2027
A GUIDE TO YOUR BENEFITS

XKIG

IBEW Local 126 Union Members

Welcome to Your Healthcare Benefits!

At XKIG we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This guide will help you choose the type of plan and level of coverage that is right for you so please be aware that there are some changes to your benefits for 2027.

Please reach out to Human Resources with questions or concerns.

Sincerely,

Your Human Resources Team

Note: *Union members' benefits may vary from those presented in this guide and employees should consult their Union Agreement for details on their benefits and coverage.*

This booklet summarizes the benefit plans that are available for eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this booklet is not a guarantee of benefits.

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Eligibility

Eligible Employees:

You may enroll in the XKIG employee benefits program if you are a Full-Time employee working at least 30 hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

When Coverage Begins:

The effective date for your benefits is January 1, 2027. Newly hired employees and dependents will be effective in the company benefits program on the first of the month following 30 days. Acquisitions will be effective on the first of the month following the date of acquisition. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact Human Resources to make these changes.

Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage

If you do not make your 2027 benefit elections, you will automatically be defaulted to your prior year elections.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Spousal Surcharge

Effective 1/1/2027

- If your spouse has health insurance provided to them by their employer and you elect to cover them on your plan here, 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.
- You will have to complete an affidavit to enroll your spouse in medical coverage.

Enrollment Instructions

Be Enrollment Ready!

- Set up an appointment with a Benefits Coach to walk through your options and complete your enrollment. Please call 1-877-277-7476.

- OR – Log in to UKG at https://XK001.ukg.net. **Note:** This cannot be done through the app.
- Once logged in, click on the **Benefits** then **Manage My Benefits** 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. Please review all before making your elections.
- If you cannot submit your enrollment, review your selections to ensure you haven't left any mandatory fields blank. Your enrollment will not be complete until you successfully submit it.

This years enrollment will be Passive, meaning that if you do not wish to make any changes, your current benefits will roll over to 2027. Please note that even though this year is Passive, there are premium increases and carrier changes on a few benefits so please review this guide carefully.

IMPORTANT NOTE: Health Savings Accounts (HSAs) **must be re-elected** each year or they will be set to $0 for 2027.

For more information, visit **XKIG Benefits Site** at https://xkig.hrbenefits.net.

Key Terms

Allowable Charge
The amount a doctor or hospital can charge for a health care service or item they give you.

Benefit Period
From the start date to the end date of your benefits coverage.

Copay
Flat dollar amount member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.

Coinsurance
Percentage of payment shared between the member and the plan for certain services after the deductible has been met.

Deductible
Amount member is responsible for before the plan pays for certain services.

Drug Tiers
Prescription drugs are put into different categories based on how much they cost, whether they're brand-name or generic and sometimes other factors. Tier 1 drugs have the lowest copayment and are mostly generic versions of brand-name drugs. Tier 2 is made up of mid-priced drugs that may be brand-name but are "preferred" within their drug class. Tier 3 has mostly brand-name drugs with higher copayments.

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.

Network Provider
Medical and pharmacy providers that have contracted with the plan to provide lower out-of-pocket costs for members.

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.

Premium
The amount you pay to belong to a health plan.

Educational Videos

Below you will find several QR codes on the many different benefits found in this guide. Scan these with your phone's camera to view brief, educational videos on healthcare and insurance topics.

High Deductible Health Plan
https://flimp.live/HubDeliverablesHDHPs

HDHP with HSA
https://flimp.live/HubDeliverablesHDHHSA

Preferred Provider Organization
https://flimp.live/HubDeliverablesPPO

HDHP vs PPO
https://flimp.live/HubDeliveablesHDHPvPPO

Preventive Care
https://flimp.me/HUBDeliverablesPreventive

Dental Insurance
https://flimp.me/HubDeliverablesDentalInsurance

Primary Care / Urgent Care / ER
https://flimp.me/HubDeliverablesPCUCER

Vision Insurance
https://flimp.me/HubDeliverablesVision

Managing Prescription Costs
https://flimp.me/HubDeliverablesManagingRxCosts

Term Life vs. Permanent Life
https://flimp.me/HubDeliverablesTermvPermanent

Health Savings Account (HSA)
https://flimp.live/HubDeliverablesHSA

Disability Insurance
https://flimp.me/HubDeliverablesDisability

How to Optimize your HSA
https://flimp.live/HubDeliverables_Optimize_HSA

Identity Protection
https://flimp.me/HubDeliverablesIDProtection

Medical Plan Highlights

This year XKIG is proud to offer three medical plan options through Anthem BCBS PPO Network. The chart below is a brief summary of benefits available to eligible employees. Please refer to the summary plan descriptions for complete plan details.

	Anthem HSA 6500 PPO	Anthem 5000 PPO	Anthem 2000 PPO
Member Responsibility	**In-Network**	**In-Network**	**In-Network**
Annual Deductible			
Individual	$6,500	$5,000	$2,000
Family	$13,000	$10,000	$4,000
Coinsurance	0%	0%	20%
Maximum Out-of-Pocket			
Individual	$6,525	$8,550	$5,000
Family	$13,050	$17,100	$10,000
Physician Office Visit			
Primary Care	0% AD	$25	$15
Specialty Care	0% AD	$50	$30
Preventive Care			
Preventive Care	No charge	No charge	No charge
Telehealth (Primary Care/MH)	0%	$25	$15
Diagnostic Services			
X-ray and Lab Tests	0% AD	30% AD	20% AD
Complex Radiology	0% AD	30% AD	20% AD
Urgent Care Facility	0% AD	$100	$60
Emergency Room	0% AD	30% AD	20% AD
Inpatient Facility	0% AD	30% AD	20% AD
Outpatient Facility & Surgical	0% AD	30% AD	20% AD
Mental Health & Substance Use			
Inpatient	0% AD	30% AD	20% AD
Outpatient Office Visit	0% AD	30% AD	20% AD
Retail Pharmacy (30-day supply)			
Pharmacy Deductible	Medical Ded. Applies	$500 Ind./$1,000 Family	$0 Ind./$0 Family
Generic (Tier 1)*	$15	$5	$5
Preferred (Tier 2)	$50	$50	$50
Non-Preferred (Tier 3)	$85	$100	$100
Preferred Specialty (Tier 4)	20% up to $300	20% up to $250	20% up to $250
Mail Order Pharmacy (90-day supply)			
Generic (Tier 1)	$38 AD	$13	$13
Preferred (Tier 2)	$125 AD	$125	$125
Non-Preferred (Tier 3)	$213 AD	$250	$250
Preferred Specialty (Tier 4)**	20% up to $300	20% up to $250	20% up to $250
	WEEKLY RATES	**WEEKLY RATES**	**WEEKLY RATES**
Employee	$20.72	$24.07	$29.50
Employee + Spouse	$98.73	$114.70	$140.60
Employee + Child(ren)	$94.05	$109.26	$133.95
Employee + Family	$136.19	$158.22	$193.97

AD = After Deductible
* Deductible is waived for some preventive generics
** 30 day supply only
Note: Out-of-network benefits available for all plans consist of higher premiums and coinsurance and may be susceptible to balance billing for any charges over the allowable limit for a service. Remaining in-network for services is advised. See SPD for details or anthem.com to see if your provider is in-network.

Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. This benefit is offered through P&A Group.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. If you withdraw funds for non-eligible expenses, taxes and penalties apply.
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are You Eligible To Open A Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. Enrollment in a limited purpose health care FSA is allowed.

2027 IRS HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions. The annual limit must include the employer amount that is provided to you, the employee.

- $4,500 Individual
- $9,000 Family
- If you are age 55 and over, you may contribute an extra $1,000 catch-up contribution.

