EMPLOYEE BENEFITS GUIDE

SOURCE PROVIDERS INCORPORATED

Spring Hill
2026
PLAN YEAR

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Benefits Counselors

1. **Schedule** your personalized appointment with a Benefits Counselor to learn more about your benefit options.
2. **Review** the Benefits Guide and other educational tools to learn more about your benefit offerings.
3. **Enroll** in Benefits! Be sure to have new dependent and beneficiary SS# and DOB available to complete your enrollment.

Visit **https://complog.benefitsinfo.com/**
Or scan the QR code

SCAN HERE

Welcome

Source Providers, Inc. (Source Providers, SPI) is pleased to announce our 2026 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding work experience. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions.

For 2026, there will be **no** changes to providers and the existing plan designs will remain the same. New for 2026 is an offer of a fully networked medical plan option that utilizes a Cigna network of providers as well as the addition of step therapy and diabetes management programs to our prescription coverage.

The employee contributions for vision, life and disability coverages will remain unchanged. Contributions for dental and medical coverage are increasing in 2026; please review the rate information carefully. These increases are the result of significant increases in healthcare and prescription costs and a rise in our claims volume.

You can help to keep rising costs down by being good healthcare consumers. By visiting your PCP for annual exams, obtaining age and gender appropriate screenings, utilizing convenience clinics and urgent care facilities instead of emergency rooms for non-emergent issues, and comparing costs of procedures to determine the best provider at the lowest cost, you can contribute to lower healthcare expenses for both yourself and Source Providers, Inc.

Eligibility

Who is Eligible

Full-time employees working at least 30 hours per week and their eligible dependents may participate in the SPI benefits program.

When Coverage Begins

Coverages elected during Open Enrollment are effective January 1, 2026.

For newly hired employees, your benefits are effective on your date of hire. You must enroll within **30 days** of your hire date.

You will not be able to change your elections until the next open enrollment period unless you experience a qualifying life event.

Self-Enrollment Instructions

1. Log in to your UKG Pro account on a web browser
2. Go to Myself menu and then select:
   Open Enrollment during OE period; or
   Life Events for new hire enrollment or a qualifying event
3. Select applicable description link
4. Add or update dependents and beneficiaries
5. Select your benefit options
6. Confirm your elections and submit your enrollment
7. Save or print your confirmation page

Eligible Dependents

Generally, for the benefits program, dependents are defined as:

- Your spouse (or common-law spouse where legally recognized).
- Dependent "child" up to age 26. Child means the employee's natural child or adopted child and any other child as defined in the certificate of coverage.
- Dependent children aged 26 or over, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability, which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Dependent Verification

Verification of dependent eligibility is required upon enrollment. Participants have **30 days** to provide documentation supporting dependent eligibility. If not provided within the time frame, dependents will be considered ineligible and dropped from coverage retroactively.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or gain or loss of coverage. The change must be reported to your HR representative within **30 days** of the event. The change must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Working Spousal Exclusion

If your spouse has access to other healthcare coverage through their employer, they are not eligible for SPI Medical/Rx coverage. If your spouse does not work, works part-time, is not eligible for other coverage, or has lost other coverage as an active employee but has been offered COBRA, they are eligible for SPI Medial/Rx coverage.

MEDICAL COVERAGE

Medical-RBP

Source Providers offer medical coverage administered through The Health Plan.
To help contain costs, CLI offers a **Reference-Based Pricing (RBP)** plan as our standard plan. Under this plan, you can visit the provider or facility of y our choice. However, utilizing a provider from the PHCS network provide the best pricing, no balance billing, and lower out of pocket costs. To find a PHCS network provider, visit www.healthplan.org, select Find a Provider, under Self-Funded Member, select Search Online, select the MultiPlan logo, select Find a Provider, select the PHCS For Value-Driven Health Plans network. See the included additional information on how a RBP plan works.

