

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Dental - Rates

Weekly Dental Rates	Base Plan	Buy-Up Plan
Employee	$3.67	$4.71
Employee + Spouse	$7.19	$9.42
Employee + Child(ren)	$8.75	$11.55
Employee + Family	$13.25	$17.18

Dental MaxRewards

- Part of any unused dental maximums can be rolled over into the next year!
- This allows you to save for more expensive dental treatments in the future

Eligible Range (claim threshold): $1-$800

Rollover Amount: $500 per calendar year

Maximum Rollover Account Balance: $1,250 Base Plan / $1,500 Buy-Up Plan

Lincoln Dental Mobile App

The Lincoln Dental Mobile App

Everything you need to care for your smile – at your fingertips

Keeping track of your dental benefits is now easier than ever with the **Lincoln Dental Mobile App**. With this seamless, user-friendly tool, you can:

- Find a network dentist near you
- View plan details
- Track your claims
- Access your ID card on your phone quickly
- See what your plan covers and what you owe for your dentist visits

Download the Lincoln Dental Mobile App today!

Use your LincolnFinancial.com credentials to log in to the app. If you don't have a web account, registration is easy within the app itself. Just follow the onscreen prompts!

DENTAL

Download on the App Store

GET IT ON Google Play

Questions?

Call Lincoln customer service at **800-423-2765**, Monday through Thursday, between 8:00 a.m. and 8:00 p.m. Eastern, or Friday, between 8:00 a.m. and 6:00 p.m. Eastern, or or email **Claims@LFG.com**.

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VISION COVERAGE

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Vision – Plan Highlights

EyeMed		
	Base Plan	**Buy-Up Plan**
Routine Exams	$10 Copay	$10 Copay
	Vision Materials	
Frames	20% off balance over $130	20% off balance over **$200**
Contacts (in lieu of lenses)	Fit /Follow-Up - up to $40 Conventional -15% off balance over $130 Medically Necessary- $0, paid-in-full	Fit /Follow-Up - up to $40 Conventional- 15% off balance over **$200** Medically Necessary- $0, paid-in-full
Lenses	Single, Bifocal, Trifocal or Lenticular- $25 copay Progressive- $80-$200 copay	Single, Bifocal, Trifocal or Lenticular- **$10 copay** Progressive- **$65-$185 copay**
	Frequency	
Lenses	Once very Plan Year (in lieu of contacts)	Once every Plan Year (in lieu of contacts)
Contacts	Once every Plan Year (in lieu of lenses)	Once every Plan Year (in lieu of lenses)
Frames	Once every Other Plan Year	**Once every Plan Year**
Exams	Once every Plan Year	Once every Plan Year

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Vision - Rates

Weekly Vision Rates	Base Plan	Buy-Up Plan
Employee	$1.66	$3.46
Employee + Spouse	$3.15	$6.57
Employee + Child(ren)	$3.32	$6.92
Employee + Family	$4.88	$10.17

LIFE & DISABILITY

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Lincoln
Basic Life/AD&D - Salaried

Salaried Employees	
Benefit Amount	1 x Earnings
Benefit Maximum	$250,000
Guaranteed Issue	Full Benefit Amount
Wavier of Premium	6 Month Elimination Period
Benefit Reduction	65% at age 65 50% at age 70%
Benefit Extended to:	Social Security Normal Retirement Age
Conversion	Yes
Portable	Yes

Reminder: You can update your beneficiary information anytime during the year!

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Voluntary Life/AD&D

Voluntary Life	
You	
Benefit Maximum	Lesser of 5x Earnings of $500,000
Guaranteed Issue	$300,000
Increments	$10,000
Your Spouse	
Benefit Maximum	100% of Employee Amount to $150,000
Guaranteed Issue	$30,000
Increments	$5,000
Your Child(ren)	
Benefit Maximum	$10,000
Guaranteed Issue	Full Benefit Amount
Increments	Choice of $5,000 / $10,000

*Rates are age banded and can be found in the Employee Navigator portal.

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Lincoln Voluntary Short Term Disability

Short Term Disability	
Benefit Waiting Period	7 Days
Weekly Benefit	60% of Weekly Earnings
Maximum Weekly Benefit	$2,500
Maximum Benefit Duration	13 Weeks
Pre-Existing Limitation	6 months for conditions treated within the 12 months prior to effective date of coverage

*Rates are age banded and can be found in the Employee Navigator portal.

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Lincoln Voluntary Long Term Disability

Long-Term Disability	
Benefit Waiting Period	90 Days
Monthly Benefit	60% of Monthly Earnings
Maximum Monthly Benefit	$15,000
Maximum Benefit Duration	Later of 65 or Social Security Normal Retirement Age
Pre-Existing Limitation	3 months for conditions treated within the 12 months prior to effective date of coverage

*Rates are age banded and can be found in the Employee Navigator portal.