2027 HSA Funds

XKIG will contribute up to $500 for employee coverage or up to $750 for family coverage to those enrolled in the 6500 HSA medical plan if you complete an annual physical. A report will be sent from Anthem indicating such. The employer contribution will be deposited tri-annually and there will not be any retro payments. To receive the full amount, your physical needs to be completed by the end of March. Your HSA with P&A Group needs to be opened at the time of deposit to receive it. Please visit https://xkig.hrbenefits.net/health-savings-account/ for more information.

HSA Transfer Information

Team Members who wish to keep their HSA with Chard-Snyder may do so; however, fees may apply once the account is no longer associated with an active employer-sponsored HSA program. Please refer to the following link for additional information regarding applicable fees. If a Team Member would prefer to transfer their HSA balance to P&A Group, where the new HSA account will be established, Chard-Snyder currently charges a $20 account closure/transfer fee. To complete the transfer, Team Members must fill out the transfer form available here and submit the completed form directly to Chard-Snyder for processing. **Important:** Team Members must first open their new HSA account with P&A Group before submitting a transfer request. If the transfer form is submitted before the P&A Group account has been established, the transfer may be delayed or rejected and could result in additional fees or administrative complications. We encourage all Team Members to confirm that their P&A Group HSA account is active and open by calling P&A Group at **1-716-852-2611** before initiating the transfer process to help ensure a smooth and timely transition of funds. If you have any questions regarding the transfer process, please contact the Benefits Team for assistance.

Health Savings Account (HSA) *continued*

P&A GROUP EST. 1975

Enroll in an HSA and start saving today!

HOW AN HSA WORKS

- An HSA is a personal savings account that allows you to set aside pre-tax dollars for current and future healthcare expenses for you and your dependents.
- You are eligible to open an HSA if you are enrolled in an HSA qualified high-deductible health plan.
- Your HSA is funded by payroll deduction, online banking transfer or a direct contribution. In some situations, your employer may also make contributions to your HSA.
- Use your funds to pay for current healthcare expenses, preserve your funds for tax-free growth, or invest your funds for long-term savings.

IRS CONTRIBUTION LIMITS FOR 2027

Individual
$4,500

Family
$9,000

**If you are 55 or older, you can contribute an additional $1,000 annually.*

HSA BENEFITS

- HSA-eligible health plans typically have lower monthly premiums, giving you an opportunity to contribute those savings into an HSA.
- Your HSA stays with you, even if you leave your employer.
- Unlike an FSA, unused funds stay in your account from year to year and earn interest tax-free – you can choose the interest rate option to meet your needs: High-Yield or Traditional.
- The High-Yield interest option can help you earn up to 10x higher interest on your HSA cash balance.
- Money goes in tax-free, grows tax-free and withdrawals are tax-free if used on eligible items.
- Once your account balance reaches $1,000, savings can be invested for growth, just like a 401(k).

Health Savings Account

Easy Spending

Use your P&A Benefits Card to pay providers directly or pay with personal funds and withdraw money from your HSA to reimburse yourself.

Smart Saving

Pair a Limited Purpose FSA with your HSA to set aside tax-free dollars for dental and vision expenses and preserve your HSA funds for growth.

Health Savings Account (HSA) *continued*

INVESTING YOUR HSA FUNDS

A powerful tool for retirement savings!

- Maintain a $1,000 balance in your cash account to start investing.
- Withdrawals for qualified medical expenses are tax-free.
- Move your investment funds to your cash account at any time.
- Choose from three investment paths: Managed, Self-Directed, Brokerage.
- Manage your HSA and your investment account from the same portal and mobile app.

QUALIFYING EXPENSES

Common Qualified Expenses*

- Co-pays, deductibles, co-insurance
- Prescriptions
- Dental exams, x-rays, orthodontia
- Vision exams, frames, contact lenses
- Physical therapy and chiropractic care
- First-aid kits
- Over-the-counter medications
- And, much more!

EXPENSES THAT DON'T QUALIFY*

- Expenses incurred prior to opening your HSA
- Cosmetic procedures or surgery
- Dental products for general health

**For further guidance, please refer to IRS publication 969, 502 and code section 213(d). These publications are available online at www.irs.gov.*

ONLINE & MOBILE ACCESS

Get instant access to your account online at padmin.com or through P&A's HSA Mobile App!

- View account balance and activity
- Make contributions
- Invest your HSA and view investment activity
- View important alerts and communication
- Review your statements

On mobile, you can also:

- Find ways to save on prescriptions with the virtual medicine cabinet
- Search for providers or procedure and drug prices
- Access a funding calculator to help you save for the future

Log into your HSA at padmin.com.

Download P&A's HSA Mobile App at the App Store or Google Play.

Download on the App Store | GET IT ON Google Play

HELPFUL HINTS

- You must have funds in your HSA before you can spend them.
- You can change your contribution amount at any time.
- Save your receipts because the IRS may audit your HSA transactions.
- You can claim a tax deduction for any direct contributions you make to your account with post-tax dollars.

Anthem Sydney App

Sydney™ Health makes healthcare easier

Access personalized health and wellness information wherever you are

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker, then consult with a doctor through a video visit or text session.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards

GET IT ON Google Play

Download on the App Store

Use your smartphone camera to scan this QR code

Anthem

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Anthem Wellness Plan

Anthem.
And Its Affiliate HealthKeepers, Inc.

Focus on your well-being and earn rewards up to $200

The more activities you complete, the greater your reward.

Your whole health matters, and we want to reward you for taking care of it. The Wellbeing Solutions program, sponsored by your employer, connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of $200 in rewards. Don't wait, use your Sydney℠ Health app or visit anthem.com to learn more.

Activity type	Activities	Amount
Preventive care measures How you earn: Receive your reward when claims are processed	Complete a colorectal cancer screening (45 years and older)	$25
	Complete a routine mammogram (women 40 to 74)	$25
	Complete an annual preventive wellness exam or well woman exam with your doctor	$25
	Get an annual cholesterol test[1]	$20
	Get an annual flu shot	$20
	Have an annual eye exam[2]	$25
Condition management programs **How you earn:** Reach certain benchmarks or complete a program	ConditionCare program: Work one-on-one with your health coach for a chronic condition and earn rewards for participating in and completing the program[4]	Up $50 ($20 participation/$30 completion)
	Future Moms program: Moms-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments[5]	Up to $40 ($20 initial/$10 interim/$10 postpartum assessments)
	Wellbeing Coach Telephonic – Weight Management Program: Receive one-on-one support and lifestyle coaching for weight management. Complete your goal to earn a reward[6]	$25
	Wellbeing Coach Telephonic – Tobacco Cessation Program: Receive one-on-one support and lifestyle coaching for tobacco cessation. Complete your goal to earn a reward[6]	$25
Digital Wellness activities How you earn: Complete activities in the Sydney Health℠ app or on anthem.com	Complete action plans around eating healthy, weight management, physical activity, and more	Up to $25 ($5 per action plan)
	Complete a health assessment and receive tailored health recommendations	$20
	Complete Well-being Coach Digital daily mission check-ins[6]	Up to $20 ($4 per milestone)
	Connect a fitness or lifestyle device	$5
	Log in to your Anthem account	$5
	Track your steps	Up to $60 ($2 per 50,000 steps tracked)
	Update your contact information	$10

Anthem Wellness Plan *continued*

Well-being Coach can help you meet your goals

Well-being Coach offers multiple options to help you meet your health goals. Our digital coaching app offers personalized 24/7 support on the go. Well-being Coach combines smart technology and proven behavioral therapy techniques to help you maintain a healthy weight, quit tobacco, and improve your nutrition, activity, mindfulness and sleep. Well-being Coach is powered by Lark and accessible from the Sydney Health app.