The chart below is a brief outline of the RBP plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage	RBP Medical Plan Schedule of Benefits
Annual Deductible	
Individual	$750
Family	$2,250
Coinsurance	You pay 20%, Insurance pays 80%
Maximum Out-of-Pocket	
Individual	$5,000
Family	$10,000
Physician Office Visit	
Primary Care	$25 copay
Specialty Care	$25 copay
Preventive Care	
Adult Periodic Exams	100%
Well-Child Care	100%
Diagnostic Services	
X-ray and Lab Tests	20% coinsurance after deductible
Complex Radiology	20% coinsurance after deductible
Urgent Care Facility	$25 copay
Emergency Room Facility Charges*	$250 copay, then 20% coinsurance
Inpatient Facility Charges	20% coinsurance after deductible
Outpatient Facility and Surgical Charges	20% coinsurance after deductible
Mental Health and Substance Abuse	
Inpatient	20% coinsurance after deductible
Physician's Office Outpatient	$25 copay 20% coinsurance after deductible
Other Services	
Chiropractic	Office Visit: $25 copay Outpatient Facility: 20% after deductible (40 visits per calendar year)

MEDICAL COVERAGE

Medical-Network

An alternative option to the lower cost RBP plan is the Network Plan below which requires the use of a **Cigna network** of providers and facilities. There is no potential for balance billing when you participate in this plan.

To find a Cigna network provider, visit www.healthplan.org, select Find a Provider, under Self-Funded Member, select Search Online, select the Cigna logo, enter in location and select type of search, select the PPO, Choice Fund PPO network.

The chart below is a brief outline of the Network plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage	Network Medical Plan	
	In-Network	Out-of-Network
Annual Deductible		
Individual	$4,000	$8,000
Family	$8,000	$16,000
Coinsurance	80%	60%
Maximum Out-of-Pocket		
Individual	$6,500	$13,000
Family	$13,000	$26,000
Physician Office Visit		
Primary Care	$35 copay	40% after deductible
Specialty Care	$50 copay	40% after deductible
Preventive Care		
Adult Periodic Exams	100%	40% after deductible
Well-Child Care	100%	40% after dedictible
Diagnostic Services		
X-ray and Lab Tests	20% after deductible	40% after deductible
Complex Radiology	20% after deductible	40% after deductible
Urgent Care Facility	$35 copay	40% after deductible
Emergency Room Facility Charges*	20% after deductible	20% after deductible
Inpatient Facility Charges	20% after deductible	40% after deductible
Outpatient Facility and Surgical Charges	20% after deductible	40% after deductible

PRESCRIPTION DRUG COVERAGE

Prescription Drug Benefit

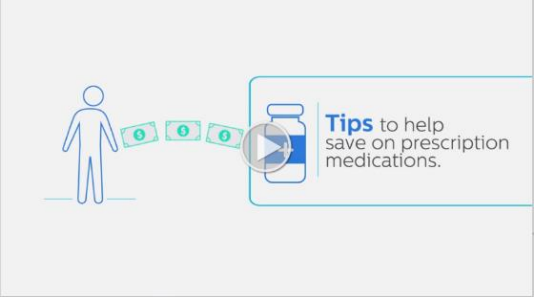
Source Providers offer prescription coverage administered through OptumRx. Your prescription benefits will be included on your medical ID card.

For information on your prescription coverage and to find a network pharmacy, visit www.optumrx.com or call 855-896-9779.

Your cost is determined by the tier assigned to the prescription. The chart below is an outline of the cost by tier level for each plan.

Benefit Coverage	RBP Plan	Network Plan
	Schedule of Benefits	
	Retail Pharmacy (30 Day Supply)	
Generic (Tier 1)	$5 copay	$10 copay
Preferred (Tier 2)	$80 copay	20% coinsurance - $25 min / $75 max
Non-Preferred (Tier 3)	50% coinsurace	40% coinsurance - $50 min / $75 max
	Mail Order Pharmacy (90 Day Supply)	
Generic (Tier 1)	$10 copay	$20 copay
Preferred (Tier 2)	$160 copay	20% coinsurance - $50 min / $150 max
Non-Preferred (Tier 3)	50% coinsurance	40% coinsurance - $100 min / $150 max

Employee Weekly Medical/Rx Contributions		
	RBP Plan	**Network Plan**
Employee Only	$33.80	$70.62
Employee + 1 Dependent	$65.90	$137.23
Employee + 2 or More Dependents	$89.906	$187.19



Referenced-Based Pricing Through The Health Plan

What is a Referenced Based Pricing Plan?

A referenced based pricing plan eliminates the traditional "PPO Network Agreement" for Physicians and/or Facilities allowing you to access any provider you choose. All payments to providers are based on Medicare pricing, plus an incentive bonus over and above the Medicare allowable amounts.

