BENEFITS GUIDE

2026

CNS Healthcare

Welcome to Your Benefits!

The information in this packet and in the benefit guide applies to the Welfare Plan of CNS Healthcare, Plan Number 505. This information meets the requirements for a Summary of Material Modifications as required by the Employee Retirement Income Security Act (ERISA).

See **PAGE 25** for important information concerning Medicare Part D coverage.

This guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. This guide is a tool to answer most of your questions, see Human Resources for more detailed plan information.

Here's where to find ...

IMPORTANT INFORMATION

CNS Healthcare recognizes that your employee benefits are an important part of your total compensation. We have created a comprehensive, high-quality benefits package to meet your needs and the needs of your family. This brochure provides an overview and brief description of our Employee Benefits Plan and the options available to you and your dependents. Please review this information carefully. This is designed as a brief summary only, and detailed plan summaries are available from Human Resources.

At CNS, we have a strong culture and belief in treating our team members with trust and respect — it's the CNS way. Our shared values as a company and the passion we bring to our business form a foundation for everything we do, even the benefits we offer.

Eligibility

If you are a full-time employee of CNS Healthcare who is regularly paid at least 30 hours a week, you are eligible to participate in medical, prescription drug, dental, vision, life, and disability plans, as well as additional healthcare benefits.

Coverage Dates

Your elections are effective on the first of the month following 60 days of continuous employment. For the 403(b) Plan, participation is effective on your first day of employment. Benefits cannot be changed until the next enrollment period unless you experience a qualifying life event.

Eligible Dependents:

- Your Legal Spouse
- Domestic Partner. Requires an affidavit and/or certificate of domestic partnership
- Children up to the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom you or your spouse have legal guardianship). Coverage ends at the end of the month in which they turn age 26. Disabled children under age 26 or older who meet certain criteria may continue on your health coverage provided that you complete the appropriate documents prior to the dependent reaching age 26.

Making Changes to Your Benefits

Open Enrollment is the one time per year that you can make changes to your benefit elections without having had a qualifying life event (QLE). QLEs are defined by the IRS and can allow you to enroll in health insurance or make changes to your elections outside of Open Enrollment.

Common qualifying events include:

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in a spouse's or domestic partner's employment status (resulting in a gain or loss of coverage)
- A change in your legal marital status (marriage, divorce or legal separation)
- A change in employment status from full or part time, or part time to full time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Entitlement to Medicare or Medicaid
- Turning 26 and losing coverage through a parent's plan

Reach out to CNS Healthcare's Human Resources team with questions regarding specific life events and your ability to request changes.

Benefit Elections

Benefit elections are made through UKG (**time.cnshealthcare.org**) and must be elected within 30 days after your start date. Upon hire you will receive a workflow notification from Human Resources to begin this process. After your initial eligibility period, you will need to either wait for Open Enrollment or have a qualifying life event (QLE) in order to make changes to your benefit elections.

Domestic Partner Affidavit

You will need to provide Human Resources with a domestic partnership application and supporting documentation before your domestic partner is eligible to enroll. Please contact Human Resources for the affidavit certifying your domestic partnership which also outlines potential tax implications of covering domestic partners and other eligible dependents relating to the domestic partnership.

Waiver Bonus

If you elect to waive CNS Medical and Prescription benefits, CNS will pay you a waiver bonus in the amount of $50 per pay for employee only, $100 per pay for two-person and $150 per pay for family coverage. To be eligible for the waiver bonus you must attest that you and your family have coverage elsewhere. Additionally, you must submit proof of enrollment in the other health plan. Member ID cards are not acceptable.

Payroll Deductions

Payroll deductions are effective on the first pay date after coverage is effective. If you have a qualifying life event, payroll deductions will take effect on the first payroll date after the change is effective. If you have elected Voluntary Life coverage that is subject to the Evidence of Insurability process, payroll deductions will begin on the first pay date after the coverage is approved.

You may elect to contribute towards your 403(b) plan on your first date of employment. Deductions will begin on the first pay date following your first date of employment.

Termination of Benefits

CNS provides benefits to you and your family while you are an eligible employee. However, upon your termination, voluntary or involuntary, your benefits will end on the same day your employment ends with CNS. You will receive COBRA information in the mail following your last day. If you choose to elect COBRA coverage, it will be effective retroactively to the day following your last day worked with CNS.

MEDICAL BENEFITS

Medical benefits are provided through Blue Cross Blue Shield of Michigan (BCBSM). You have three plans to choose from: the Simply Blue PPO, Core PPO and Buy-Up PPO. Below is a chart that summarizes some of the services provided by each plan. More detailed summaries are available in Human Resources.