If you prefer a helping hand and would like additional support meeting your health goals for high-risk weight management and tobacco cessation, Well-being Coach gives you access to a certified health coach by phone. You and your health coach will identify healthy habits and develop custom action plans to achieve your health goals. No matter how you connect, you can earn rewards with Well-being Coach.

How to redeem your rewards

When you're ready to redeem your rewards, open the Sydney Health app or go to anthem.com. Then go to *My Health Dashboard*, select Redeem Rewards, and use your rewards credit toward an electronic gift card.

You choose from popular retailers including MasterCard, Amazon, Bed Bath & Beyond, Gap (all brands), Staples, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.

Open the Sydney Health app or log into anthem.com anytime to explore the electronic gift card options available to you.

If you'd like more information about any of the Wellbeing Solutions activities, call the Member Services number on the back of your ID card or contact Member Services through the Sydney Health app

1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol (Lipid) panel
2 Routine Annual eye exam reward is available if employer provides vision coverage through Anthem.
3 Future Moms assessments completion dates: Initial assessment must be completed by day 97; Interim assessment must be completed by 1 day prior to delivery; Postpartum Assessment must be completed by 56 days after delivery.
4 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a BMI of 30 or higher.
5 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.
6 Members may earn rewards for completing quarterly Well-being Coach Digital milestones while logging daily mission check-in activities on the digital coaching app: daily Mission check-ins: 1st check-in: $4, next 15 check-ins during 1st quarter: $4, 25 check-ins for quarters 2-4: $4 each quarter) The digital coaching app download is available using Sydney Health or anthem.com.

Well-being Coach Digital is provided by Lark Health.

All preventive care activities are claims-based. Medical waivers apply to all claim-based activities.

Rewards eligibility applies to only employees and their spouse/domestic partner. Members must be active on the plan and activity must take place during the plan effective year. It may take a little time once you complete a wellness activity before you see the reward amount in your account.

Subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim. Anthem claims are required for claims-based activity rewards and may take up to 60 days to adjudicate.

Product availability may vary.

The reward amount redeemed may be considered income to you and/or your spouse/domestic partner and subject to state and federal taxes in the tax year it is paid. You and/or your spouse/domestic partner should consult a tax expert with any question regarding tax obligations.

The list of retailers available for electronic gift card rewards redemption is subject to change. Open the Sydney Health app or log on to anthem.com or to explore the electronic gift card options available to you.

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Engagement Package 200 MEM 09/21

Dental Plan Highlights

This year XKIG is proud to offer two dental plan options for employees through Anthem. The chart below is a brief summary of the in-network benefits. Please refer to the summary plan description for complete plan details.

	PPO Base Plan	PPO Buy-Up Plan
Member Responsibility	**In-Network**	**In-Network**
Annual Deductible		
Individual	$50	$50
Family	$150	$150
Deductible applies to:	Type 2 & 3	Type 2 & 3
Type 1 – Diagnostic & Preventative *Oral exams, cleanings, x-rays, fluoride, sealants, space maintainers, emergency treatment*	No charge	No charge
Type 2 – Basic Services *Direct placement fillings, simple extractions, periodontal scaling & root planing*	Ded., then 20%	Ded., then 20%
Type 3 – Major Services *Dentures, bridges, crowns, inlays/onlays*	Ded., then 50%	Ded., then 50%
Type 4 – Orthodontic Services (covers adults and children) *Orthodontic Exams, X-rays, Extractions, Study Models and Appliances*	Not covered	50%
Maximum Benefit (per covered person):		
Types 1, 2 & 3 combined	$1,500 Per Calendar Year	$2,500 Per Calendar Year
Type 4, while covered by the plan	Not Covered	$2,500 Lifetime
Annual Maximum Type	MaxRewards® Included. A covered person may be eligible for the Rollover Amount for Types 1, 2 & 3 combined based on the following:	MaxRewards® Included. A covered person may be eligible for the Rollover Amount for Types 1, 2 & 3 combined based on the following:
Eligible Range (claim threshold):	$1 - $800 Per Calendar Year	$0 - $900 Per Calendar Year
Rollover Amount:	$500 Per Calendar Year	$650 Per Calendar Year
Maximum Rollover Account Balance:	$1,250 Rate assumes that all members' Maximum Rollover Account Balance is $0 at time of takeover.	$1,500 Rate assumes that all members' Maximum Rollover Account Balance is $0 at time of takeover.
	WEEKLY RATES	**WEEKLY RATES**
Employee	$4.94	$6.34
Employee + Spouse	$9.68	$12.69
Employee + Child(ren)	$11.77	$15.54
Employee + Family	$17.84	$23.12

* Out-of-network services are based on the Maximum Allowable Charge (MAC).

Important Notice

- Please be advised that utilizing out-of-network services may result in additional expenses attributed to the Maximum Allowable Charge set by Anthem.
- Visiting an out-of-network dentist may lead to being balanced billed for any charges exceeding Anthem's allowance.
- It is recommended to seek in-network providers to ensure a more cost-effective experience.

Dental Plan Highlights *continued*

Dental Essential Choice PPO for Large Groups

Annual maximum carry-over and carry-in benefits

Employees can bank unused dollars in their dental plan to save on future dental expenses. The annual maximum benefit is the highest amount a dental plan will pay for covered services in a given plan year. Carry-over allows employees to transfer a portion of their annual maximum from one year to the next if their paid dental claims that year are less than the threshold specified in their plan. Carry-in is a one-time amount that employees can carry into their dental plan from their previous dental plan's carry-over benefit.

- Carry-over dollars never expire, so employees can use the dollars they saved for dental care in future years.
- Employees aren't required to have an annual preventive visit to receive a carry-over reward.[1]
- Network boost is an additional reward that lets empoyees carry over an additional portion of their annual maximum from one year to the next — when all dental services on claims were performed by dentists in the plan.
- Employees can carry-in up to their annual maximum.
- Carry-over and carry-in features can be paired so Employees never lose dollars they accumulated for their dental care.
- Annual maximum carry-over reporting is available to employers on an ad hoc basis or scheduled monthly, quarterly, or annually. Reports can provide summary information and detailed employee-level information. Reports can be requested by contacting your Sales representative.

A great benefit for employees

Only 3.6%
of enrollees in dental PPO plans reach or exceed their annual maximum for in-network services.[2]

About 63%
of dental PPOs have a maximum annual benefit of less than $1,500.[2]

When carry-over is included in a plan, it gives employees the same level of benefits as a plan with a higher annual maximum — but at a premium savings of as much as 15% or more.[3]

Dental Plan Highlights *continued*

How an annual maximum carry-over works

Year one

The new dental plan has a $1,000 annual maximum benefit.

During the year, benefits pay $325 in dental claims. This amount does not go over the claims threshold of $500, so the member earns a $250 reward. Because the care was from a dentist in their plan, they earn an additional $125 network boost reward.

→

Year two

The carry-over account now has $375 ($250 in carry-over rewards plus a $125 network boost reward).

The member receives claim payments of $600. This is over the $500 claim threshold, so they do not earn the carry-over reward. But their claims are less than their $1,000 annual maximum, so they can roll over all the $375 carry-over account to the next year.

→

Year three

The carry-over account still has $375.

Benefits pay $1,050 in claims for a member's dental care. This is over the $500 claim threshold, so they don't earn the carry-over reward. Their claims are $50 more than their $1,000 annual maximum, so $50 is deducted from their carry-over account, leaving a balance of $325.

