



2027 BENEFITS GUIDE

HEALTH
INSURANCE

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Welcome



At sg360°, 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 brochure will help you choose the type of plan and level of coverage that is right for you. Please take some time to review the material carefully to ensure you make the best decisions regarding your benefit options.

Sincerely,

Adriana Hidrogo
HR Manager

Eligibility



Eligible Employees:

You may enroll in the sg360° Employee Benefits Program if you are a non-union employee working at least 30 or more hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your legal 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, step-children, 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 the first of the month following 30 days of service. 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. For new hires, you have 30 days to enroll in benefits from your hire date.

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 you having to wait until the next open enrollment period to make your change. Please contact HR to make these changes. These are the only reasons you may change your benefit elections outside of open enrollment.

New This Year! – Benefit Updates for 2027



Medical & Dental Premium Adjustments

As healthcare costs continue to rise across the country, sg360 remains committed to providing competitive benefits while managing costs for employees. For the upcoming plan year, employee medical premium increases have been kept to a minimum, while dental premiums will decrease.

Life & Disability Carrier Change

Starting this plan year, Basic and Voluntary Life/AD&D, Short-Term Disability, and Voluntary Long-Term Disability coverage will transition from Guardian to Lincoln Financial. Most coverage levels and plan designs remain the same, with a few enhancements — including a higher voluntary life guarantee issue amount, a shorter waiver-of-premium waiting period, and improved long-term disability provisions. Details are outlined on the applicable pages.

Worksite Benefits Carrier Change

Voluntary Accident and Voluntary Critical Illness coverage will also move from Guardian to Lincoln Financial starting this plan year.

Garner Card – A New, Easier Way to Pay

Starting this plan year, sg360 is enhancing your Garner HRA benefit with the **Garner Card** — a benefit debit card that pays for eligible care at your Garner Top Providers automatically, right at the time of service. No more paying out of pocket and waiting for reimbursement.

Here's how it works:

- **Sign up in seconds** – Activate your digital Garner Card directly in the Garner app, or request a physical card.
- **Use it at the point of care** – The next time you visit a Garner Top Provider for an eligible service (like an office visit, lab work, imaging, or prescription), simply use your Garner Card instead of paying cash or a personal card.
- **No waiting on reimbursement** – Approved expenses are covered automatically, so there's nothing to submit and no delay getting your money back.
- **Track everything in the app** – Monitor your balance and transaction history anytime in the Garner app.
- **Free to use** – There are no fees to use the Garner Card as part of your benefit.

The Garner Card doesn't change your reimbursement amounts under the HCA, HSA, or Blue Choice Options plans — it simply makes accessing your Garner benefit faster and easier

Total Care Option (TCO)



Save up to \$6,000 on your family's healthcare costs!

Through the TCO, sg360° will reimburse up to \$6,000 of your family's out-of-pocket costs if you enroll in your spouse's health insurance plan with their employer.

What does the TCO cover?

sg360° will cover up to \$6,000 of out-of-pocket medical costs (copays, coinsurance, and deductibles) for your entire family. That could mean \$0 for prescriptions, doctors' visits, and any medical care you and your family needs.

Is there a cost to enroll?

The **TCO is free** for you and your eligible family members to join. There is no payroll contribution required to participate. You can also continue to enroll in other sg360° benefits.

How do I enroll in the TCO?

1. Enroll in your spouse's health insurance through their employer.
2. During open enrollment at sg360° choose the "Total Care Option."
3. You'll then have up to \$6,000 of your out-of-pocket costs covered!

How do I use the TCO once I enroll?

It's simple!

1. Present your insurance card from your spouse's health plan to the provider or pharmacy.
2. Once you receive the EOB, doctor's bill, or pharmacy receipt, upload it to Healia's online portal or mobile app.
3. Our partners at Healia will review the claim and reimburse you for the expense!

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1. Present your insurance card from your spouse's health plan to the provider or pharmacy.
2. Once you receive the EOB, doctor's bill, or pharmacy receipt, upload it to Healia's online portal or mobile app.
3. Our partners at Healia will review the claim and reimburse you for the expense!

Are there any restrictions?

You must opt-out of health insurance with sg360° and enroll in your spouse's coverage. Employees that have already waived health coverage with sg360° are also eligible for the TCO. Have a question? Email our partners at Healia at support@healiahealth.com.

Can I enroll in my spouse's Medicare or ACA plan?

No, you must enroll in a group health plan sponsored by your spouse's employer. Medicare, Medicaid, Tricare coverage, or a plan on the ACA marketplace are not eligible. Your spouse may also not be enrolled in a sg360° plan themselves.

Can I enroll in the TCO and a High-Deductible Health Plan (HDHP)?

Yes! Enrollees have two options: Post-Deductible HRA (stay HSA-eligible; reimbursements begin once enrollees meet the federal HDHP minimum deductible) or Standard HRA (reimbursements start immediately, but enrollees must stop HSA contributions for covered months).

What happens if my spouse's plan does not include my current doctor or a procedure?

The TCO can only reimburse you for procedures, services, and prescriptions that your spouse's plan covers. Please check network access on your spouse's plan and the prescription formulary to ensure coverage.

What if I lose access to coverage on my spouse's plan?

Loss of coverage is known as a "Qualifying Life Event." As long as you let sg360° know within the correct notification window, you and your eligible dependents may enroll in a sg360° plan without a lapse in coverage.

Am I eligible to enroll if I'm already on my spouse's plan?

Yes! You're still eligible to enroll in the TCO. You can upload your spouse's plan into Healia's comparison tool to see your potential savings.

If you're a new hire with access to your spouse's plan and it meets the necessary criteria, you're eligible for the TCO.

How do I know whether the TCO will save me money?

Check out the [Healia savings tool](#)! Just upload your spouse's benefit guide and Healia will show you how much you could save by choosing the TCO. QR code below.



Medical

sg360° will continue offering **medical coverage through BCBSIL effective 1/1/2027**. You have the option of choosing between three different plans, and all come with Garner! Before choosing a plan, be sure to consider whether your doctor is in-network, what kinds of care you will need, and what cost savings matter to you. ***The charts on pages 8-10 are a brief summary of what is offered. Please refer to the plan document for the full scope of coverage.***

All three BCBSIL plans have a large national network with many providers to choose from. To help employees make informed healthcare decisions, SG360° continues to offer Garner, which identifies high-quality providers and helps members lower out-of-pocket costs while earning incentives for using recommended providers.

Garner – HRA



At sg360°, we want our team members and their family members to be cared for. At work, at home, and even in their search for healthcare. Garner HRA does much more than reimburse you for out-of-pocket expenses. Garner analyzes a large data set of medical claims to identify the top-performing doctors all over the country and reimburses you if you see those same doctors. **IMPORTANT: The ONLY way to get reimbursed by the HRA is to use Garner-approved Doctors by searching for them on the app prior to your appointment.**

Garner's top-performing doctors have proven that they:

1. Practice based on the latest medical research
2. Get the highest patient satisfaction ratings
3. Successfully diagnose problems
4. Produce the best patient outcomes.