Note: Preventive care offered by an in-network physician, like well-woman exams or annual physicals, is often covered at 100%

Medical Plan Summary

	Simply Blue	Core	Buy-Up
Deductible	$1,000/$2,000	$750/$1,500	$500/$1,000
Coinsurance	80%	80%	90%
Coinsurance maximum	$2,500/$5,000	$2,000/$4,000	$1,500/$3,000
Out-of-pocket maximum (includes deductible, coinsurance, copays) and prescription out-of-pocket maximum.	$6,350/$12,700	$6,350/$12,700	$6,350/$12,700
Preventive care	100%, no deductible	100%, no deductible	100%, no deductible
OV copay — PCP	$30 copay	$30 copay	$30 copay
Primary care online visits	100%, no deductible or copay/coinsurance		
Behavioral health online visits	$40 copay per online visit	$40 copay per online visit	$40 copay per online visit
OV copay — specialist	$50 copay	$40 copay	$40 copay
Urgent care	$60 copay	$40 copay	$40 copay
ER copay	$150 copay	$100 copay	$100 copay

Prescription Drug Plan Summary

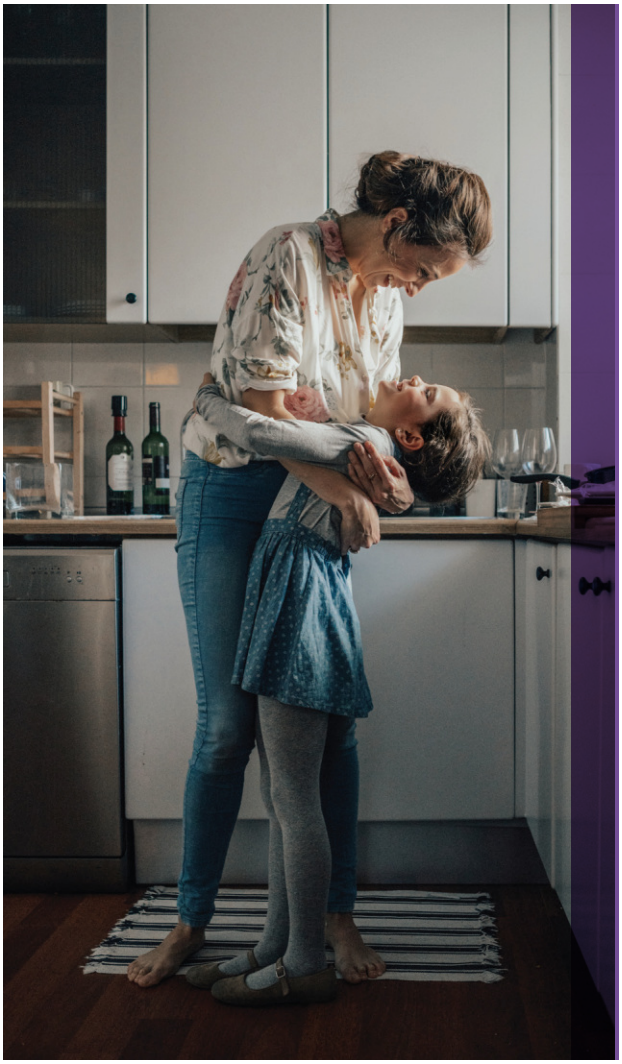
Retail Rx (30-day supply)	Rx Copays
Generic	$10
Preferred brand	$40
Non-preferred brand	$80
Mail order Rx (90-day supply)	
Generic	$20
Preferred brand	$80
Non-preferred brand	$160

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM approved amount, less any applicable deductible and/or copay/coinsurance. For a complete description of benefits please see the applicable certificates and riders,

About PPO Plans

- You can choose from a network of providers who offer a fixed copay for services.
- "PPO" stands for Preferred Provider Organization.
- There is coverage both in and out of network, but you get the most value from your medical plan when you receive care from in-network PPO providers.
- With a PPO, you can see any provider you want to see, even a specialist, without needing a referral or designating a primary care physician. There is flexibility with this type of medical plan.
- To find a list of in-network PPO providers, visit **bcbsm.com** and click on "Find a Doctor."

Prior Authorization



BCBSM utilizes prior authorization requirements to help ensure drugs are used in the proper way and in doses that are right for each person as recommended by the U.S. Food and Drug Administration. While most prescriptions can be filled immediately by the pharmacy, some require further review. Prior authorization focuses mainly on drugs that may have:

- A chance of serious side effects or unsafe drug interactions.
- A high chance of incorrect use or abuse.
- Alternative choices that may cost less.
- Rules for use with very specific conditions.

If you are prescribed a medication that requires prior authorization, your pharmacy will let you know and either the pharmacy or your doctor will work with BCBSM's Prior Authorization Center to determine if your prescription will be approved as requested. A list of drugs that require prior authorization is posted on the BCBSM member portal.

Step Therapy

Our prescription plans include a step therapy program. After clinical studies of many different drugs, BCBSM has selected certain drugs to be the first options tried when treating some conditions, such as diabetes, high cholesterol or migraines. These drugs have been selected as the "first step" because studies have shown they are proven to work well for most people and are more affordable. Your pharmacy will alert you to the step therapy requirement if a prescription you present is included in a step therapy category. It is important for you to know that if a "first step" drug does not work for you, your physician can request an alternative by following BCBSM's prior authorization process. A list of drugs that require step therapy is posted on the BCBSM member portal.