Annual maximum carry-over options

Annual maximum	Claims threshold	Carry-over reward	Network boost reward	Carry-over maximum bank
$500	$250	$100	$50	$500
$750	$350	$150	$75	$750
$1,000	$500	$250	$125	$1,000
$1,250	$600	$300	$150	$1,250
$1,500	$700	$350	$175	$1,500
$2,000	$800	$400	$200	$2,000
$2,500	$900	$450	$225	$2,500
$2,750	$950	$500	$250	$2,750
$3,000	$1,000	$500	$250	$3,000
$3,000 or more	$1,000 or more	$500	$250	$3,000

Annual maximum — The maximum amount the dental plan will pay for covered services in a calendar year.
Claims threshold — The total amount the dental plan pays for covered services each year.
Carry-over reward — The reward employees can earn when their dental claims are below the claims threshold. Carry-over rewards vary based on the annual maximum benefit for the plan.
Network boost reward — The reward employees can earn when their dental claims are below the claims threshold and they get services from dentists in the plan.
Carry-over maximum bank — The maximum amount of carry-over and network boost rewards employees can have at any given time.

Market comparison

Other dental plans

- Don't let employees carry-in accumulated benefit dollars from a prior dental plan.
- Require at least one preventive visit a year to earn a carry-over reward.
- Offer a higher annual maximum instead of a carry-over benefit.
- Don't offer a network reward boost or cap the carry-over maximum bank to as little as $1,000.
- Offer higher claims thresholds and lower carry-over rewards than our plans do.

Our dental plans

- Let employees use their carry-in benefit from their previous dental plan.
- Don't require them to have an annual preventive visit to earn their carry-over reward.
- Result in premium savings of 15% or more.[3]
- Include a network boost and annual maximum carry over up to your plan's annual maximum.

For a complete list of rules or for more information, see your benefit booklet.

Anthem

1 Employees must have one claim during the year for a covered service and not exceed the threshold amount.
2 National Association of Dental Plans. *Understanding Dental plans* (accessed May 2025): nadp.org.
3 Internal data, 2024.

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Dental Plan Highlights *continued*

Visit The Dentist 24/7

Dental at home makes it convenient to receive dental care from anywhere.

When a visit to the dentist's office isn't an option, it's good to know there's an alternative. Dental at home is a teledentistry benefit included in Anthem dental plans that makes it easy to connect with a licensed dental care provider for virtual care.

Dental At Home Offers:

- Access to a dentist from anywhere using a smartphone, mobile device, or computer.
- Easier administration with no appointments needed and no claims to file.
- Consultations for dental problems or a dental emergency. All virtual visits are secure, private, and Health Insurance Portability and Accountability Act (HIPAA) compliant.
- Coverage at the same amount as an in-person visit to the dentist's office.[1]

How It Works:

1. Access dental at home through our Sydney℠ Health app or at www.anthem.com.
2. Find a participating care provider using the **Find Care** tool and search for **General Practice Dentistry.**
3. Select **The TeleDentists.**
4. Fill out a health history questionnaire and connect with a virtual dentist within approximately five minutes.

After The Appointment, The Dentist Can:

- Prescribe non-opioid medication to a local pharmacy, if necessary.
- Refer the patient to a network dentist for further care.

1. Uses Anthem's Prime and Complete and Dental Blue 100/200/300 preferred provider organization networks.

Anthem

Dental Plan Highlights *continued*

Chat with us for quick answers

Anthem

Receive support anytime through Sydney Health or **anthem.com**

When you have questions about your dental coverage, log in to the Sydney℠ Health mobile app or **anthem.com** and chat for answers — at your convenience. Either way, you'll find what you need in minutes!

Ask simple questions in our chat box

To find basic information about your benefits, you can type keywords or questions in the chat box and get automated feedback. If you do not receive the answers you need, you can chat with a live agent.

Here are some commonly asked questions:

- What is my deductible?
- Can you show me my ID card?
- What do I owe on this claim?

For in-depth questions, type "live chat" and you will be connected to an agent.

▷ Whether you're on your phone or computer, log in and select the Sydney Health logo to **start a new chat**.

sydney℠

Scan the QR code with your smartphone camera to **download the app** today!

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024

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Vision Plan Highlights

This year XKIG is proud to offer two vision plan options for employees through EyeMed. The chart below is a brief summary of the in-network benefits. Please refer to the summary plan description for complete plan details.

	Base Plan	Buy-Up Plan
Member Responsibility	**In-Network**	**In-Network**
Routine Exams	$10	$10
Vision Materials		
Frames	20% off balance over $130	20% off balance over $200
Contacts - Covered in lieu of frames		
Conventional Contacts	15% off balance over $130	15% off balance over $200
Disposable Contacts	100% of balance over $130	100% of balance over $200
Medically Necessary Contacts	No charge	No charge
Standard Plastic Lenses		
Single	$25	$10
Bifocal	$25	$10
Trifocal / Lenticular	$25	$10
Progressive	$80 - $200	$65 - $185
Frequency		
Lenses - in lieu of contacts	Once every plan year	Once every plan year
Contacts - in lieu of lenses	Once every plan year	Once every plan year
Frames	Once every other plan year	Once every plan year
Exams	Once every plan year	Once every plan year
	WEEKLY RATES	**WEEKLY RATES**
Employee	$1.66	$3.46
Employee + Spouse	$3.15	$6.57
Employee + Child(ren)	$3.32	$6.92
Employee + Family	$4.88	$10.17

Additional Savings

- 40% off additional pairs of glasses
- 20% off any item not covered by the plan, including non-prescription sunglasses
- 15% off retail price or 5% off promotional price for Lasik or PRK from US Laser Network
- Up to 64% off hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network

Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at eyemedvisioncare.com

Voluntary Life/AD&D Plan Highlights

Basic Life

XKIG provides a flat $20,000 basic life benefit, available on the first of the month following 3 months of continuous employment. **Note:** Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes even if you do not elect other benefits.

Voluntary Life/AD&D

You may purchase additional Voluntary Life and AD&D insurance with Lincoln Financial Group to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and Evidence of Insurability (EOI). You are required to elect coverage for yourself in order to elect coverage for your spouse and/or dependents. Your contributions will depend on your age and the amount of coverage you elect. Your spouse's rate will be based on your age. Please refer to the summary plan description for complete plan details and rates.

For You:

Voluntary Life

Amounts of Insurance: Increments of $10,000 to a maximum of lesser of 5x earnings of $500k with a minimum of $10,000
Guaranteed Issue: $300,000
Reduction Schedule: 65% at age 65, 50% at age 70

Voluntary AD&D

Amounts of Insurance: Increments of $10,000 to a maximum of $500,000 with a minimum of $10,000
Reduction Schedule: 65% at age 65, 50% at age 70

For Your Spouse:

Voluntary Life

Amounts of Insurance: Increments of $5,000 to a maximum of $150,000 with a minimum of $5,000
Coverage up to Employee Amount: 100% of Employee Optional
Guaranteed Issue: $30,000
Reduction Schedule: 65% at age 65, 50% at age 70

Voluntary AD&D

Amounts of Insurance: Increments of $5,000 to a maximum of $150,000 with a minimum of $5,000
Coverage up to Employee Amount: 100% of Employee Optional
Reduction Schedule: 65% at age 65, 50% at age 70

For Your Child(ren):

Voluntary Life

Amounts of Insurance: Increments of $5,000 to a maximum of $10,000 with a minimum of $5,000
Child Age Limit / Student Age Limit: 26/26

Voluntary AD&D

Amounts of Insurance: Increments of $5,000 to a maximum of $10,000 with a minimum of $5,000
Child Age Limit / Student Age Limit: 26/26

Important Reminders!

Your voluntary life insurance plan includes an option to port or convert your coverage if you leave employment or otherwise lose eligibility under the group plan. This allows you the opportunity to continue coverage, subject to plan provisions. For additional details on continuing your coverage after loss of group eligibility, please contact your HR department. Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes. Beneficiaries may be changed at any point during the plan year.