When seeking medical care, use the Garner Health App to search for the very best doctors in your area. **If you see one of Garner's recommended doctors, you can get reimbursed for qualifying out-of-pocket costs! If you do not use a Garner-Recommended doctor, you will not be reimbursed for your expenses. The Garner solution offers the perfect combination of high-quality care and low cost to you!**

Preferred Provider Organization (PPO)

The **HSA and HCA plans** utilize the national PPO network. The PPO network offers the freedom to choose any doctor, in or out-of-network. However, you will pay significantly less when using an in-network provider. Referrals are not required to see a specialist.

Access to the large network of contracting providers is one of the many benefits of the PPO plans. The network includes hospitals, physicians, therapists, behavioral health professionals, and alternative care practitioners. You and your covered dependents can receive care from any licensed doctor, hospital, or other provider. However, when you use a contracting network provider, you will pay less out of pocket, you won't have to file any claims, and you will receive the highest level of benefits. If you use a doctor outside the network, you'll still be covered, but your out-of-pocket costs may be significantly higher. Out-of-pocket costs are the maximum amount you and your family must pay for eligible expenses each plan year. Once expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. The PPO network offers a wide range of benefits and the flexibility to choose any doctor or hospital when you need care. The plan includes an annual deductible that you must satisfy before your benefits begin. Qualified medical expenses are applied toward your deductible. You are responsible for meeting your deductible before the plan begins to pay (except for preventive care). The deductible is EMBEDDED, which means that no one individual in the family will have to pay more than the individual deductible before their services are covered. Our deductible runs on a calendar year and resets in January each year.

Blue Choice Options (BCO)

The **Blue Choice PPO plan** is the same as the other two plans, but there is an extra network and tier that allows you as the member to keep costs down. In addition to not having to select a primary care physician or get referrals for specialists, members have three tiers to keep in mind:

- **Tier 1** – Lowest out-of-pocket costs when using a Blue Choice Options PPO network provider. This tier presents the lowest deductible, coinsurance level, and copays.
- **Tier 2** – Higher out-of-pocket costs when using a contracted provider in the larger PPO network. This tier presents higher deductibles, coinsurance, and copays than the Blue Choice Options network.
- **Tier 3** – This refers to all providers outside the Blue Choice network and Large PPO network. You will see the highest out-of-pocket costs, deductibles, and coinsurance when you seek care out of network.

Medical Comparison – Medical HCA Plan

 BlueCross BlueShield of Illinois	Medical HCA – PPO Network	
	In-Network	Out-Of-Network
Garner Benefit		
Reimbursement - Individuals	Up to \$2,000 for approved providers	N/A
Reimbursement - Family	Up to \$4,000 for approved providers	N/A
Reimbursements can be for in-network expenses such as deductible and coinsurance. Examples include: office visits, imaging, lab work, Rx, surgeries (not included: ER)		
Annual Deductible		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Coinsurance	80%	60%
Maximum Out-of-Pocket		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
Physician Office Visit		
Primary Care	80% after the deductible	60% after the deductible
Specialty Care		
Preventive Care		
Adult Periodic Exams	100%	60% after the deductible
Well-Child Care		
Diagnostic Services		
X-ray and Lab Tests	80% after the deductible	60% after the deductible
Complex Radiology		
Urgent Care Facility		
Emergency Room Facility Charges		
Inpatient Facility Charges		
Outpatient Facility Charges		
Retail Pharmacy (30 Day Supply)		
Generic	80% (\$5 min and \$75 max)	Not Covered
Preferred Brand	70% (\$5 min and \$75 max)	
Non-Preferred Brand	50% (\$5 min and \$75 max)	
Specialty	80% / 70% / 50%	
Mail Order Pharmacy (90 Day Supply)		
Generic / Preferred Brand / Non-Preferred Brand	80% / 70% / 50% (\$5 min and \$75 max)	Not Covered
Specialty	Not Covered	

Medical Comparison – Medical HSA

		Medical HSA – PPO Network	
		In-Network	Out-Of-Network
Garner Benefit			
Reimbursement - Individuals	You must pay the first \$1,750 in deductible expenses; then Garner will reimburse up to \$2,000 for approved providers		N/A
Reimbursement - Family	You must pay the first \$3,500 in deductible expenses, then Garner will reimburse up to \$4,000 for approved providers		N/A
Reimbursement can be for in-network expenses such as deductible and coinsurance. Examples include: office visits, imaging, lab work, Rx, surgeries (not included: ER)			
Annual Deductible			
Individual	\$4,500	\$9,000	
Family	\$9,000	\$18,000	
Coinsurance	80%	60%	
Maximum Out-of-Pocket			
Individual	\$6,000	\$12,000	
Family	\$12,000	\$24,000	
Physician Office Visit			
Primary Care	80% after the deductible	60% after the deductible	
Specialty Care			
Preventive Care			
Adult Periodic Exams	100%	60% after the deductible	
Well-Child Care			
Diagnostic Services			
X-ray and Lab Tests	80% after the deductible	60% after the deductible	
Complex Radiology			
Urgent Care Facility			
Emergency Room Facility Charges			
Inpatient Facility Charges			
Outpatient Facility Charges			
Retail Pharmacy (30 Day Supply)			
Generic	\$10 copay after deductible		
Preferred Brand	\$35 copay after deductible		
Non-Preferred Brand	\$60 copay after deductible		
Specialty	\$10 / \$35 / \$60 copay after deductible	Not Covered	
Mail Order Pharmacy (90 Day Supply)			
Generic / Preferred Brand / Non-Preferred Brand	\$25 / \$87.50 / \$150 copay after deductible	Not Covered	
Specialty	Not Covered		