What should I do if scheduling or billing doesn't recognize my health plan?

Please tell your provider that your health plan allows you to seek care from any provider and that there are no reduced out-of-network benefits. They should collect any applicable copay and submit a claim through the TPA, The Health Plan, with the information on your medical ID Card. If the Provider still has questions, have them call The Health Plan Customer Service immediately at 800-624-6961. The phone number is also on your medical ID card. Make sure you present your ID card at every visit or service.

Who should I contact for questions about my plan benefits or my medical coverage?

You should call The Health Plan. There is a dedicated customer service team at The Health Plan that is ready to assist you with any questions regarding your medical coverage or plan options. Call 800-624-6961. If more complex problems arise, The Health Plan has concierge service ready to assist.

How will I know what my health plan has paid?

After any medical service, you will receive an Explanation of Benefits (EOB) from The Health Plan. The statement that will be sent by The Health Plan is a breakdown of what medical treatments were billed and what benefits were paid, along with indicating what you, the patient, is responsible for.

What is a balance bill?

A balance bill is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it's when the provider charges more than what the Explanation of Benefit (EOB) indicates is patient responsibility.

Example: Your hospital charges are $100 and the plan allowable at 140% of Medicare is $70.00. If the provider bills you the $30 difference between the charged amount and the plan allowable, they are balance billing. Deductibles, copays, and coinsurance are not examples of balance billing and you are still responsible for these cost sharing items.

What should I do if I receive a balance bill?

If you receive a bill from your provider, either a physician or medical facility, you need to compare it to the EOB that you received from The Health Plan. If you are asked to pay more money than what is shown as patient responsibility on your EOB, you need to call The Health Plan at 800-624-6961. You will likely need to send the bill via email or fax.

What happens when I contact The Health Plan about a balance bill?

The Health Plan and your other health partners will work on your behalf to resolve the billing dispute with the provider. A customer service representative will walk you through our process and keep you updated until a resolution is achieved.

What should I do if a facility requests payment up front?

Do not pay anything other than your copay up front. The facility should call The Health Plan Customer Service at 800-624-6961.

THP – Member Advocacy Service Center

The Health Plan's Member Advocacy Service Center is a concierge service that is designed to provide members with a single point of contact for any question or issue from the member, provider or client. One telephone call or email will get an answer or resolution to any question or issue related to the health plan.

While medical plan benefits can be very complicated, The Health Plan's Member Advocacy Service Center simplifies navigating through the benefit plan and resolves any question or issues that a member or provider may have so that quick resolutions can occur to put the provider or member at ease.

Member Advocacy Service Center advocates will have the following roles and responsibilities:

- Respond to member and provider:
  - General inquiries
  - Benefit questions
  - Claim explanations and issues
  - Eligibility questions
- ID card issues
- Provide network provider searches by clicking on "Find a Provider" (hstechnology.com)
- Receive and respond to email submissions
- Provide access to the Clinical Services or Pharmacy Department, when appropriate
- Gather coordination of benefits information
- Gather subrogation information
- Coordinate appeals and grievances
- Perform outreach calls to new group members
- Any other healthcare issues that arise

800.624.6961

information@healthplan.org

The Health Plan Mobile App

Once enrolled, you can register online at myplan.healthplan.org or through The Health Plan mobile app to access an electronic ID card, review your claims activity or EOBs, and access other resources.