Voluntary Permanent Life with LTC

Trustmark Life + Care

A simple way to get both life and long-term care insurance

The need for long-term care (LTC) services can put a strain on families. Yet it can be a challenge to find protection against the rising costs of those services, in the event of an accident, illness or aging. Trustmark Life + Care insurance can be an easy way to buy affordable LTC coverage. It provides a long-term care benefit that's funded by permanent life insurance.

It can happen at any age, to anyone: something goes wrong and you start needing **help with the basics of everyday life,** like eating, dressing or going to the bathroom. When that happens, Trustmark Life + Care® pays **cash benefits** that can help you afford the comfort and quality of care that you desire. Plus, it **doubles as life insurance,** with a death benefit payable to your beneficiaries.

Why Trustmark Life + Care?

1. Two-in-one coverage: get both **permanent life insurance** (death benefit) **and long-term care benefits** for one affordable rate.
2. **Benefits can help with the cost of long-term care** if the time comes, so you can avoid depleting your retirement savings or overburdening family members.
3. Long-term care benefits can help pay for **professional caregiving services:** home health care, assisted living, adult day care and more.
4. Coverage is available to you on a **guaranteed issue basis – no medical questions** asked, and you can't be turned down – up to benefit amount limits.[1]
5. Guaranteed to last a lifetime: once you have coverage and continue to pay your premium, your rate **doesn't increase as you get older.**

How Long-Term Care Benefits Work

Trustmark Life + Care pays benefits in cash, directly to you, when you **require help with at least two of six activities of daily living** (for example, eating, bathing or dressing) or have a **severe cognitive impairment** (such as Alzheimer's Disease) and receive caregiving services for more than 90 days.[2]

Long-term Care Benefits

When you receive professional caregiving services, you can collect **4% of your death benefit amount per month,** up to two times the face amount of your certificate.

Professional Caregiving benefits example for a $100,000 certificate: **$4,000 per month** up to a **$200,000** maximum.

Plus, with your Family Caregiving benefit, you can get benefits **when care is provided by a family member or friend** rather than by a professional! For family caregiving, collect **2% of your death benefit per month,** up to two times the face amount of your certificate.

Family Caregiving benefits example for a $100,000 certificate: **$2,000 per month** up to a **$200,000** maximum

You can even **switch between family caregiving and professional caregiving** and keep collecting benefits, up to the maximum of twice your certificate's face amount.

Plus, long-term care benefits paid **do not reduce the death benefit,** so a full death benefit is available to your beneficiaries even after you receive long-term care benefits! This can dramatically increase the maximum value of your coverage:

Benefit type	Maximum Amount ($100,000 certificate)
Long-term Care benefits	$200,000
Death benefit (before age 70 or 10th anniversary)	+ $100,000
Total maximum benefit	**= $300,000**

You can manage your coverage or easily file online claims 24/7 at www.TrustmarkVB.com!

Note: If you choose to waive coverage when initially offered, you may not be eligible to enroll at a later date, even if circumstances change. Additionally, you may also not be able to enroll at all, or any delayed enrollment may require the completion and approval of Evidence of Insurability (EOI).

1. Maximum issue age for guaranteed issue is 70. Employees who have previously been offered this coverage may not be eligible for guaranteed issue. Refer to the sample-rate sheet or speak to an enroller for details. Long-term care benefits require non-medical questions at time of application.
2. Long-term care benefits are payable after 90 days of qualifying care has been received; to qualify you must meet the conditions for payment.

Introducing Cariloop®

Because no one should go through caregiving alone

Caring for aging loved ones can be challenging - but you don't have to do it alone. When you receive Trustmark coverage, you gain access to Cariloop's Caregiver Support Platform® - a resource designed to lighten the load and support you every step of the way.

cariloop

What is Cariloop?

Cariloop provides professional guidance and practical tools to help you and your family navigate elder care. Through the Caregiver Support Platform® you get personalized coaching, care planning tools, and access to a trusted provider network. Whether you're supporting an aging loved one or planning ahead for your own needs, Cariloop helps ease the stress and burnout that often comes with managing care.

- Work with professional Cariloop Coaches to navigate senior living, Medicare and Medicaid, and financial or legal caregiving challenges.[1]
- Stay informed with on-demand webinars and curated content – featuring tips on managing stress, navigating care, and more.
- Invite family members into the Care Portal to share updates, coordinate appointments, and keep important documents in one secure place.
- Connect with other caregivers through Community Channels and find support, shared experiences, and helpful resources – wherever you are in your care journey.

[1]Trustmark provides access to Cariloop's care coaching services at no extra cost, for one month, per calendar year.

Find more information on this exclusive benefit when you receive Trustmark coverage!

Trustmark

400 Field Drive
Lake Forest, IL 60045
TrustmarkVB.com

Cariloop membership is provided as a value-added benefit, separate from the life insurance policy. While we strive to maintain this offering, please note that it may be subject to change or discontinuation in the future without notice.

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A112-4135-6-25

Disability Plans Highlights

Short-Term Disability - Employer Paid

Short-Term Disability coverage through Lincoln Financial Group, replaces a portion of your income when you are unable to work due to an illness or injury. This coverage has a pre-existing limitation of 12 months for conditions treated within the six months prior to effective date of coverage. Your election could be subject to medical questions and Evidence of Insurability (EOI). This benefit is effective on the first of the month following 3 months of continuous employment.

Elimination Period: Accident 7 Days
Elimination Period: Sickness 7 Days
Maximum Weekly Benefit: $150
Benefit Duration (Including EP): 26 Weeks
Work Related Disabilities: Non-Occupational
Definition of Disability: Own Job
Basic Weekly Earnings Definition: Salary
Partial Disability: Work Incentive Benefit
Successive Periods of Disability: 14 Days
Pre-Existing Condition Exclusion: 6-12

Voluntary Long-Term Disability

Voluntary Long-Term Disability coverage through Lincoln Financial Group, is designed to cover a portion of your salary when you are unable to work due to an accident or illness that occurs 90 days after being deemed disabled and picks up after short-term disability is exhausted. This coverage has a pre-existing limitation of 12 months for conditions treated within the three months prior to effective date of coverage. Your election could be subject to medical questions and Evidence of Insurability (EOI).

Elimination Period: After the 26 weeks of STD has been exhausted
Benefit Percentage: 60.0%
Maximum Monthly Benefit: $15,000
Minimum Monthly Benefit: Greater of $100 or 10% of Gross Benefit
Benefit Duration: Social Security Normal Retirement Age
Definition of Disability: 24 Month Own Occupation
Basic Monthly Earnings Definition: Salary
Pre-Existing Condition Exclusion: 3-12
Mental & Nervous Limitation: 24 Months
Substance Abuse Limitation: 24 Months
Successive Periods of Disability: 6 Months

Voluntary Worksite Plans

Voluntary Accident

No one plans to have an accident but, it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. This policy through Lincoln Financial Group, can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is a brief summary of benefits. Please see your benefit summary for more information about this coverage.

Summary of Benefits:

Initial care visit	$150	Ambulance	$300
X-ray	$300	Air ambulance	$1,500
Emergency care / treatment	$200	Major diagnostic	$200

Voluntary Critical Illness

Critical Illness coverage through Lincoln Financial Group, provides a lump sum benefit following major diagnosis like cancer, kidney failure, heart attacks, or stroke. This benefit can be used to help cover expenses that your insurance does not, such as bills, groceries, or transportation. Below is a brief summary of benefits. Please see your benefit summary for more information about this coverage.

Coverage Amounts:

Employee - $10,000
Spouse - $5,000 up to 50% of employee benefit amount
Children - 50% of your coverage amount at no extra cost

Health Assessment/Wellness Benefit*: Level: $50

* You receive a cash benefit every year you and any covered family members complete a single covered exam or screening.