Medical Comparison – Medical Blue Choice Options

 BlueCross BlueShield of Illinois	Medical Blue Choice Options – BCO Network		
	BCO (Tier 1)	PPO (Tier 2)	Out-of-Network
Garner			
Reimbursement Individuals	Up to \$2,000 for approved providers		N/A
Reimbursement Family	Up to \$4,000 for approved providers		N/A
Reimbursement can be for in-network expenses such as deductible, copays, and coinsurance. Examples include: office visits, imaging, lab work, Rx, surgeries (not included: ER) The Garner reimbursement is a total of \$2,000 single/\$4,000 family combined across tiers 1 and 2. The Garner app does not show which providers are in tier 1 or 2 within the BCO network. Please be sure to double-check the BCBS network to make sure the provider is Garner-approved and BCO Tier 1.			
Annual Deductible			
Individual	\$1,500	\$3,000	\$6,000
Family	\$4,500	\$6,000	\$12,000
Coinsurance	80%	60%	50%
Maximum Out-of-Pocket			
Individual	\$4,500	\$6,500	\$9,500
Family	\$9,000	\$11,000	\$19,000
Physician Office Visit			
Primary Care	\$30 copay	\$40 copay	50% after deductible
Specialty Care	\$60 copay	\$70 copay	
Preventive Care			
Adult Periodic Exams	100%	100%	50% after deductible
Well-Child Care			
Diagnostic Services			
X-ray and Lab Tests	80% after deductible	60% after deductible	50% after deductible
Complex Radiology			
Urgent Care Facility	\$75 copay	\$85 copay	
Emergency Room Facility Charges	\$300 copay		
Inpatient Facility Charges	80% after deductible	60% after deductible	50% after deductible
Outpatient Facility and Surgical Charges			
Retail Pharmacy (30 Day Supply)			
Generic	80% (\$5 min and \$75 max)	80% (\$5 min and \$75 max)	80% (\$5 min and \$75 max)
Preferred Brand	70% (\$5 min and \$75 max)	70% (\$5 min and \$75 max)	70% (\$5 min and \$75 max)
Non-Preferred Brand	50% (\$5 min and \$75 max)	50% (\$5 min and \$75 max)	50% (\$5 min and \$75 max)
Specialty	80% / 70% / 50%	80% / 70% / 50%	80% / 70% / 50%
Mail Order Pharmacy (90 Day Supply)			
Generic / Preferred Brand / Non-Preferred Brand	80% / 70% / 50% (\$5 min and \$75 max)	80% / 70% / 50% (\$5 min and \$75 max)	80% / 70% / 50% (\$5 min and \$75 max)
Specialty	Not covered		

Employee Rates (Medical)

Employee Contributions (Weekly)	Wellness	Non-Wellness
Medical HCA		
Employee	\$55.76	\$67.30
Employee & Spouse	\$102.26	\$113.79
Employee & Child(ren)	\$96.76	\$108.30
Family	\$191.39	\$202.93
Medical HSA		
Employee	\$30.71	\$42.25
Employee & Spouse	\$82.44	\$93.98
Employee & Child(ren)	\$82.05	\$93.58
Family	\$146.69	\$158.23
Medical PPO (Blue Choice Options)		
Employee	\$116.35	\$127.89
Employee & Spouse	\$317.64	\$329.17
Employee & Child(ren)	\$295.82	\$307.36
Family	\$480.10	\$491.64



Wellness Program

sg360° is committed to your health and wellness! We will continue our physicals/physician affidavit in 2027 for a premium savings in 2028.

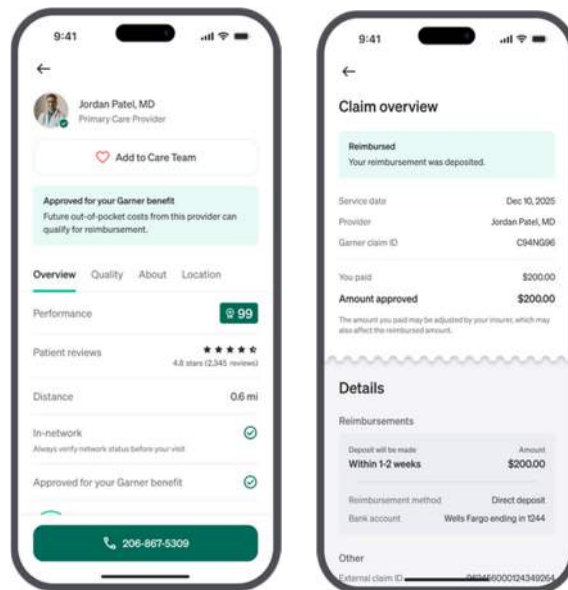
- Complete an annual physical exam with your physician between December 1, 2026, and October 1, 2027. Take the wellness form with you to your appointment and have your doctor complete and sign the Physician Results Form. It is the participant's responsibility to return the form as part of the completed packet by October 1, 2027.
- If you had a physical in 2026, you would need to receive another physical in 2027 to qualify for the wellness incentive in 2028.
- If you complete your physical and return the form, you will be eligible for a medical per-pay-period premium differential, which will be announced ahead of Open Enrollment for the 2028 plan year.

Garner – Getting Started

Getting Started with Garner

When you visit a Top Provider, Garner will reimburse you for qualifying out-of-pocket medical costs. To begin your journey with Garner:

1. Sign up for the sg360° medical plan **during Open Enrollment**
2. Create your Garner Account
3. Search for a Top Provider and **add them to your Care Team** **before your appointment** to ensure they are approved and easy to find
4. Get reimbursed for qualifying out-of-pocket medical costs

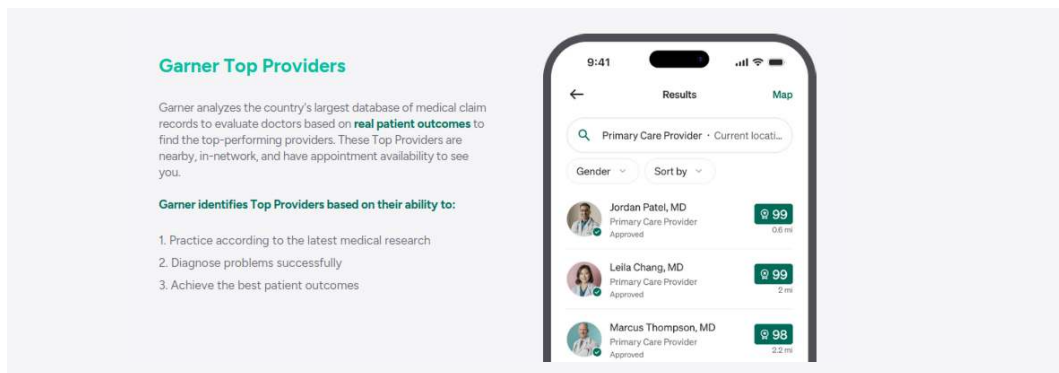


Your health is our priority. This is why we've invested in Garner Health, an innovative benefit that works alongside the sg360° medical plan.

The individual doctor, not the facility they work at, has the greatest impact on the quality of your care. Garner is a doctor search tool you can use to find the best doctors in your area and will reimburse you for eligible out-of-pocket costs when you visit them. These doctors, called **Top Providers**, follow best practices and keep you healthier. You have access to this information through the Garner Health app, where you can find Top Providers available near you.

By visiting a Garner Top Provider, the following medical expenses can qualify for reimbursement—up to **\$2,000** for individuals and **\$4,000** for families

- Office Visits
- Imaging
- Lab Work



Download the Garner App

Scan the QR code to download the Garner App from the Google Play Store or Apple App Store and begin creating your voluntary account at no cost.



Expert Help When You Need It

As your first line of expert assistance, the Garner Concierge team can assist in understanding your benefit, finding Top Providers for yourself and your family, or answering questions about claims.

You can contact the Concierge team through:

- In-App Messaging
- Email at concierge@getgarner.com

The Concierge team is available Monday–Friday, 8:00 a.m.–10:00 p.m. ET. Se habla español.

Your Garner Benefit

Making the Most of Garner + Your Medical Plan

A quick reference for choosing a Top Provider, getting reimbursed, and using Garner — including the new Garner Card — alongside your sg360° medical plan.