Mail Order Programs

BCBSM offers home delivery to members who take specific medications on a regular basis for conditions such as asthma, heartburn, high blood pressure, allergies or high cholesterol. You have the option to receive these prescriptions from the Optum Rx Home Delivery Pharmacy. By utilizing this option, team members can receive a 90-day supply of medication for the price of a 60-day retail supply. In addition, you can set up automatic refills, refill reminders, and a variety of payment options to help you stay current on medication. For more information on setting up a home delivery prescription, visit the BCBSM website.

Basic Insurance Terms

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is $2,800, your plan won't pay anything until you've met your $2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

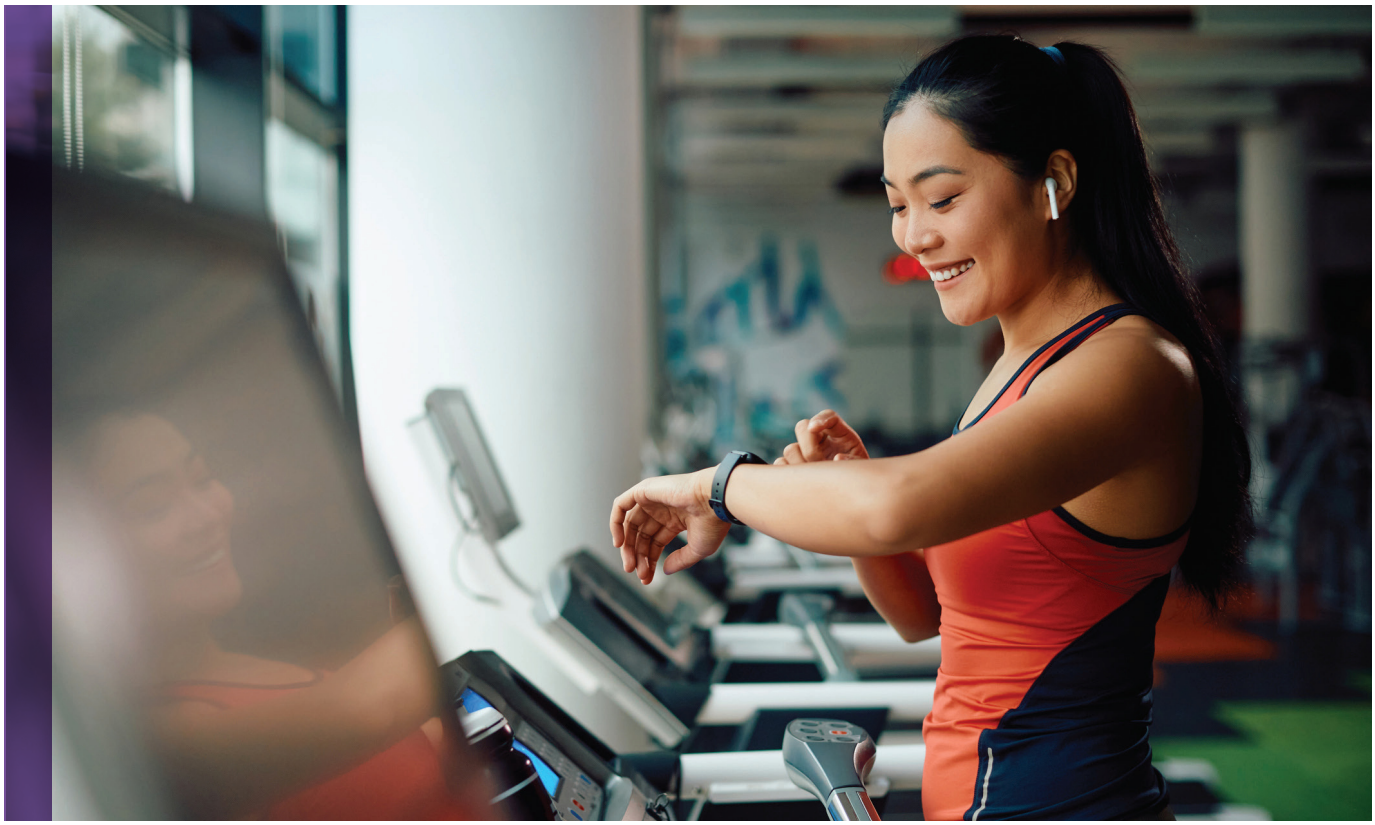
OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

2026 CONTRIBUTION RATES

CNS 2026 Plan Year Rates & Contributions

	Monthly Employee Contribution	Bi-weekly (26 pays) Employee Contribution
Medical/Rx		
Core PPO		
Single	$65.96	$30.44
Two person	$150.33	$69.38
Family	$170.25	$78.58
Buy-Up PPO		
Single	$103.93	$47.97
Two person	$241.44	$111.43
Family	$284.17	$131.16
Simply Blue PPO		
Single	$44.85	$20.70
Two person	$99.62	$45.98
Family	$106.94	$49.36



VIRTUAL CARE RESOURCES

Access Your Virtual Care Account Online

With virtual care by Teladoc Health, you and your enrolled dependents on the BCBSM plan can receive medical and behavioral healthcare from a smartphone, tablet, or computer. You will need to download the Teladoc Health app and set up a new account.