Voluntary Hospital Indemnity

Hospital Indemnity coverage through Lincoln Financial Group, helps deliver financial security for the unexpected—allowing you to help protect your budgets against unforeseen expenses if you suffer an accidental injury or sickness. You can use the cash benefits from this coverage to help meet copayments, to pay for recovery expenses or in any way you see fit. Below is a brief summary of benefits. Please see your benefit summary for more information about this coverage.

Summary of Benefits:

Hospital Admission: For the initial day of admission to a hospital for treatment of a sickness/an injury	$2,000 per day for one day per calendar year
Hospital Confinement: For each day of confinement in a hospital as a result of a sickness/an injury	$200 per day for 30 days per calendar year (starting on day 2)
Hospital ICU Confinement: For each full or partial day of confinement in an ICU as a result of a sickness/an injury	$400 per day for 30 days per calendar year (starting on day 1)
Newborn Care: For each day of confinement to a hospital for routine postnatal care following birth	$200 per day for two days per calendar year
Health Assessment/Wellness Benefit*:	Level: $50

* You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization.

401(k) Retirement Plan

XKIG is proud to offer a 401(k) Retirement plan through John Hancock. Employees are eligible to start contributing to this plan the first of the month following 60 days of employment. **Example:** Date of hire = 4/6/2027, 60 days will be reached in June, eligibility to begin contributing = 7/1/2027.

You will receive enrollment information from John Hancock (also included below) via email and in the mail shortly before you are eligible to participate. You will ***not*** be able to enroll prior to your eligibility window.

Saving for retirement while taking care of other financial priorities can be a tricky balance. John Hancock provides the resources to help you navigate the pressures of long and short-term goals, so you can live your best life today and tomorrow.

XKIG will match your contribution on the following schedule:

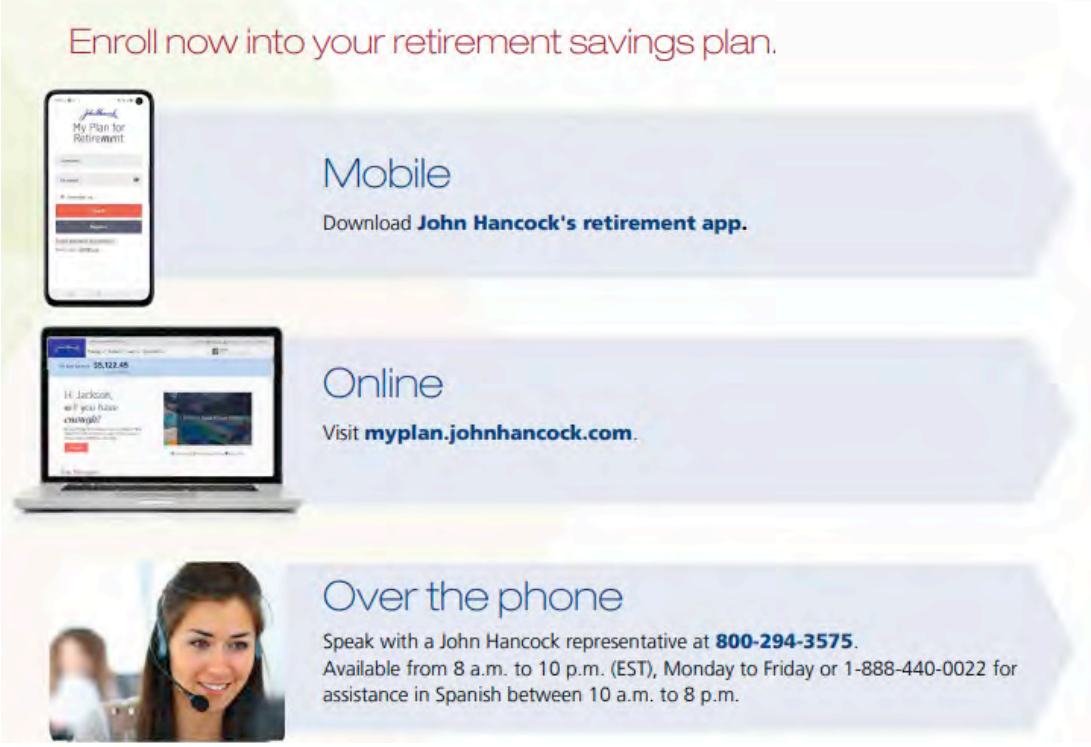
- 100% match 1-3%
- 50% match 4-5%

Example: if an employee contributes 5% or more, you will earn a 4% employer match.

The vesting schedule for employer match is 5 years graded (elapsed time), please see schedule below.

- Less than 1 year = 0%
- 1 year but less than 2 = 20%
- 2 years but less than 3 = 40%
- 3 years but less than 4 = 60%
- 4 years but less than 5 = 80%
- 5 years or more = 100%

Please make sure to add your **401(k) beneficiary designation** directly through the **John Hancock** website, as beneficiary elections do not feed over from payroll and cannot be updated through our payroll system.



Utilities Employees Credit Union (UECU)

XKIG has partnered with Utilities Employees Credit Union (UECU) to offer you and your family members the ability to join the credit union. Please direct questions to Lisa Reynolds at lreynolds@uecu.org or call her at 484-388-0655.

UECU

WHERE XKIG WORKERS *Bank Smarter*

Exclusive Credit Union Perks Await You!

Join Today!

Open one of the accounts below and get a $25 gift card!

Kasasa® Checking

- Kasasa Cash®
- Kasasa Cashback®

Bank for ***Free*** + Get ***Rewarded*** Monthly

- Get Rewarded Monthly[2]
- Easy Mobile Deposit
- Save More *with Kasasa Saver*
- Cash Rewards[2]
- ATM Fee Refunds[3]
- No Monthly Maintenance Fees

+

Visa® *Power Card™*

- Rewards Credit Card
- Exclusive Offer

Low ***1.99% APR***[4] Introductory Rate

- Borrow up to $25,000
- No Balance Transfer Fee
- No Annual Fee
- Earn *VantagePoints®* Rewards[5]
- 12-Month 1.99% APR Intro Rate[4]
- 8.75%-18.00% variable APR thereafter[4]

And...

Loan Rate Discounts

- Open a Loan & Checking for Double the Discount!

Exclusive Double Discount Up to ***0.50% Off***[4] Your Loan Rate[6]

- Get Pre-Approved Online
- Better Rates than Dealerships
- Exclusive Offer for ***You!***
- Auto Refinance Loans
- New and Used Auto Loans
- Personal Loans

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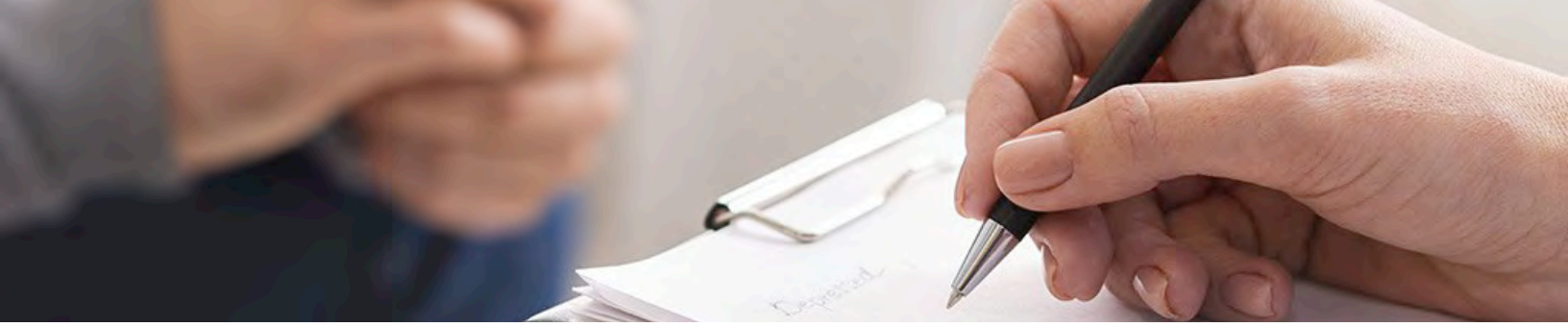
uecu.org/lisa

Reference this flyer and get an additional $10 Gift Card when you open an account!