★ START HERE Contact the [Garner Concierge](#) Before You Book

Before scheduling any appointment, search the Garner app or contact the Concierge team to confirm your doctor is an approved Top Provider. This is the only way to qualify for reimbursement.

In-App Messaging • concierge@getgarner.com • 866-761-9586

Monday–Friday, 8:00 a.m.–10:00 p.m. ET • *Se habla español*

HOW GARNER WORKS

1	2	3
Search & Select	Get Care	Get Reimbursed
Find a Top Provider in the Garner app and add them to your Care Team before your visit.	Visit your approved provider as you normally would — no special steps at checkout.	Submit your out-of-pocket costs in the app and get reimbursed, often by direct deposit.

NEW FOR 2027: THE GARNER CARD

Garner has launched an employer-sponsored HRA debit card that pays for Top Provider care upfront — no fronting the cost, no waiting on reimbursement. It's free to use and is not a credit card; it's simply an easier way to pay with your Garner benefit.

- **Simple sign-up:** Members activate a digital card right in the Garner app and can request a physical card if they prefer.
- **No money upfront:** Use the Garner Card the next time you receive care at a Top Provider — eligible costs are covered automatically at checkout.
- **Track it in real time:** Monitor your card balance anytime in the Garner app, and add the card to your Apple Wallet for quick access.
- **Built-in controls:** Each purchase is auto-matched to claims and verified against your approved Top Provider care — you're responsible for repaying any non-approved expenses.

WHY IT'S WORTH USING

- ✓ Free to use — Garner is offered at no cost to you as part of your sg360° benefits.
- ✓ Top Providers are matched using real patient outcomes — not just star ratings.
- ✓ Earn cash back for choosing high-quality, in-network doctors.
- ✓ Works alongside all three sg360° medical plans: HCA, HSA, and Blue Choice Options (BCO).

PLAN-BY-PLAN GARNER HIGHLIGHTS

Plan	Garner Reimbursement (Individual / Family)	Key Thing to Know
Medical HCA	Up to \$2,000 / \$4,000 for approved providers	Reimbursed from the first dollar — no deductible to meet first.
Medical HSA	Pay the first \$1,750 (individual) / \$3,500 (family) in deductible expenses; then Garner reimburses up to \$2,000 / \$4,000	IRS rule: you must meet the HSA minimum deductible before Garner reimburses.
Blue Choice Options (BCO)	Up to \$2,000 / \$4,000 combined across Tier 1 + Tier 2	The Garner app doesn't show BCO tier — double-check BCBS network to confirm Tier 1.

AVOID THE “DOUBLE-DIPPING” MISTAKE

✗ DON'T

Use your HSA or FSA to pay for a visit that Garner will also reimburse. The IRS prohibits this — it's considered “double-dipping.”

✓ DO

Save your [HSA/FSA dollars](#) for expenses Garner doesn't cover (like ER visits), and let Garner reimburse eligible Top Provider visits.

On the HSA plan specifically: you must meet the IRS minimum deductible (\$1,750 individual / \$3,500 family) before Garner reimburses — this is sequencing, not double-dipping.

GARNER CONCIERGE

866-761-9586 • concierge@getgarner.com

USI BENEFIT RESOURCE CENTER

855-874-0742 • BRCCentral@usi.com

Health Savings Account (HSA) - Paylocity

If you participate in the high deductible health plan, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental, and vision expenses. You must be covered under a qualified high deductible health plan (HDHP). You cannot have other health coverage that is not a qualified HDHP. You cannot be enrolled in Medicare, TRICARE, or be claimed as a dependent on someone else's tax return.

The current maximum amount that you can contribute to an HSA is **\$4,500** for individual coverage and **\$9,000** for all other tiers. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000. Optum Bank is the custodian for the Health Savings Accounts. **sg360 makes an employer contribution of \$1,000 and \$1,500 into the individual and family HSAs, respectively.** Coverage will be prorated based on the number of pay periods you have from January 1 – December 31. Please note that the maximum amount mandated by the IRS includes the employer contribution.

Once you enroll in the HSA, an account will automatically open with Paylocity on your behalf. As a last step, you may receive an email from Paylocity to complete the bank verification and disclosure process so you can start contributing to your HSA through convenient pre-tax payroll deductions.

One of the advantages of an HSA is that the money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Your HSA account is yours to keep which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash.

Distributions

- You may use the money in the account to pay for any qualified health care (medical, prescription, dental, vision) expense permitted under the federal tax guidelines.
- You may use the money in the account to pay for healthcare expenses for yourself, your spouse or your dependent children, even if they are not covered by your high deductible health plan.
- Any amounts used for purposes other than to pay for qualified health care expenses are taxable as income and subject to an additional 20% tax penalty. After you turn age 65, the 20% additional tax penalty no longer applies.



Network Provider Finder and Virtual Visits

Provider Finder

You can search for a BCBS provider once you have registered for Blue Access for Members, or as a guest. To search for providers as a guest, go to www.bcbsil.com to find an in-network provider, employees can either log in to their Blue Access for Members account or search as a guest. If you have a login, simply visit www.bcbsil.com, log in, and click on “Find Care” followed by “Find a Doctor or Hospital.” Your plan details will be automatically applied, allowing you to search for doctors, hospitals, or specialists using filters like location, specialty, language, and whether they’re accepting new patients. You’ll also be able to view provider profiles with ratings, reviews, estimated costs, and certifications. If you don’t have a login or prefer to search as a guest, go to the same website and select “Find Care,” then “Find a Doctor or Hospital.” Scroll down to use the “Search as a Guest” option, enter your city, state, or ZIP code, and choose your plan type—typically “Employer Plans,” followed by “PPO” or “Blue Choice Options (BCO).” You can then search by provider name or specialty and apply filters to narrow your results.

It’s easy to find a provider and manage your health care expenses.



Your Doctor Is In...
Find Care on Blue Access for MembersSM

Find a Doctor Wherever You Are

- **Log in to BAM.** Use your ZIP code to find providers in your network.
- **Search as a guest.** Go to bcbsil.com, choose Find Care and use the ZIP code at your location to find in-network providers near you.
- **Need more help?** Call 800-810-BLUE (2583). Also applies to Global[®] Core.

Virtual Visits powered by MDLIVE

Connect with a board-certified doctor via video chat or phone, from your home, office, or on the go, 24/7/365 – including weekends and holidays. You can get the care you need – including most prescriptions (when appropriate) – for many minor conditions. Your out-of-pocket cost is typically the same or less than a visit with your primary care doctor. Use an MDLIVE doctor for the following conditions:

- | | | |
|------------------|-------------------------|--------------------------|
| ■ Allergies | ■ Headaches | ■ Poison Ivy |
| ■ Asthma | ■ Insect bites | ■ Rashes |
| ■ Bronchitis | ■ Joint aches and pains | ■ Respiratory infections |
| ■ Colds and flu | ■ Nausea and vomiting | ■ Sinus infections |
| ■ Ear Infections | | |

To activate your Virtual Visits account today, you can call 888-676-4204, visit MDLIVE.com/bcbsil, or text BCBSIL to 635-483.