Signing Up Is Easy!

- Visit **bcbsm.com** for a link to download the Teladoc Health app or call 800-835-2362.
- Input your BCBSM plan name and member ID to connect to your coverage.
- Family members age 18 and older will need to create their own virtual care accounts.

Using My Member Account

Once you create a member account, you can:

- Check your balances (deductible, coinsurance, out of pocket maximum)
- View Explanation of Benefits (EOB) statements
- Search for doctors and facilities in your plan's network
- View your member ID card
- Use your member discounts
- Get online health and well-being resources and information

Behavioral — By Appointment

You can also connect virtually with a licensed therapist or U.S. board-certified psychiatrist for behavioral health-related needs, such as stress, grief, and depression. Psychotherapy visits are available for members age 13 and up; psychiatry visits are available for members 18 and up. Behavioral health visits require an appointment in advance. Appointments are available between 7 a.m. and 9 p.m., 7 days a week.

Medical — 24/7 Access to Care

Have a virtual visit with a U.S. board-certified doctor for minor illnesses such as colds, sore throats, urinary tract infections, and pink eye. Visits are available for adults and children enrolled in the plan. Medical visits are available 24/7, anywhere in the U.S.; you don't need an appointment, and the average wait time is 10 minutes. If needed, prescriptions can be sent to your preferred pharmacy.

Please note: The 24-hour nurse line should ***not*** be used for medical emergencies.

DENTAL

CNS Healthcare offers an affordable dental plan from BCBSM. Find below a summary of the plan. To find a provider, please go to **mibluedentist.com** or call 888-826-8152.

Dental plan	
Calendar year maximum (class I, II, and III services	$2,000
Orthodontic lifetime maximum (class IV)	$2,000
Covered services	**Coinsurance**
Class I (oral exams, cleaning, x-rays, sealants, fluoride)	100%
Class II (fillings, crowns, oral surgery, root canal, scaling and root planing	90%
Class III (removable dentures, bridges, implants)	50%
Class IV (orthodontic services for dependents under age 19)	50%

You will have the highest value coverage if you choose a dentist in the Blue Dental PPO network. PPO dentists agree to accept the BCBSM approved amount as full payment for services. Most non-PPO (out-of-network) dentists accept the Blue Par Select payment arrangement, which means they participate with BCBSM on a “per claim” basis. If you visit a non-participating dentist, you should ask if they accept Blue Par Select payment before every treatment. Members who go to non-participating dentists are responsible for any difference between the BCBSM approved amount and the dentist’s charge.

CNS 2026 Plan Year Rates & Contributions

	Monthly Employee Contribution	Bi-weekly (26 pays) Employee Contribution
Dental		
Single	$12.39	$5.72
Two Person	$24.81	$11.45
Family	$43.41	$20.04

VISION

CNS Healthcare provides quality vision coverage for you and your family through EyeMed.

Benefits for exams, lenses and frames are available once every plan year. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

To find a participating or PLUS provider, call 866-804-0982 or go to **eyemed.com**.

In-network Summary		
	Core Plan	Buy-Up Plan
"Eye exam Once every plan year"	$10 copay	$10 copay
"Lenses Once every plan year"	$10 copay	$10 copay
Single, bifocal, trifocal, and lenticular	Covered in full after copay	Covered in full after copay
"Frames Once every plan year"	$0 copay; 20% off balance over $150 allowance ($200 allowance at PLUS Provider	$0 copay; 20% off balance over $250 allowance ($300 allowance at PLUS Provider
"Contacts - in lieu of frames Once every plan year"	$0 copay; 15% off balance over $150	$0 copay; 15% off balance over $250
Medically necessary	Covered 100%	Covered 100%
Contact lens evaluation and fitting	Up to $40; covered 100%	Up to $40; covered 100%

CNS 2026 Plan Year Rates & Contributions

	Core Plan	Buy-Up Plan
	"Bi-weekly (26 pays) Employee Contribution"	
Employee	$3.15	$5.61
Employee + spouse	$5.98	$10.66
Family	$8.78	$15.64

Note: You can elect this vision plan regardless of whether you are enrolled in the medical or dental plan.

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSA) are a way to pay for certain healthcare and/or dependent care expenses on a pre-tax basis. An FSA lets you redirect a portion of your salary on a pre-tax basis into a reimbursement account, saving you money on taxes. You can then reimburse yourself for out-of-pocket expenses such as deductibles and copays, and/or day care costs.