Scan to Join



Employee Assistance Program (EAP)

Effective date: 01/01/2026

Your Employee Assistance Program

XKIG, LLC

Your Employee Assistance Program (EAP) is here to help you and your household through difficult times. The following resources are private, confidential, and available to you 24/7 at no extra cost.[1]

Counseling and mental health

- Get 4 free visits for in-person or virtual counseling per person in your household, per issue each year.[2]

Work-life resources

- Find information on career, parenting, and balancing work and family.
- Find high-quality child, elder, and pet care.
- Receive special discounts on a range of products and services, including food, travel, and clothing.

Identity theft support

- Register to get help with identity monitoring and theft resolution to minimize or recover from the effects of identity theft.

Self-improvement resources

- Log in to take self-assessments, access the Guidance to Care tool, and get a list of EAP resources specific to your needs.
- Use Emotional Well-being Resources to connect with one-on-one coaching and self-help digital tools.

Legal and financial resources

- Book a no-cost consultation and receive a discounted rate from participating local attorneys on continued legal services.[3]
- Explore an online library of legal resources, forms, and essential documents.
- Have unlimited phone consults with a financial professional and access online financial calculators and budgeting tools.

24/7 crisis support

- Get in-the-moment support when experiencing a personal crisis.
- Find help with navigating resources and getting support if you're impacted by a tragedy or natural disaster.

Get the help you need, 24/7

- Visit **anthem.com/EAP** and log in with company name: **tree**
- Call your EAP at **800-865-1044** for help with questions.

Anthem

1 In accordance with federal and state law, and professional ethical standards.

2 Appointments are subject to availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in a crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to the nearest emergency room.

3 Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly.

This document is for general information purposes. Check with your employer for specific information on services available to you.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

EAP products are offered by Anthem Insurance Companies, Inc.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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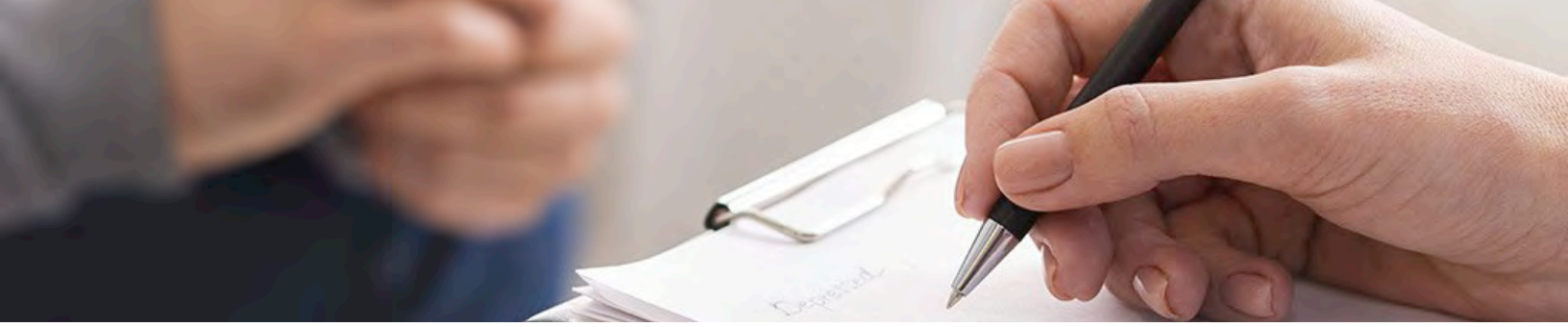

Employee Assistance *continued*

Lincoln Financial Group®

Employee Assistance Program

The resources you need to meet life's challenges

EmployeeConnect℠ offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*℠, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings

Unlimited 24/7 assistance

You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

Online resources

EmployeeConnect℠ offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNow℠ mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

EmployeeConnect℠

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
Lincoln Life Assurance Company of Boston

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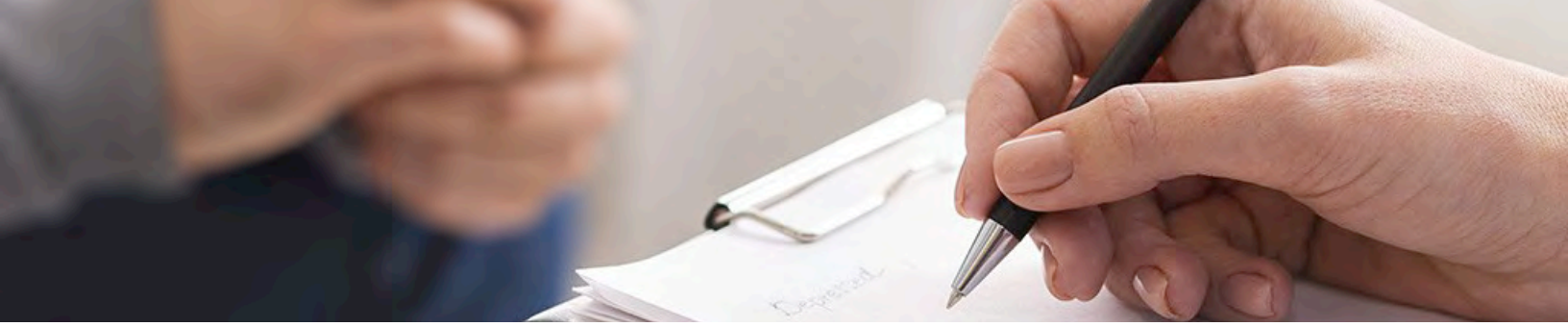

Employee Assistance *continued*

We partner with your employer to offer this service at no additional cost to you!

EmployeeConnect℠ counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.

To take advantage of the *EmployeeConnect*℠ program or for more information: Visit GuidanceResources.com (username: LFGSupport, password: LFGSupport1), download the GuidanceNow℠ mobile app or call 888-628-4824.

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LCN-2836182-112019
MAP 12/19 **Z01**
Order code: LTD-EAPEE-FLI001

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EmployeeConnect℠

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com
  (username: LFGSupport ■ password: LFGSupport1)
- Download the GuidanceNow℠ mobile app
- Call 888-628-4824

Lincoln Financial Group® | ComPsych® GuidanceResources® Worldwide

Identity Protection Plan

Allstate. IDENTITY PROTECTION

XKIG

all-in identity and scam protection that never clocks out

Safeguard yourself and your family from evolving identity threats and scams with always-on protection from Allstate — provided by your company as a benefit.

Our enhanced identity protection features deliver stronger security to help you and your family stay ahead of rising scams and identity fraud. Get 24/7 monitoring, advanced scam detection, and expert support for peace of mind.

Benefits highlights:

(See page 2 for expanded features list)

NEW Allstate Scam Protection℠
Get powerful, all-in-one digital defense with proactive scam monitoring, robust detection, alerts and phone and text scam blocking, and up to $50K in scam reimbursement*—plus up to $5M† in other financial protections.

Family digital safety
Monitor 30+ apps and sites, track loved ones, and access mental health support. Plus with a family plan get protection for you and all family "under roof or under wallet" as well as any family member 65 or older.

Award-winning cybersecurity
Protect your devices with top-rated** anti-malware and threat detection that runs in the background without slowing you down.