Prescription Drug Benefits



Your BCBS medical coverage includes prescription drug benefits. Whether you're taking medications now or in the future, it's important to know which medications your plan covers. BCBS makes it easy by providing real-time, up-to-date drug lists online. Follow these steps to find out how your plan covers your medication(s):

- 1 Visit bcbsil.com from any computer or mobile device and select Prescription Drugs in the top blue ribbon
- 2 Under Illinois Medical Plan Drug Lists, select "Prescription Drug Lists"
- 3 Click on "Prescription Drug Lists for Employer-offered Plans: Large Group (51 or more)" and then select **Performance Drug List (select the 2027 list once available)**

Visit the BCBSIL website or app to learn more about the drugs your plan covers. You can also use the Drug Cost tool to estimate how much your medications may cost. **Note: CVS & CVS at Target Pharmacies are NOT in network.**

Generic Prescription Medications

If there is a generic prescription offered for any prescription medications you are taking, and you opt for the brand name, then you will pay the difference. To get the most from your pharmacy benefit, consider using generic drugs and having an open conversation with your doctor about your desire to take generics rather than brand names.

Home Delivery Prescriptions

Express Scripts Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No more driving to the pharmacy or waiting in line for your prescriptions to be filled. Express Scripts delivers up to a 90-day supply of long-term medicines. You can receive notices by phone, email or text when orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at express-scripts.com/rx or call 833-715-0942.

Prior Authorization

If you are taking a drug that is part of the PA program, you will need to have your doctor submit a prior authorization request to BCBSIL. If approved, you will pay your share for the drug, based on your benefit plan. If not approved, the drug will not be covered. You may still fill the prescription, but you may be responsible for the full amount charged by the pharmacy.

Step Therapy

This program requires a "step" approach before you may receive coverage for certain high-cost medicines. You may need to use a safe, cost-effective, first-line drug before your benefit plan may cover another less preferred, second-line medicine included in the step therapy program. If you and your doctor determine no alternate drug (including any available generic equivalent) is right for you, your doctor may submit a prior authorization request for coverage consideration of your current medicine.

GoodRx

GoodRx makes it
**easy to find the
lowest price** on
your prescriptions.
(And it's free!)

At www.goodrx.com you can instantly compare local pharmacy prices for any FDA-approved prescription drug. In under 15 seconds you'll know where to go for the lowest price! Visit www.goodrx.com to:

- **Find discount coupons** - Save up to 80% or more on cash prices at over 60,000 U.S. pharmacies.
- **Reduce your out-of-pocket costs** - Prices are often lower than insurance co-pays — great for those with high deductibles.
- **Pay no fees** - GoodRx is 100% free with no obligation or registration.

Saving up to 80% on all your prescription drugs is as simple as...



- 1 Click.**
Visit www.goodrx.com,
enter the drug name
and local zip code



- 2 Compare.**
Instantly view and
compare prices for the
prescription at local
pharmacies



- 3 Save.**
Take the GoodRx coupon
to the pharmacy with
the lowest price and save
up to 80%!



Put GoodRx in the palm of your hand.

Download our award winning mobile app. Instantly compare and save up to 80% on your prescriptions at over 60,000 U.S. pharmacies!

Over 2 million people use
GoodRx to save on
prescriptions each month.

GoodRx will save consumers
nearly \$500,000,000 this year.

GoodRx is recommended by



**Stop paying too much
for your medications!**

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CVS



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Safeway



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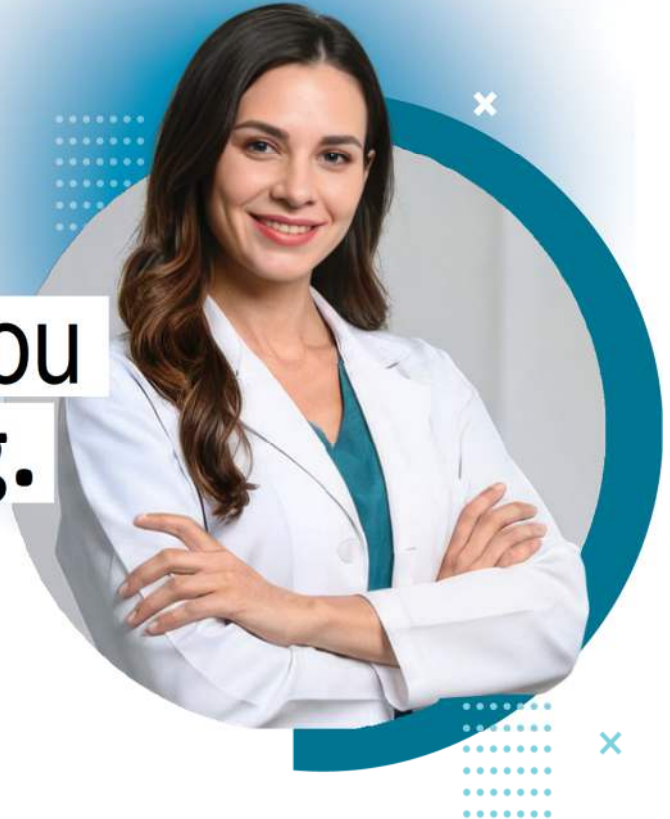
Ralphs

Drug discounts of up to 80% off are based on the discount from the cash price which is the price those without insurance coverage typically pay. GoodRx is not sponsored by or affiliated with any of the pharmacies GoodRx identified in its price comparisons. All trademarks, brands, logos and copyright images are property of their respective owners and right holders and are used solely to represent the products of these right holders. All medications must be used as directed, only manufacturer warranties apply.

TriaHealth



The Care You Didn't Know You Were Missing.



The Missing Piece

Your doctors, specialists, and nurses all play an important role in your health. But most people don't have a pharmacist as part of their care team—and that can make a big difference.

Pharmacists are medication experts.

Tria Health®, a Stellus Rx company, is a free benefit through your health insurance that connects you one-on-one with a pharmacist to review your medications and support you in managing chronic conditions.

Tria Health pharmacists are part of your care team, working with you to:

-  Review all your medications together
-  Identify risks, interactions, or unnecessary treatments
-  Help you understand what you're taking—and why
-  Support you in managing chronic conditions



Active participants will receive free generics and reduced costs on select brand medications used to treat targeted chronic conditions.



Get Connected!

Call 913.322.8456 or
visit www.triahealth.com/enroll



Dental



sg360° will continue to offer a dental program through Guardian. Please note that it is recommended that when a course of treatment is expected to cost \$300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation. Please refer to the summary plan description for complete plan details.