The IRS sets contribution limits each year. For 2026, the maximum you can contribute are as follows:

Healthcare Flexible Spending Account (HCFSA)	$3,400
Dependent Care Flexible Spending Account (DCFSA)	$7,500 ($3,750 if married but filing separately)

CNS Healthcare offers two types of FSAs that can help you save on a pre-tax basis for out-of-pocket expenses.

Healthcare Flexible Spending Account (HCFSA)

Use the funds you set aside to pay for out-of-pocket medical and prescription expenses tax-free. Flores administers the CNS Healthcare FSA program and makes it easy for you to reimburse yourself for eligible expenses.

Visit the largest online marketplace for guaranteed FSA-eligible products at the **fsastore.com**.

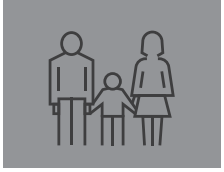
Dependent Care Flexible Spending Account (DCFSA)

Use funds you set aside to pay for day care expenses so that you or your spouse can work or attend school full-time. You must contribute money through payroll deduction before you can spend it. Flores administers the CNS Healthcare FSA program and makes it easy for you to reimburse yourself for eligible expenses.

Healthcare FSAs — Rollover Feature
Healthcare FSAs are a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. All services must be incurred from Jan. 1, 2026, through Dec. 31, 2026. Claims must be submitted by March 31, 2027. Our plan has a carryover feature that allows up to $680 of your unused funds to be carried forward to the following plan year. These carryover dollars can be used for expenses incurred at any point within the new plan year. Any unused amount over $680 will be forfeited.

The carryover feature applies only to the Healthcare FSA. The carryover feature does not apply to the dependent care FSA.

The 2026 Healthcare FSA is administered by Flores Benefit Services, which can be found at **accounts.floresHR.com**. You can manage your Healthcare FSA online via the website, 24 hours per day, 7 days per week. You can view account activity, check claim status and much more.



LIFE/AD&D & DISABILITY

Basic Life Insurance

CNS provides a company-paid Basic Life/AD&D benefit for you. The plan is insured by MetLife and pays 2 times your annual base salary up to a maximum benefit of $500,000.

Life insurance provides financial security for you in the event of your death while working for CNS.

Accidental Death and Dismemberment (AD&D) insurance pays an additional benefit if your death is a result of an accident. In addition, AD&D insurance will pay a portion of the benefit for a loss of limb, eyesight or both, if the loss is a direct result of an accident.

Your Basic Life and Optional Life insurance benefits reduce to 65% at age 65, 40% at age 70 and then to 25% of your original benefit at age 75.

Coverage effective dates and increases in coverage may be delayed if you are disabled or hospital confined on the date coverage is scheduled to take effect.

Short Term Disability

Short Term Disability coverage is also provided by MetLife. This is a valuable benefit designed to replace a portion of your income when you are unable to work because of a non-work-related injury or illness*. If you become disabled, you can receive up to 24 weeks of benefits equal to 60% of your base open salary up to $1,000 per week. Benefits begin on the 15th day after a 14-day qualifying period. Call MetLife at 1-800-GET-MET8 to report a claim.

Long Term Disability

If you are still disabled after 26 weeks, you may become eligible for long term disability. Long term disability begins after 26 weeks of disability and continues until you recover or reach age 65, whichever occurs first.

The Long Term Disability plan is insured through MetLife. You can receive up to 60% of your base open salary up to $7,000 a month, whichever is less. Benefits are reduced by other income such as Social Security payments.

This is only a brief summary of some of the key terms and conditions found in the insurance policy with MetLife. Please see HR with questions on policy details.

Basic Life/AD&D Insurance, Short Term Disability and Long Term Disability coverage is provided to you by CNS Healthcare at no cost to you. You are automatically enrolled; This coverage is provided by CNS Healthcare on your behalf.

YOU CAN'T TAKE IT WITH YOU… SO MAKE SURE IT GOES TO THE RIGHT PEOPLE

Check your life insurance beneficiary designations regularly to make sure they are still in line with your wishes. Complete a beneficiary form in the Benefits Portal.

* Work related injuries or illnesses are covered by workers' compensation.

Additional Benefits through MetLife

Supplemental Life Insurance

CNS offers you the option to purchase additional Life/AD&D insurance for yourself, your eligible spouse/domestic partner, and Life insurance for your dependent children.