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scammers are getting smarter

Even the most tech-savvy are falling for AI-powered scams

80%
of scam victims said they thought they could spot a scam before falling for one[1]

49%
of scam victims experienced two or more scams in just the past two years[1]

95%
of our members were satisfied with the identity theft recovery support they received[2]

[1] Javelin Strategy and Research, Breaking Barriers to Innovation, 2024

[2] Allstate Identity Protection internal analysis, 2022

**Overall Score. July 2011 – February 2025. Source: AV TEST.org

Coverage subject to terms, conditions, and exclusions. Reimbursement limits apply. See full policy for details.

Identity Protection Plan *continued*

With Allstate Identity Protection, get identity and cyber protection features designed to help you defend yourself from today's risks.

- **NEW** Allstate Scam Protection℠ with alerts and education plus phone and text scam blocking, mobile scam alerts, email scan, web protection, URL blocking, and scam takedown
- **NEW** Reimbursement categories for scams, social engineering, cyberbullying, cryptocurrency, and ransomware payments††
- **NEW** In-portal conveniences like one-on-one personal coaching, Identity Fraud Finder, online scheduler and specialist chat
- **NEW** Data removal tool discovers and removes your data on broker sites automatically
- **UPGRADED** Full-service identity restoration with up to $5 million in expense reimbursement† for stolen funds and out-of-pocket costs due to identity theft including ransomware expense reimbursement*
- Allstate Digital Footprint®, our proprietary privacy tool, shows where your data lives online and how it might be exposed‡
- Comprehensive identity and financial monitoring
- Identity Health Status gives you at-a-glance insight into your risk
- Allstate Security Pro® delivers updates and education on scams and emerging threats relevant to you
- Social media account takeover monitoring
- Tri-bureau credit monitoring with annual reporting and credit score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Dark web monitoring

Cyber protection

- **UPGRADED** Device protection tools for up to 10 devices
  - Malware and anti-virus protection
  - Safe browsing
  - Phishing protection
  - Anti-tracker
  - Missing and stolen device tools (Android only)
  - Smart watch protection (Android only)
  - Firewall (Windows only)
  - Webcam protection (Windows only)
  - Safe pay (Windows only)
  - File shredder (Windows only)
- Network security
- Military-grade VPN with thousands of servers to stay safe without slowing down
- Password manager

Opt for a family plan and get:

- **NEW** Child credit check
- **UPGRADED** Family mobile and desktop device protection for up to 10 devices per adult
- Coverage can extend to you and family members "under your roof or wallet" plus senior family members aged 65+ who don't live with you or who are not financially dependent up on you
- Family digital safety tools from Bark that monitor 30+ apps and websites for signs of danger plus location tracking, screen time management, and web filtering
  - **NEW** Free access to TalkSpace Go for family plan members and their loved ones including tailored help and $100 off TalkSpace Therapy

Plans and pricing

$1.73 per person/ week
$3.57 per family/ week

Questions?

1-800-789-2720
or visit myaip.com

† Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for information purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Products and features are subject to change.

* Does not cover cyber ransom payments to hackers.

Bark and Talkspace Go are third-party services subject to their own terms, conditions, and availability.

†† Cyber insurance, which includes data recovery, cyber extortion, cyber crime and cryptocurrency coverage is underwritten by Houston Casualty Company, a Tokio Marine HCC Company. Please refer to the actual policy for all the terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Products and features are subject to change. Certain features require additional activation and may have additional terms.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

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Medicare

We Make Medicare Easier for Employers & Employees

Medicare can be confusing because of its complicated rules and wide array of options. As a result, employees often turn to their employers for help, creating an additional burden and compliance risks.

My Benefit Advisor (MBA) provides a variety of Medicare-related programs to help employees understand their options, reduce the employer's costs and compliance risks, and increase the overall value of the employee benefit package.

Medicare Insurance Plans

Individual Medicare Plans

We provide employees with personalized service and access to multiple insurance options that cost the same as buying directly from the carrier.

Group Retiree Plans

MBA can design a custom plan that fits the needs of each employer, with a minimum of two participants and within government regulations.

Medicare Education Resources

Reduce the confusion and costly mistakes that occur when an active employee or retiree becomes eligible for Medicare.

- **Medicare Basics Brochure**
- **On-Demand Videos**
- **Education Library**
- **Employee Workbook: Medicare vs. Group Health Plan**

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Medicare *continued*

MY BENEFIT ADVISOR

How My Benefit Advisor Can Help

Employee Issue	MBA Solution
Employees struggle with understanding their Medicare options and look to HR for help. ■ Should they enroll in Medicare while on the group plan? ■ Will they or their dependent benefit by dropping group coverage and enrolling in Medicare?	We provide a variety of Medicare educational services, including: ■ resources to help employees make important decisions ■ personal consultants to answer questions about Medicare and optional insurance plans
Retiring employees need help with transitioning from the group health plan to Medicare.	Our agents specialize in Medicare and will help each retiree: ■ understand Medicare ■ provide insurance options that match each person's specific needs ■ assist with enrollment and provide ongoing service
Looking for a new cost-effective way to improve the employee and retiree benefit program	We help develop a custom retiree health program to attract and retain employees: ■ minimal administration ■ zero or minimal employer cost
Looking for solutions to minimize the impact of an aging workforce: ■ reduce claim costs for health plan and workers comp ■ improve productivity ■ create employee advancement opportunities	Cost-savings strategies are available to: ■ help employees understand when and how they may benefit by voluntarily enrolling in Medicare vs. the employer group health plan ■ offer a Medicare retiree plan that helps make retirement a viable and less frightening option
Interested in making changes to their current retiree plan to reduce costs or improve benefits	We have the expertise and resources to design, market, and implement a variety of retiree programs, including: ■ replace or redesign the current group retiree plan ■ convert from group retiree to individual plans in combination with a retiree HRA

For more information about My Benefit Advisor and how we can help with Medicare, contact Shawn McLean at (757) 663-4089 or email shawn.mclean@mybenefitadvisor.com

MY BENEFIT ADVISOR

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Contact Information

Have Questions? Need Help?

XKIG is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at **855-874-6699** or via e-mail at BRCEast@usi.com**.** If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

Benefit	Carrier	Phone Number	Website
Medical	Anthem BCBS	1-833-592-9956	www.anthem.com
Health Savings Account	P&A Group	1-716-852-2611	www.padmin.com
Dental	Anthem BCBS	1-833-592-9956	www.anthem.com
Vision	EyeMed	1-866-939-3633	www.eyemed.com
Life & Voluntary Life/AD&D	Lincoln Financial Group	1-877-275-5462	www.lfg.com
Voluntary Permanent Life with LTC	Trustmark	1-866-813-7192	www.TrustmarkVB.com
Voluntary Short & Long-Term Disability	Lincoln Financial Group	1-877-275-5462	www.lfg.com
Voluntary Accident, Critical Illness & Hospital Indemnity	Lincoln Financial Group	1-800-423-2765	www.lfg.com
401(k) Retirement Plan	John Hancock Spanish Speaking Line	1-800-294-3575 1-888-440-0022	www.myplan.johnhancock.com
Utilities Employees Credit Union (UECU)	Lisa Reynolds	1-484-388-0655	lreynolds@uecu.org
Employee Assistance Program (EAP)	Anthem BCBS	1-800-865-1044	www.anthem.com/EAP
	Lincoln Financial Group	1-888-628-4824	Code: TREE www.GuidanceResources.com username: LFGSupport password: LFGSupport1
Identity Protection Plan	Allstate	1-800-789-2720	www.myaip.com
Medicare	My Benefit Advisor / Shawn McLean	1-757-663-4089	shawn.mclean@mybenefitadvisor.com
Human Resources Benefits Team	XKIG	1-877-949-1113	benefits@xkig.com