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Why Do I Need Disability Insurance?

- Over 1 in 4 of today's 20-year-olds will become disabled before they retire
  - 50% of individuals under 35 and 30% of people 35-65 are likely to be disabled for 90 days or more
  - 1 in 7 can expect to be disabled for 5 years or more
  - The most common reasons for disability claims include cancer, pregnancy and mental health issues
- Medical expenses and job loss are two of the most common reasons individuals file for bankruptcy.
- Many disability insurance policies exclude pre-existing conditions
  - It's best to start before you are diagnosed with a disabling condition

Who is Disability Insurance For?

You should consider disability insurance if:

You depend on the income you receive through work to pay your expenses.

You have a condition that is more likely to lead to disability, whether permanent or temporary.

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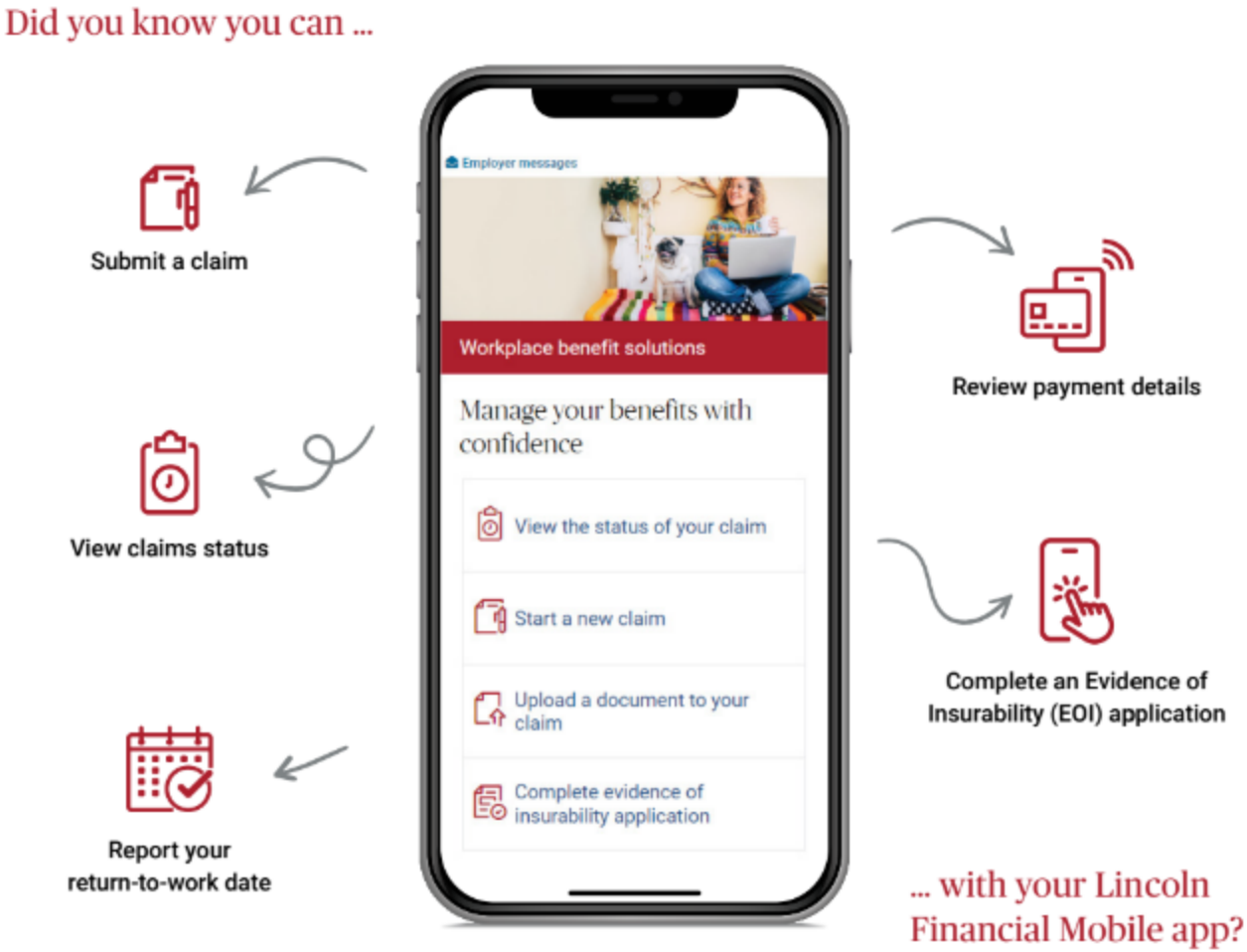
Lincoln Mobile App

- Download the Lincoln Mobile app to have access to your plans anytime anywhere.