- Employees must be actively at work on the day coverage takes effect
- Voluntary life insurance benefits will terminate at age 85 or when you retire, whichever occurs first
- Benefits for spouses terminate when the employee retires or at the age of 85
- Coverage effective dates and increases in coverage may be delayed if you and/or your dependents are disabled on the date coverage is scheduled to take effect
- Dependent children include your naturally born, legally adopted, foster or stepchild over the age of 14 days, who is unmarried and under the age of 21, or age 26 if a full-time student

Your request is subject to Evidence of Insurability if you:

- Request an amount above the Guaranteed Issue of $100,000 at any time
- Waive coverage, and later request coverage for yourself or your dependents more than 31 days after your initial eligibility date

Summary of Benefits			
Life benefit	Employee	Spouse/Domestic Partner	Dependent
Amount	Choice of $10,000 increments Not to exceed the lesser of five times your annual salary to a maximum benefit of $250,000	Choice of $5,000 increments Not to exceed the lesser of 50% of employee elected amount or $125,000 Employee must elect coverage for themselves in order to elect spouse coverage	Child 15 days to 6 months: $1,000 Child more than 6 months: Choice of $1,000 increments to a maximum benefit of $10,000
Minimum amount	$10,000	$5,000	$10,000
Maximum amount	$250,000	$125,000	$10,000
Guaranteed issue	$100,000	50% of the employees election or $50,000 which ever is less	$10,000

ULLIANCE EMPLOYEE ASSISTANCE PROGRAM (EAP)

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. The Life Advisor EAP, sponsored by Ulliance, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

The Ulliance Resolution EAP Model

This program provides short-term counseling with a flexible number of visits. This means you are not limited by a fixed number of counseling sessions or conversations! Ulliance has a solution-based approach focused on resolving or managing your situation

The Ulliance Life Advisor EAP offers:

- **COUNSELING:** Speak to state-licensed and/or certified professionals specializing in short term treatment. You can connect in-person, telephonically, or via video.
- **COACHING:** Get assistance with goal setting and other life achievements via telephonic coaching
- **CRISIS SUPPORT:** 24/7/365 access to a counselor to assist with an urgent issue or crisis.

Referrals

- **WORK-LIFE TRANSITIONS:** Get help balancing your work/life commitments. For instance, assistance with aging loved ones, child- care, relationships, parenting, special needs, moving, getting married or having a baby
- **FINANCIAL:** Free 30-minute telephonic or in-person consultation with a financial counselor to talk about topics such as debt management, financial education, budgeting, or financial planning
- **LEGAL:** Free 30-minute consultation with a local attorney with a 25% discount on their normal hourly rate. Services include simple dispute resolution, simple will preparation, and other items.

Ulliance

For more information and resources:
Download the mobile App
Call: 800.448.8326
Go online: lifeadvisoreap.com

LEGAL SHIELD & ID SHIELD

CNS offers employees the opportunity to elect LegalShield and/or ID Shield coverage. These coverages are made available to you by being an employee of CNS but the cost is the responsibility of each employee.

LegalShield

The LegalShield® Membership Includes:

- Legal advice — personal legal issues
- Letters/calls made on your behalf
- Contracts and documents reviewed (up to 15 pages)
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Healthcare Power of Attorney
- Moving Traffic Violations — assistance for speeding tickets and similar infractions (available 15 days after enrollment)
- Trial Defense including Pre-Trial & Trial
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- IRS Audit Assistance
- 25% Preferred Member Discount (Bankruptcy, Criminal Charges, Other Matters, etc.)
- 24/7 Emergency Access for covered situations

Plan	Family Price	Individual Price
Legalshield	$18.95	$16.95
IDShield	$18.95	$8.95
Combined	$33.90	$25.90

**A form is required to complete your enrollment for either of these services.

Above pricing is on a monthly basis.

IDShield

Membership Includes:

Full Service Restoration
Complete identity recovery services by Kroll Licensed Private Investigators and our $5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

Privacy Monitoring
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license and passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.

Security Monitoring
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle.

Consultation
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

To Use Your Legal Shield Benefits

- Visit **legalshield.com**.
- Choose login.
- Create an account using your personal information. You only need one set of login credentials to access your LegalShield and IDShield benefits.

Above pricing is on a per pay basis.

AFLAC

CNS also offers employees the opportunity to elect coverage through Aflac. These coverages are made available to you by being an employee of CNS but the cost is the responsibility of each employee.

Aflac is different from your medical insurance, as they are individual policies belonging to you and any covered dependent(s). The coverage provides you the following benefits:

- It pays you cash benefits to use as you see fit
- Benefits that can help with unexpected expenses.
- Processes claims quickly, usually within 2-3 days

Each line of coverage that is offered is outlined below.

Critical Illness

- Pays a lump-sum benefit for a covered critical illness: cancer, heart attack, stroke, major organ transplant and end-stage renal failure
- Pays a benefit for a recurrence of the same critical illness if separated by at least 12 months or an additional occurrence of a different critical illness if separated by at least 6 months, with no lifetime maximum
- Product and benefits vary by situs state. For a complete list of benefits available to your account, consult the product brochure.
- This is post-tax deduction

Accident

- Medical Fees Benefit
- Accidental Death Benefit
- Hospital Admission Benefit
- Hospital Confinement Benefit and more.
- This is a pre-tax deduction

Supplemental Hospital Indemnity

- Hospital admission benefit
- Hospital confinement benefit
- Hospital intensive care
- This is a pre-tax deduction

If you are interested in learning more about the coverages offered by Aflac please reach out to Human Resources for additional information.