	Dental Base Plan		Dental Buy-Up Plan		Dental HMO*
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	Schedule of Benefits
Annual Deductible					
Individual	\$50	\$100	\$50	\$50	\$0
Family	\$150	\$300	\$150	\$150	\$0
Waived for Preventive Care?	Yes	Yes	Yes	Yes	N/A
Annual Maximum					
Per Person / Family	\$1,000	\$1,000	\$2,000	\$2,000	
Preventive	100%	80%	100%	100%	Various copays apply
Basic	80%	70%	80%	80%	Various copays apply
Major	50%	40%	50%	50%	Various copays apply
Orthodontia					
Benefit Percentage	50%	50%	50%	50%	Various copays apply
Adults (and Covered Full-Time Students, if Eligible)	Covered	Covered	Covered	Covered	Various copays apply
Dependent Child(ren)	Covered	Covered	Covered	Covered	Various copays apply
Lifetime Maximum	\$1,000	\$1,000	\$2,000	\$2,000	Various copays apply

*Please note that the DHMO is available only to employees and dependents who reside in Illinois

Employee Rates (Dental)

Employee Contributions (Weekly)	
Dental Base Plan	
Employee	\$0.00
Employee + 1	\$2.44
Employee + 2 or more	\$3.80
Dental Buy-Up Plan	
Employee	\$1.55
Employee + 1	\$6.86
Employee + 2 or more	\$10.98
Dental HMO	
Employee	\$0.00
Employee & Spouse	\$0.00
Employee + 2 or more	\$0.00

Vision



Sight is a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

sg360° provides Vision Insurance. To access a listing of providers, log on to www.choosevsp.com.

	Vision	
	In-Network Benefits	Out-of-Network Benefits
Copay		
Routine Exams (Annual)	\$10 copay	Reimbursed up to \$45
Vision Materials		
Materials Copay	\$25 copay	
Lenses (Annual)	Benefit varies by type of lens. Covered every 12 months	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered 100% \$130 allowance; then 15% off any remaining every 12 months	Reimbursed up to \$105
Frames (every 24 months)	Covered at Up to \$150; 20% discount off remaining balance every 24 months	Reimbursed up to \$70

Employee Rates (Vision)

Employee Contributions (Weekly)	
Employee	\$1.53
Employee & Spouse	\$2.44
Employee & Child(ren)	\$2.49
Family	\$4.02



Life and AD&D – New Carrier!



New for 2027: Life and Disability benefits will move from Guardian to Lincoln Financial. While the carrier is changing, your coverage and plan provisions will remain the same.

sg360° provides Basic Life and AD&D benefits to eligible employees in the amount of 1 times your annual salary, up to \$500,000. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.



Voluntary Life and AD&D – New Carrier!

In addition to the employer-paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance 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. You may purchase additional Life/AD&D insurance through Lincoln Financial if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect. You must purchase supplemental life insurance for yourself to purchase spouse and/or dependent children coverage.

**During this Open Enrollment, you may elect up to the Guaranteed Issue amount, without completing an Evidence of Insurability (EOI) form. Elections above the Guaranteed Issue amount will require EOI approval. Employees currently enrolled in Voluntary Life coverage may retain their existing coverage amounts, regardless of amount, without EOI.*

Voluntary Life & AD&D		
Coverage	Available Benefit	Guaranteed Amount*
Employee \$10,000 increments	\$10,000 to \$500,000 (not to exceed 5x your salary)	\$200,000
Spouse \$5,000 increments	\$5,000 to \$250,000 (not to exceed 50% of employee coverage)	\$50,000
Dependent Child(ren) \$1,000 / \$5,000 / \$10,000 increments	\$1,000 / \$5,000 / \$20,000 (by age: 1–14 days / 14 days–6 mos / 6 mos–Age 26)	\$20,000

Short-Term Disability – New Carrier!

sg360° offers a short-term disability option through Lincoln Financial. This benefit covers 60% of your weekly earnings up to \$1,000/week. The benefit begins on the 8th day of sickness or accident and lasts up to 26 weeks. Please see the summary plan description for complete plan details.

Voluntary Short-Term Disability – New Carrier!

If 60% of your weekly earnings exceed the \$1,000 weekly benefit provided by sg360°, then you have the option to purchase additional STD Coverage. This supplemental coverage offers a higher level of benefit on your weekly earnings up to a maximum of \$3,000/week. The maximum period of benefits is 26 weeks if the employee is totally disabled. The benefit begins on the 8th day of sickness or accident and is purchased with post-tax dollars.

** Employees enrolling in Voluntary Short-Term Disability during this Open Enrollment or as a new hire do not need to provide Evidence of Insurability (EOI).*

Voluntary Long-Term Disability – New Carrier!

sg360° offers long-term income protection through Lincoln Financial in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$10,000/month. The benefit begins after 180 days of disability. See Certificate of Coverage for benefit duration. Please see the Summary Plan Description for complete plan details.

** Please note that pre-existing condition limitations may apply. Refer to the Summary Plan Description and Certificate of Coverage for complete plan details.*

Employee Assistance Program (EAP) – New Carrier!



Because
life doesn't
always go
as planned



No matter how well you plan, unexpected challenges may arise. *EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

 In-person guidance	 Unlimited 24/7 assistance	 Online resources
Some matters are best resolved with help from a professional. Through <i>EmployeeConnect</i>, you and your family get: • Up to five in-person sessions with a counselor per person, per issue, per year¹ • In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue and 25% off standard rates for subsequent meetings²	You and your family can access the following services anytime online, via the mobile app, or with a toll-free call: • Information and referrals on family matters, such as childcare, eldercare, and pet care; vacation planning; moving; car buying; college planning; and more • Legal information and referrals for family law, will planning, and consumer and civil law² • Financial guidance on household budgeting and short- and long-term planning	<i>EmployeeConnect</i> offers a range of information and resources you can research and access on your own. Expert advice and support tools are at your fingertips when you visit GuidanceResources.com or download the <i>GuidanceNow</i>SM mobile app. You'll find: • Articles and tutorials • Online will preparation • Beneficiary support and guidance • Interactive tools, including financial calculators, budgeting worksheets, and more

***EmployeeConnect*SM**

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com. New users select **Register** (web ID: LFGSupport).
- Download the *GuidanceNow*SM mobile app.
- Call 888-628-4824.



COMPSYCH
GuidanceResources Worldwide

¹ In California, up to three sessions in six months, starting with initial contact by the employee.

² Services aren't included for employment law issues.



Traditional 401(k) & Roth 401(k) – Voya

Employees who have completed 90 days of service are eligible to participate in the sg360° Savings Plan. sg360° has partnered with Voya Financial to provide you with the tools needed to build a secure retirement. Log in to your account at www.voyaretirementplans.com or via mobile app, Voya Retire, to securely manage your retirement savings and access a suite of interactive online resources. New users will log onto the same website and select “Register Now.” Refer to the Summary Plan Description for detailed information.

Eligibility- Non-Union Employees who have completed 90 days of service are eligible to participate in the sg360° savings plan.

Auto Enroll- If you choose not to enroll and select your fund allocations, sg360° will automatically enroll you into the traditional 401(k) flexpath retire funds at 3% and each year the deferral percentage will increase 1% and cap at 10%. Contact HR if you wish to opt out of participating in the plan.