- You can:
  - Monitor claims
  - Submit a claim
  - Review payment
  - Complete an EOI
  - And more!



ADDITIONAL BENEFITS

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Lincoln Accident Coverage

Lincoln Accident	
Coverage	On- and Off-the-Job (24 hour)
Initial Care Visit	$150
X-Ray	$300
Broken Leg	$2,750
Dislocated Shoulder	$1,000
Concussion	$450
Hospital Admission	$2,000
Occupational Therapy	$45 per visit max 10 visits
Child Sports Injury	25% of benefit
Accidental Death	$50,000
Moving Vehicle Injury	$150+
Health Screening Benefit	$50

*Rates can be found in the Employee Navigator portal, as well as additional covered benefits

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Health Screening Benefit

- If you're enrolled in Lincoln Financial Group Accident Insurance, you can receive $50 for keeping up with important screenings. Each plan year, you'll receive cash back for one covered screening
  - Once you have your screening, submit a claim fax, mail, online through the employee self-service portal or email, and it will be processed within 24 hours of receipt. Telephonic submissions are processed while the claimant is on the phone.
  - Your health assessment benefit will be paid within 24 hours of receiving a completed claim form

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Lincoln Critical Illness Coverage

Lincoln Critical Illness	
Coverage Amounts	Employee - $10,000 Spouse- $5,000 Children- $5,000
Spouse & Child Coverage Limitations	Not to exceed 50% of employee coverage amount
Guaranteed Issue	Employee- $10,000 Spouse & Children- $5,000
Hospital Confinement Benefit	$300 per Day
Separation / Recurrence Period	3 months / 6 months treatment free
Health Screening Benefit	$50 annually

- Heart Attack
- Stroke
- Major Organ Failure
- Invasive Cancer
  - Partial Benefit for Non-Invasive and Skin Cancer
- Advanced Alzheimer's

- Loss of Sight, Smell or Hearing
- HIV
- Severe Traumatic Brain Injury
- Child Type 1 Diabetes
- Down Syndrome

See your Benefit Summary for more details

*Rates are age banded and can be found in the Employee Navigator portal.

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Lincoln
Hospital Indemnity Coverage

Lincoln Hospital Indemnity	
Coverage	On- and Off-the-Job (24 hour)
Hospital Admission	$2,000
Hospital Confinement	$200 per day
Intensive Care Unity Confinement	$400 per day
Newborn Care	$200 per day, max 2 days
NICU Confinement	+25% Benefit Increase

*Rates can be found in the Employee Navigator portal
*This is a high-level overview and additional benefits will be listed on the summaries in the portal. Please review for greater details.

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Lincoln Employee Assistance Program

- Lincoln's Employee Assistance Program provides help and information to better inform and support you during life events and times of change. Resources are available to help address responsibilities and issues in all parts of your life.
- This is a 100% Employer Paid Benefit

Lincoln Financial Group®

- 5 Face to Face Consults for Life Challenges
- Financial planning
- Legal assistance
- Assistance with substance use
- Sessions with a family counselor
- Assistance with childcare, home repair or pet care

Call 888-628-4824
Visit GuidanceResources.com
(username: LFGSupport password: LFGSupport1)

XKIG

Anthem
Employee Assistance Program

- 4 Face to Face Consults for Life Challenges
  - Mental Health Counseling
  - Financial Wellness
  - Legal Consultation & more!
- Available 24/7, 365 days a year and integrated with your medical coverage
- Everything you share is confidential
- You can call us at 800-999-7222, or go to anthemEAP.com
  - Use Code “TREE” in 2026 and “XKIG” in 2025

Anthem

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Enrollment Reminders

- Open Enrollment ends **10/31/2025**
- Contact GIS' benefits counselors to discuss your benefit options
- Use UKG to complete your elections
  - Confirm the accuracy of your elections before you submit
  - You cannot change elections until the next open enrollment or qualifying life event
- If you do not make any changes, your current benefits will carry over to next year. Your HSA contributions will reset to $0 if you do not update them though.

Thank you!!

Thank you for your participation in this year's open enrollment presentation.

Contact Human Resources Benefits Department at 1-877-949-1113 or at benefits@xylemtree.com or benefits@wakendall.com

All election changes are due by: October 31st

Legal Disclaimer

Information contained in this presentation is not a guarantee of benefits. Our Summary Plan Descriptions and SPD Wrap Document are the guiding legal documents for our plans. If there are any discrepancies between this presentation and the legal summary from the insurance carrier, the carrier's documentation will prevail.

XKIG