PAID TIME OFF

Eligible employees will be provided Paid Time Off (PTO) to cover periods of vacation, illness or other personal reasons.

As an employee of CNS you will begin to accrue PTO on a bi-weekly basis based on an established schedule in accordance with your employment status and length of service.

You start to accrue PTO with your first pay date. You are eligible to use your PTO as you accrue it, providing days are scheduled in advance and approved by your supervisor.

PTO will accrue on a bi-weekly basis as follows:

Non-Exempt

0-5 yrs. service	5.54 hours (18 days per year)
5+ yrs. service	7.08 hours (23 days per year)

Exempt — Non-Management

0-5 yrs. service	7.08 hours (23 days per year)
5+ yrs. service	8.62 hours (28 days per year)

Management

0-5 yrs. service	8.62 hours (28 days per year)
5+ yrs. service	10.15 hours (33 days per year)

Maximum Annual Accrual

Non-exempt	0-5 yrs.	144 hrs. (18 Days)	5+ yrs. 184 hrs. (23 Days)
Exempt	0-5 yrs.	184 hrs. (23 Days)	5+ yrs. 224 hrs. (28 Days)
Managers	0-5 yrs.	224 hrs. (28 Days)	5+ yrs. 264 hrs. (33 Days)

Use of PTO

PTO requests must be submitted to your supervisor through the UKG. Scheduled PTO days should be requested as far in advance as possible giving at least two weeks' notice. Scheduled PTO must be approved by your supervisor. Non-scheduled PTO time must be captured in UKG the day you return to work.

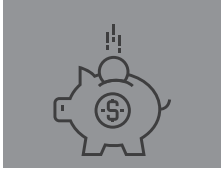
For questions regarding PTO and PTO requests please contact a member of the CNS Human Resources Team.

Paid Parental Leave

Paid parental leave gives eligible staff that have completed one year of service with CNS, who become parents up to three continuous weeks of additional flexibility and time to bond with their new child, adjust to their new family situation and balance work/life obligations.

This policy will run concurrently with eligible leave under the Family Medical Leave Act (FMLA) and any other applicable leave type.

Please contact HR for more information.



403(b) PLAN OPTIONS

Eligibility

All regular employees, both full-time and part-time, are eligible to participate in CNS 403(b), pre-tax (Traditional) and/or Post-tax (Roth) plan options, administered by The Standard. Participation is effective on the first date of your employment with CNS Healthcare.

403(b) Plan Options

Pre-tax (Traditional)
The pre-tax (Traditional) contribution option is an arrangement that allows you to set aside dollars for retirement purposes. When you withdraw or elect a distribution of these funds you will have to pay taxes.

Post-tax (ROTH)

- The post-tax (Roth) contribution option is an arrangement where taxed dollars are set aside for retirement purposes. When you withdraw or elect a distribution of these funds you will not have to pay taxes.
- Employees can contribute to Traditional and Roth at the same time, or select one or the other.

Contributions

Employee Contributions

- Employees can contribute to traditional and Roth at the same time, or select one or the other. Contributions can begin their first pay period.
- There is a limit on how much you can contribute annually. Please see the plan documents for contribution maximums.

Employer Base Contribution — Full and Part Time Employees

CNS contributes an amount equal to 2% of your salary to a 403(b) pre-tax (Traditional) account regardless of whether you elect to participate.

Employer Match

- CNS will match up to 2% of your contributions.
- CNS will not contribute the match until you have met the following requirements:
  - You have been employed with CNS for 1 year
  - You must have worked a minimum of 1,000 hours in the plan year.

Enrollment

- Visit the Personal Savings Center at **standard.com/login**. Select “My Retirement Plan.” Under “I Have a Retirement Plan Through Work,” select “Create an Account.”
- A Standard representative visits each CNS site once a quarter to help with your elections and is also available via phone.
- You may make changes to your elections at your discretion; however, please alert HR when you make a change to your elections.

Vesting

- You are fully vested after 3 years and any contributions made on your behalf from CNS belong to you at 100%.
- Please feel free to contact The Standard at **standard.com/individual/retirement** or you may reach customer service at 800-858-5420.

PAID HOLIDAYS

As part of your full-time employment with CNS Healthcare (CNS) we provide sixteen (16) annual paid holidays. Below is a full list of the holidays CNS will observe:

- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day
- New Year's Day
- 3 Floating Holidays

Eligibility for Paid Holidays: Regular full-time employees are eligible for holiday pay. Compensation will be at 8.0 hours straight time pay for full day holidays. Holiday hours will not be counted as hours worked for the purposes of determining overtime in a 40-hour work week.

Holiday Weekend Rule: When the actual approved holiday falls on a Saturday, the holiday will be observed on the Friday preceding the holiday. When an actual approved holiday falls on a Sunday, the holiday will be observed on the following Monday. All other holidays will be observed on the day they occur.