Acronyms to Know for the RBP Plan

HST	**HSTechnology**	HST, a MultiPlan Company, has been at the forefront of providing Value-Driven Health Plan services that reduce healthcare costs while establishing sustainable benefit plans. HST's pricing technologies provide cost benchmarks to objectively determine the value of medical services and introduce pricing accountability.
THP	**The Health Plan**	THP manages the health plan, making sure medical bills are handled according to the fixed pricing rules. They also work with HST to help negotiate prices with healthcare providers. **THIS IS YOUR MAIN CONTACT FOR QUESTIONS!**
PHCS	**Private Healthcare Systems**	The PHCS Network for Value-Driven Health Plans is the only independently contracted primary PPO network designed exclusively for use with HST's Value-Driven Health Plan services and to have been accredited by NCQA for credentialing – a status we've held continuously since 2001.
VDHP	**Value Driven Health Plan**	Value-Driven Health Plans services (VDHPs) establish prices for services by reimbursing facilities based on the value and quality of care. The process is fully transparent and based on Medicare and Cost information plus a percentage. The end result is a price that is fair to both the facility and the member.
PAC	**Patient Advocacy Center**	An HST service available to you to manage a balance billing. A balance bill is a bill you may receive for an amount above what is listed as the patient responsibility on your Explanation of Benefits.
NSA	**No Surprise Act**	A Federal law designed to protect you from unexpected medical bills—commonly known as "surprise billing." These typically occur when you receive care from an out-of-network provider or facility without realizing it, especially in emergencies.
BB	**Balance Bill**	When a healthcare provider charges you the difference between their full billed amount and what your health plan pays based on a set reference price (often a percentage of Medicare rates). If your employees receive a balance bill, they should simply contact our Patient Advocacy Center—we'll take it from there
EOB	**Explanation of Benefits**	A document from your insurer explains what medical services were covered and what you owe.

Steps if you Receive a Balance Bill

DO NOT PAY IT! Immediately contact The Health Plan (THP)

1	You receive a Balance Bill
2	**Call THP at 800-624-6961**
3	Provide THP with your Balance Bill and EOB documents
4	THP will provide your information to PAC (HST's Patient Advocacy Center)
5	HST will open a case and assign you to a PAC team member

If you have a question or receive a Balance Bill, always call THP.
Remember when PAC/HST calls that they are here to help you!
***Balance Bills need to be submitted within 90 days of receipt.**

THP – Healthcare Bluebook

Additionally, you have access to Healthcare Bluebook FREE as a benefit, so you can shop for medical procedures at facilities in your area to find the best price and get an out-of-pocket cost estimate. It's easy!
In minutes, you can find hundreds to thousands of dollars in savings with a simple search and get a cost estimate before you schedule care.

HST Connect

Through HST Connect, you can shop for quality, cost-effective healthcare, find providers, view your claims and electronically submit and track balance bills.

Download the mobile app:

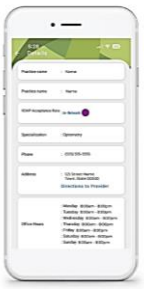
1. Go to the App Store for iOS or Android or scan the QR Code below.
2. Search for "HST Connect" and click Download.
3. Open the app and click "Register."
4. Enter Member ID and Group ID (found on your ID card), your name and date of birth.
   - Alternatively, you can proceed with your search without registering or by calling (800) 440- 7427.
5. Follow the registration steps to set up your account, which you can use both on the app and website.

Use the website version:

1. Go to hstconnect.com.
2. Enter Member ID and Group ID (from your ID card), your name and date of birth.
   - Alternatively, you can proceed with your search without registering or by calling (800) 440- 7427.
3. Complete all the registration steps to set up your account.

HST Connect Features:

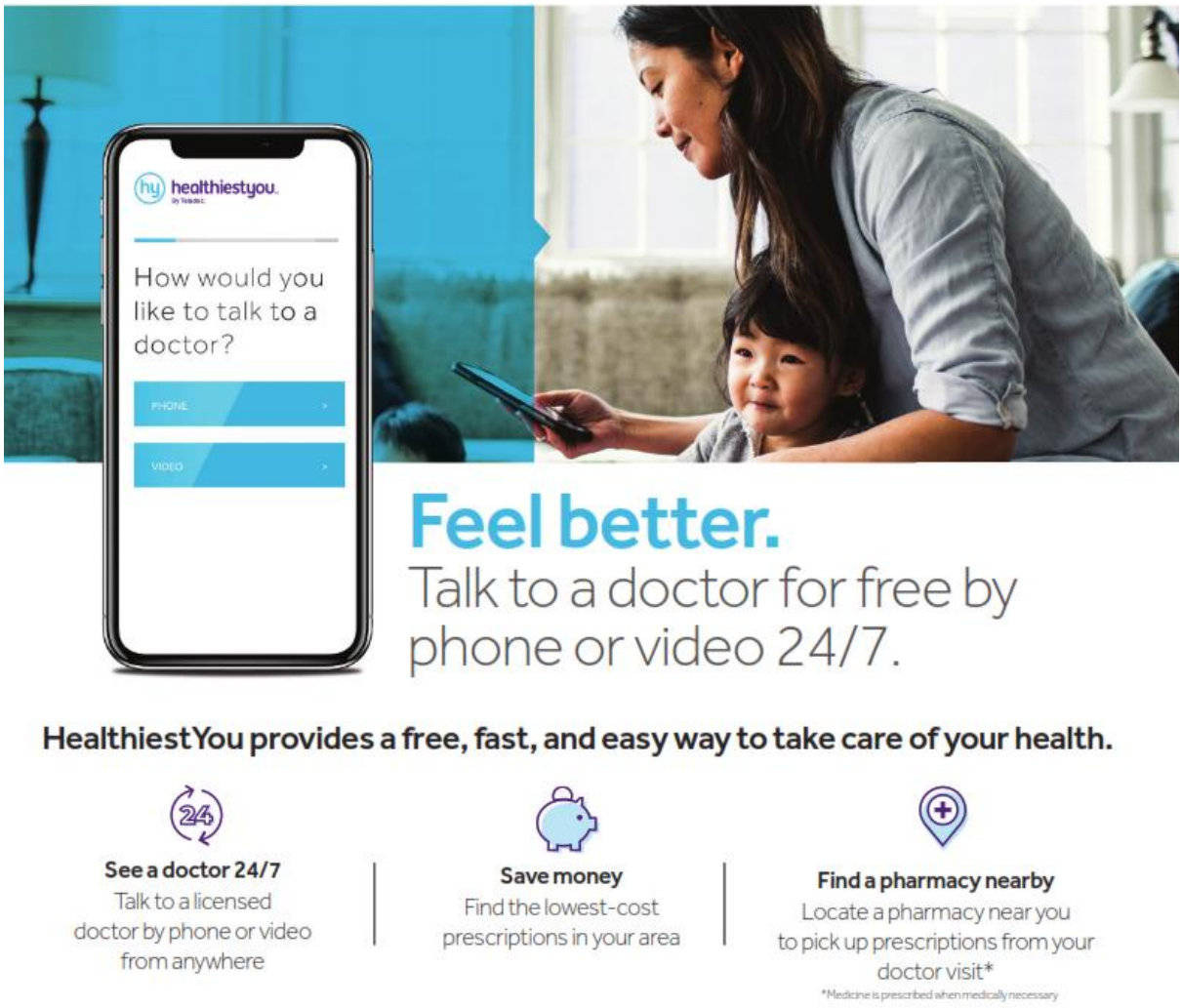
- Find a provider, facility or other healthcare service, either in-network or with high Value-Driven Health Plan™ acceptance rates.
- Compare facility quality ratings, reported by the Centers for Medicare and Medicaid (CMS).
- Use HealthCorum's physician quality scores for Cost, Appropriateness and Effectiveness of Care when selecting a provider.
- View deductible, copays and other plan information.
- Direct-dial healthcare providers and get driving directions.
- Communicate with and receive notifications from the Patient Advocacy Center and directly submit balance bills.



Telemedicine Overview

Telemedicine is available at no cost to our medical plan participants. SPI has partnered with healthiestyou by Teladoc to provide this service. Telephonic or virtual visits can be scheduled to treat medical conditions such as cold and flu, respiratory infections, sinus problems and rashes.

Download the healthiestyou app from the App Store or Google Play and set up your account to utilize the telemedicine benefit.



DENTAL COVERAGE

Dental

Source Providers offers dental coverage through **Delta Dental of Ohio**.

You have the freedom to choose any dentist. However, you will receive richer benefits and lower out of pocket costs by choosing an in-network provider. Visit www.deltadentaloh.com and under Need a Dentist? Select the PPO pr Premier network to search for providers in your area.

Delta Dental contracts with providers at two levels – PPO and Premier. Both PPO and Premier providers are considered in-network, and you will get the benefit of in-network pricing and no balance billing; however, the PPO providers have agreed to lower negotiated rates than the Premier providers, so your share of the cost will be less if you utilize a PPO provider. You may also go to an out-of-network provider, however, the plan benefit below will be applied to the reasonable & customary charges for that service, not a negotiated rate, so you will pay more, and you may be balanced bill by an out-of-network provider.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details and services covered.