Employee Contributions- You may contribute any percentage of your annual pay not to exceed the IRS annual maximum. The maximum 2027 annual contribution is \$25,500. You can choose to make contributions in a traditional 401(k) plan (before taxes) or enroll in the Roth 401(k) plan (after tax) or both; the Roth 401(K) options offers you the potential for tax-free retirement income later. With a Roth 401(k), you pay your taxes upfront.

Changing Your Deferral- To change or stop contributions, log in to your account at www.voyaretirementplans.com or by telephone. Contributions changes must be made directly through Voya, not Paylocity.

Rollover Contributions- You can rollover money from other qualified plans.

Catch-Up Contributions- For those age 50 and above, you can contribute even to your 401(k) which is referred to as “catch-up.” The maximum catch-up contributions is \$8,500.

Vesting- You are 100% vested in your contributions; company matching contributions are 33% vested after 1 year of service, 66% after two years, and 100% vested after three years of service.

Company Matching Contributions- The company matches \$1.00 for \$1.00 the first 2% and then \$.50 on the \$1.00 for 3%-6%.

Loans- The minimum loan amount of \$1,000; employees can only have one loan outstanding at a time.

Flexible Spending Accounts (FSA) - Paylocity

How an FSA works:

A flexible spending account is an account in an employee's name that can reimburse the employee for qualified health care or dependent care expenses. It allows an employee to fund qualified expenses with pretax dollars deducted from the employee's paychecks. The employee can receive cash reimbursement up to the total value of the account for covered expenses incurred during the benefit plan year and any applicable grace period. Now is the time to initially enroll in your FSA, LPFSA or DCFSA account for the remainder of this calendar year. Please remember, any unused funds left in your FSA account, not including dependent care, at the end of the year will be forfeited except for a \$700 rollover into 2027.

Health Care FSA :

- You may choose to contribute between **\$260 - \$3,400** for the 2027 plan year for qualified health care expenses.
- You may pay for eligible expenses with an FSA debit card at the same time you receive them, allowing you to avoid waiting for reimbursement.
- You may access the full amount of your account on the first day of the plan year.
- Eligible expenses include medical copays and deductibles.
- For a complete list of eligible expenses, visit <https://www.irs.gov/pub/irs-pdf/p502.pdf>.
- Note – *You cannot NOT enroll in a Healthcare FSA if you're actively contributing to a Health Savings Account*

Dependent Care FSA:

- You may choose to contribute up to \$7,500 (\$3,750 if married and filing separately) for the 2027 plan year for qualified dependent care expenses.
- Unlike the Health Care FSA, reimbursement from the Dependent Care FSA is limited to the total amount that is deposited in your account at that time.
- Eligible dependents include children younger than age 13 and tax dependents of any age who are incapable of caring for themselves
- Expenses are reimbursable as long as the provider is not anyone considered your dependent for income tax purposes

**Due to state legislation, if you live in Wisconsin, you can only contribute \$5,000 to your DCFSA*

Limited Purpose FSA:

- You may choose to contribute between **\$260 - \$3,400** for the 2027 plan year for qualified **dental and vision care services only.**
- You may pay for eligible expenses with an FSA debit card at the same time you receive them, allowing you to avoid waiting for reimbursement.
- You may access the full amount of your account on the first day of the plan year.
- Limited Purpose FSA's ARE permissible if you're contributing to an HSA account.

Worksite Plans – New Carrier!



Accident

Accident Insurance from Lincoln Financial pays you a benefit for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. You can use the benefit payment as you see fit, whether to pay for expenses associated with your accident, like an emergency room copay, or to pay for childcare so you can get to the doctor for a follow-up visit. You can elect coverage without answering any medical questions. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Lincoln Financial Group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with critical illness. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. The date of diagnosis must be after the effective date of your policy for the illness to be covered.





Commuter Benefits – Paylocity

Why sponsor a Transportation Management Account (TMA)?

A TMA is a pre-tax benefit that allows employees to pay for work-related transportation and parking expenses. This account reimburses employees for expenses such as buses, vanpooling, and subway or commuter-train costs. Not only does a TMA offer employees a way to save money on daily expenses, but it also provides a green alternative that helps the environment!

What plans can be offered?

When an employee participates in a TMA, they will estimate their monthly transportation and/or parking expenses. This amount will be evenly deducted from their paycheck each pay period pre-tax.

Employees are allowed to make changes to their election at any time throughout the year, and any unused funds are rolled over from month-to-month. Participants use Paylocity's Debit Smart Card to pay for qualified parking/transit expenses at approved merchants. If participants are unable to use their card for purchases, they may submit a claim for reimbursement. Expenses will only be paid up to the amount available in their account.

The Paylocity Difference

With Paylocity's game-changing benefit administration technology, you can offer the same great TMA, but with an easily accessible, enhanced employee experience. Built right into your Paylocity payroll and human capital management (HCM) system, employees access their TMA in the same place they request time off or view paystubs, streamlining disparate systems and time-consuming tasks.

Parking

Parking provided to employees on or near your business premises. It includes parking at the location from which your employees commute to work using mass transit, commuter highway vehicles, or carpools. It does not include parking near your employees' homes.

Commuter Highway Vehicle

Any highway vehicle that seats at least 6 adults (not including the driver). At least 80% of the vehicle's mileage must be for transporting employees between their homes and workplace with employees occupying at least one-half of the vehicle's seats (not including the driver's).

Transit Passes

Any pass, token, fare card, voucher, or similar item entitling a person to ride at a reduced rate for one of the following:

- Mass Transit (publicly or privately operated & includes bus, rail, or ferry)
- Commuter Highway Vehicle (seats at least six adults, not including the driver)

Sponsor a TMA plan and give your employees a pre-tax benefit for work-related transportation expenses.

Let's take a look at who is eligible to sponsor a TMA:

- Government Entities
- Non-Profit Organizations
- Sole Proprietorships
- Corporations
- S-Corporations
- LLCs
- Partnerships

Access to funds at your fingertips!

Paylocity's Debit Smart Card gives employees instant access to employees' elected funds on a single card. Paying for qualified medical, dental, vision, and commuter expenses has never been easier than with a debit card loaded with your account balances from multiple plans. No more claim forms. No more paying out-of-pocket. No more hassle.

Identity Theft Protection – ID Watchdog

No one is immune to identity theft. Better Protect What Matters Most.

Identity theft can affect anyone—from infants to seniors. Each generation has habits that savvy criminals know how to exploit—resulting in over \$43 billion lost to identity fraud in the U.S. in 2022. Take action with award-winning ID Watchdog identity theft protection.

Greater Peace of Mind

With ID Watchdog as an employee benefit, you have a more convenient and affordable way to help better protect and monitor your identity. You'll be alerted to potentially suspicious activity and enjoy greater peace of mind knowing you don't have to face identity theft alone.