Floating Holidays: The floating holidays allows employees to have additional time off to cover absences for personal reasons such as religious observances, birthday, parent-teacher conferences, or to supplement vacation, sick and holiday leave. All full-time regular employees receive three (3) floating holidays per year in addition to the company's regular holidays. The floating holiday is available at the beginning of each calendar year. Floating holidays must be taken in eight (8) hours increments. An employee hired after Sept. 30, 2026, will receive three floating holidays at the beginning of the next calendar year. It must be taken in the calendar year in which given. Under no circumstances will these days be carried over to the next calendar year, nor may they be cashed out if not taken or paid upon termination of employment. A floating holiday must be scheduled through the HRIS and approved in advance by the employee's immediate supervisor.

Other Religious Holidays: CNS believes that basic rights regarding religious preference should be extended to all employees. Therefore, every reasonable effort will be made to grant employees time off for celebrating holidays or attending worship services consistent with their expressed faith. It is the responsibility of the employee to notify their immediate supervisor of this preference and obtain approval at least two weeks in advance. An employee may elect to use accrued paid time off. Under no circumstances will an alternate holiday schedule result in more paid time off or more holiday pay than normally accrued or earned.

TUITION REIMBURSEMENT

CNS Healthcare recognizes the importance of continuing education of employees to maintain or advance their skills while employed at CNS.

CNS will reimburse eligible employees for tuition payments for coursework related to their employment with CNS.

Eligibility

Regular full-time employees who have completed one year of service with CNS are eligible for tuition reimbursement under this policy. The maximum reimbursement is $6,000 in a revolving 12 month period and covers only tuition payments.

For questions regarding tuition reimbursement, please contact a member of the CNS Human Resources team.

Procedure

CNS will reimburse an employee for all approved courses based on the following conditions. (Note: the course must be approved before the employee registers for the class):

- Employees must complete a “Tuition Assistance Reimbursement Form” and forward to their Departmental Manager for review and approval for the coursework prior to enrollment. The department manager may approve or deny the request
- The approved request form will be forwarded to Human Resources for review. Upon completion of the course human resources will conduct a final review of the request and submit the request to finance for reimbursement

PROFESSIONAL DEVELOPMENT REIMBURSEMENT

CNS Healthcare will reimburse staff approved cost of registrations, certifications, licenses and memberships that are necessary for maintaining professional credentials required as part of one's job or to promote professional growth. CNS Healthcare will reimburse staff to cover the cost of registration for job-related training and/or seminars that are relevant to the employee's professional development. In addition, CNS Healthcare will reimburse the cost of exam fees upon receipt of documentation confirming a successful passing score.

Purpose

CNS Healthcare requires clinical staff to maintain professional certifications and licenses as a condition of continued employment in their respective disciplines. CNS Healthcare also supports staff membership in professional organizations that promote continued growth and development for staff. (This policy applies to non-physician clinical staff. Provisions for reimbursement of such expenses for physicians are included in their individual contracts).

Procedure/Protocol

An employee requesting reimbursement for registrations, certifications, licenses and memberships must complete a "Employee Reimbursement form" and must provide documentation for the application for the license, registration, certification or membership, and a copy of a canceled check or receipt of payment for the requested reimbursement.

If requesting payment for registrations, certifications, licenses and memberships must complete a "Check Request Form" the employee must attach an invoice or registration form with the request in advance.

The completed "Employee Reimbursement Form" or "Check Request Form" must be approved by the employee's Department Manager and then forwarded to the Finance Department for processing.

Employees must repay any reimbursement received in the last 12 months preceding their resignation, upon resignation.

CONTACT INFORMATION

Medical Plan

Blue Cross Blue Shield of Michigan

Customer service: 877-790-2583
Website: **bcbsm.com**

Prescription Services

Blue Cross Blue Shield of Michigan

Customer service: 877-790-2583
Website: **bcbsm.com**

Dental

Blue Cross Blue Shield of Michigan Dental

Customer service: 888-826-8152
Website: **mibluedentist.com**

Vision

EyeMed

Participant center: 866-804-0982
Website: **eyemed.com**

FSA

Flores

Customer service: 800-532-3327
Website: **accounts.floresHR.com**

Life and AD&D

MetLife

Customer service: 800-638-5000
Website: **metlife.com**

Pre-Paid Legal

LegalShield/IDShield

Customer service: 800-654-7757

Critical Illness, Accident Supplemental Hospital Indemnity

Aflac

Customer service: 800-433-3036
Website: **aflacgroupinsurance.com**

403(b) & Roth 403(b)

The Standard

Customer service: 800-858-5420
Website: **standard.com/individual/retirement**

Ulliance Life Advisor EAP

Call: 800.448.8326
Website: **lifeadvisoreap.com**

Questions?
Email: HRconfidential@cnshealthcare.org

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the information from the carrier responsible for each benefit, the carrier information will govern.

CNS Healthcare