Benefit Coverage	Delta Dental PPO Dentist	Delta Dental Premier Dentist
Annual Deductible		
Individual	$0	$0
Family	$0	$0
Waived for Preventive Care?	N/A	N/A
Annual Maximum		
Per Person	$1,500	$1,500
Covered Services		
Preventive	100%	100%
Minor Restorative, Peridontic, Oral Surgery, Prosthodontic and Other Basic Services	80%	80%

Employee Weekly Dental Contributions	
Employee Only	$0.76
Employee + 1 Dependent	$1.53
Employee + 2 or more Dependents	$2.83

Dental – continued

Once enrolled follow the instructions below to begin using the Delta Dental member portal. Within the portal you can find your benefits, print an ID card, view an Explanation of Benefits (EOB) and find a provider.

You can also download the Delta Dental app from the App Store or Google Play.

DELTA DENTAL®

Stay Informed About Your Dental Benefits With Member Portal

Member Portal is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

Once you have logged in to Member Portal, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements. You will be able to view your EOBs online and print copies when necessary.

All users must first register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

1. Visit www.memberportal.com.
2. Log in.
   NOTE: Member Portal has replaced Consumer Toolkit®. If you currently have a Consumer Toolkit account, your username and password for Consumer Toolkit will work for Member Portal.
   - If you have already registered, enter your credentials and click the "Login" button.
   - If you are new to Member Portal, click the "Sign up!" link to register.
     NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber's Social Security number.
3. Complete required fields and follow the on-screen instructions.
4. Select your own username and password to access the site.

Additional help can be accessed through the Help menu within Member Portal. If you need further assistance, call Toolkit Support at 866-356-0301.

VISION COVERAGE

Vision

Source Providers offer vision coverage through VSP. To find a VSP provider please visit www.vsp.com and choose a **Choice Network** provider.

If you use a non-network provider, your out-of-pocket costs will be higher, and you will be responsible for the exam and materials copay and only be reimbursed up to the maximum listed in your plan summary for exams and/or vision materials.

Once enrolled, register at VSP.com or VSP Vision Care on the Go app to access your electronic ID card and other information.

The benefits listed in the table below are for in-network services. Out-of-network benefits are available, but they are reduced and will result in a larger out-of-pocket expense for you. See the plan summary for additional details.

Benefit Coverage	**Vision Plan**
Copay	
Routine Exams (Annual)	$10 copay
Vision Materials	
Materials Copay	$25 copay
Lenses (Annual)	$25 copay for Single, Bifocal, or Trifocal
Contacts Covered in lieu of a full pair of glasses. Medically necessary contacts may be covered at a higher benefit level	$130 allowance - No copay Fitting and Evaluation up to $60 copay Covered in full
Lens Enhancements	Progressive Lenses – No copay Tints/Light-reactive lenses – No copay Average savings of 30% on other lens enhancements
Frames (Annual)	$200 allowance for a wide selection of frames $150 allowance for featured frame brands 20% saving for amounts over allowance $130 Walmart/Sam's Club frame allowance $70 Costco frame allowance

Employee Weekly Vision Contributions	
Employee Only	$1.93
Employee + 1 Dependent	$2.94
Employee + 2 or more Dependents	$5.28

LIFE AND AD&D COVERAGE

Life and AD&D

Employer Paid Basic Life and AD&D

Source Providers provide Basic Life and AD&D benefits to eligible employees. 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.

If you are a full-time employee, you will automatically receive Life and AD&D insurance.

Your Basic Life and AD&D Insurance benefit is $30,000.

Important Reminder!

Be sure to assign a beneficiary or living trust when you enroll, to ensure your assets are distributed according to your wishes. Open Enrollment is the ideal time to review and update your beneficiaries.

Supplemental Life and AD&D

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 with Sun Life if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect. To enroll in coverage for your spouse or child(ren) under the age of 19, you must elect life insurance for yourself. The enrollment system will provide the applicable rates by line of coverage.