Features:

- Daily and Annual credit score monitoring, credit reports, VantageScore credit score, and credit report lock from all three bureaus: TransUnion, Equifax, & Experian.
- 3-Bureau Credit Lock & Control (unlimited)
- Dark Web & Identity Monitoring plus new Work Guard Alerts
- Multi-Channel Scam Defense (AI-powered detection across texts, emails, calls, chats; automated removal from data broker sites)
- Device Security & Personal VPN with parental controls
- Child & Family Protection (child credit locks, cyberbullying expense reimbursement)
- Identity Theft Restoration & Insurance — up to \$5M per adult in stolen funds reimbursement, plus new \$100k cyberbullying coverage
- Cyber Crime Coverage — up to \$5k reimbursement for scam/ransomware-related expenses

2027 Rates

1B Employee Only: \$6.95/month

1B + Family: \$13.95/month

Platinum Plus Employee Only: \$7.44/month

Platinum Plus + Family: \$13.12/month

Why Choose ID Watchdog?



Advanced Identity Theft Detection

We scour billions of data points—public records, transaction records, social media and more—to search for signs of potential identity theft.



Greater Protection & Control

We've got you covered with lock features for added control over your credit report(s) to help keep identity thieves from opening new accounts in your name.



Dedicated Identity Resolution Specialists

If you become a victim, you don't have to face it alone. One of our certified resolution specialists will personally manage the case for you until your identity is restored.



Extensive Family Coverage

Our family plan helps you better protect your loved ones¹ with personalized accounts for adult family members, family alert sharing, and exclusive features for children.

Complete Care – First Stop Health



Your partner in health and wellbeing – virtual care for your body and mind

sg360 provides First Stop Health Complete Care to benefit-enrolled employees and their household members at **NO COST!** Complete Care brings together urgent care, primary care, health coaching, and mental health support – all available by phone or video, wherever you are.

NEW FOR 2027: Whole Mental Health

sg360° is excited to add Whole Mental Health to the First Stop Health Complete Care lineup! Employees and dependents age 13 and older now have access to scheduled, video-based mental health support – at no additional cost.

Urgent Care • 24/7 support via phone or video, including holidays and weekends • Board-certified providers licensed in your state • Prescriptions*, including one-time refills of maintenance medications • Providers call back in 5 minutes, on average	Virtual Primary Care • Scheduled visits with a board-certified provider of your choice • Visits last up to 30 minutes via phone or video • Ongoing prescription management, including mental health medications* • At-home, ongoing condition care for diabetes, high blood pressure, high cholesterol, and more
Health Coaching • Scheduled visits with a licensed health coach, registered dietitian, or certified diabetes educator • Video visits from wherever you're comfortable • Personalized care plans so you see success • Ongoing check-ins to celebrate success and keep you on track	Whole Mental Health ★ NEW • Scheduled video visits with a licensed therapist or board-certified health coach • Prescriptions* for anxiety and depression, provided by board-certified primary care providers • Couples and family therapy visits available • Available for anyone age 13 and older

Who Can Use First Stop Health Complete Care?

- All ages can request a visit from 24/7 Urgent Care.
- Primary members and their adult eligible dependents (18+) can request Primary Care and Health Coaching visits via the mobile app, website, or by calling 888-691-7867.
- Whole Mental Health care is available for anyone age 13 and older.

Getting Started

- Visit the sg360° medical plan to confirm you're benefit-enrolled – Complete Care is \$0 cost to you and your household members.
- Activate your account using the last 4 digits of your SSN.
- Download the First Stop Health mobile app, visit fshealth.com, or call 888-691-7867 to schedule a visit.

*First Stop Health providers do not prescribe controlled substances. Costs according to your medical plan may apply for prescriptions, lab orders, specialist appointments, and other non-FSH services. Those under 18 are welcome to use 24/7 virtual Urgent Care only

Pet Insurance – PetPartners

Now You Can Play More and Worry Less

Protect your furry family members with plans available now during Open Enrollment.

We've Got You Covered



Common Illnesses



Broken Bones



Diagnostics



Prescription Medication



Surgery



Alternative Treatments**



Toxin Ingestion



Digestive Issues



Behavioral Issues**



Cancer



Hospitalization

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Here's how it works:

1. Visit any licensed vet or clinic
2. Pay your vet and submit a claim
3. Get reimbursed for eligible expenses

Employee Plan

- Visit any vet
- Rx discounts, 24/7 live vet & more
- Pre-existing condition coverage*
- Prior Coverage Credit
- Simple, straightforward pricing
- Premiums paid through payroll deduction

Base Plan

- Annual Deductible: \$300
- Coinsurance: 80%
- Annual limit: \$5000

Employee Rates (Pet Insurance)

Species	Age	Adult Weight in Pounds	Weekly Premium
Dog	0-10	0-90+	\$13.58 non-wellness / \$17.96 wellness
Cat	0-10	0-90+	\$6.85 non-wellness / \$10.26 wellness

Don't wait! Enroll today for peace of mind tomorrow

Customer Care - 800.956.2495 or mypolicy@petpartners.com

Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company (rated A- "Excellent" by A.M. Best), with offices at 11333 N. Scottsdale Rd, Suite 160, Scottsdale, AZ 85254. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. Eligibility restrictions apply. Terms and conditions may apply. See policy/certificate for details on coverage, terms, limitations and conditions. *Pre-Existing condition coverage may require a 365-day waiting period. Waiting period may be waived for groups over 200 employees or with prior coverage for Accident & Illness plans. Participation in this plan is voluntary and not subject to ERISA. **Eligible with optional Alternative & Behavioral Care rider



Changes in Benefit Elections

URGENT/IMPORTANT: If you do not make benefit elections, your current benefits will rollover effective 1.1.2027

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
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

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.

Important Contacts

Have Questions? Need Help?

sg360° 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, 8:00 am to 5:00 pm Central Standard Time at 855-874-0742 or via e-mail at BRCentral@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.

Carrier Customer Service

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

	CARRIER	PHONE NUMBER	WEBSITE
Medical	Blue Cross Blue Shield	800-828-3116	www.bcbsil.com
Health Reimbursement Account (HRA)	Garner	866-761-9586	www.getgarner.com
Telemedicine	First Stop Health	888-691-7867	fshealth.com
Spousal Coverage Alternative	Healia TCO	N/A	healiahealth.com
Vision	Vision Service Plan	800-877-7195	www.vsp.com
Dental PPO	Guardian	888-482-7342	www.guardianlife.com
Managed Dental			
Life and AD&D	Lincoln Financial	877-275-5462	www.lincolnfinancial.com
Voluntary Life and AD&D			
Short Term Disability (STD)			
Long Term Disability (LTD)			
Voluntary Critical Illness			
Employee Assistance Program	Lincoln Financial/ComPsych	888-628-4824	www.guidanceresources.com
USI Benefit Resource Center	USI	855-874-0742	BRCentral@usi.com

This brochure summarizes the benefit plans that are available to sg360° 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 brochure is not a guarantee of benefits.