VOLUNTARY LIFE AND AD&D	
You	
Benefit Coverage	Employees may elect units of $10,000, with a minimum election of $20,000
Maximum Benefit	$100,000
Evidence of Insurability (EOI)	You will be required to submit EOI if you are electing coverage after your initial eligbility period or if you elect to increase coverage at a later date or during open enrollment
Your Spouse	
Benefit Coverage	Units of $10,000
Maximum Benefit	The lesser of $50,000 or 50% of your voluntary election (Guarantee issue of $30,000)
Evidence of Insurability (EOI)	You will be required to submit EOI if you are electing coverage after your initial eligbility period or if you elect to increase coverage at a later date or during open enrollment
Your Child	
Benefit Coverage	$5,000
Evidence of Insurability (EOI)	Not required
AD&D	
Benefit Coverage	Employees may elect units of $10,000, with a minimum of $20,000
Maximum Benefit	$100,000

SHORT TERM DISABILITY COVERAGE

Short-Term Disability

Source Providers provide short-term income protection through Sun Life in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your weekly base salary and is provided at **no cost to you**. Please see the summary plan description for complete plan details**.**

	SHORT TERM DISABILITY PLAN
Weekly Maximum Benefit	$500
Elimination Period	7 days
Maximum Benefit Period	25 weeks

LONG TERM DISABILITY COVERAGE

Long-Term Disability

Source Providers offers voluntary long-term income protection in the event you become unable to work due to a non-work-related illness or injury. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

*Long-Term Disability (LTD) coverage may be subject to a pre-existing condition limitation, which excludes benefits for conditions treated before coverage began. The duration of this limitation varies, so please review your plan documents for specific details

	Long Term Disability
Monthly Maximum Benefit	60% of average monthly salary to $5,000
Elimination Period	180 days
Maximum Benefit Period	Payments will last as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner
Cost	Monthly cost = your monthly salary / 100 x $0.48

VOLUNTARY BENEFIT OPTIONS

Voluntary Coverages

While Source Providers provides benefit options that help you stay healthy, at times the standard benefit offerings are not enough. That is why CLI is partnering with Chubb Insurance to provide the below additional benefit options.

These voluntary Chubb coverages are effective the first of the month after you become benefit eligible.

Accident Insurance

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. Chubb Accident pays cash benefits directly to you regardless of any other coverage you have. There are no restrictions on how the money can be used. Depending on your needs, you can choose from two different coverage levels. See the Schedule of Benefits in the enrollment system for details on the plan coverage levels.

Employee Weekly Accident Premiums		
	Plan 1	**Plan 2**
Employee Only	$1.92	$3.24
Employee + Spouse	$3.60	$5.88
Employee + Child(ren)	$4.20	$6.84
Family	$5.88	$9.48

Hospital Cash

Chubb Hospital Cash pays money directly to you if you get hospitalized due to an injury or illness, regardless of any other coverage you have. There are no restrictions on how the money can be used. Depending on your needs, you can choose from two different coverage levels. See the Schedule of Benefits in the enrollment system for details on the plan coverage levels.

Employee Weekly Hospital Cash Premiums		
	Plan 1	**Plan 2**
Employee Only	$2.22	$4.74
Employee + Spouse	$4.92	$10.50
Employee + Child(ren)	$4.08	$8.76
Family	$6.78	$14.58

Critical Illness

Critical illnesses, such as heart attacks, cancer and strokes occur every day and often unexpectedly. Upon diagnosis of a covered illness, Chubb Critical Illness pays money directly to you to help with your bills, mortgage, rent, childcare, etc. so you can focus on your recovery. You can use the lump sum payment however you choose.

Chubb Critical Illness covers the following illnesses:

- Alzheimer's Disease
- Aneurysm (ruptured Cerebral or Aortic)
- Benign Brain Tumor
- Cancer
- Carcinoma In Situ
- Coma
- Coronary Artery Obstruction
- End Stage Renal Failure
- Heart Attack
- Major Organ Failure
- Multiple Sclerosis
- Paralysis or Dismemberment
- Parkinson's Disease
- Skin Cancer
- Stroke
- Sudden Cardiac Arrest
- Transient Ischemic Attack

Depending on your needs, you can choose from three different benefit levels to provide coverage for you and your family members:

	Option 1 Benefit	Option 2 Benefit	Option 3 Benefit
Employee	$10,000	$20,000	$30,000
Spouse	$5,000	$10,000	$15,000
Child(ren)	$5,000	$10,000	$15,000

See the information in the enrollment system for details on the plan coverage levels. Premiums are age-rated, and the enrollment system will calculate you biweekly premium based on your selected level of coverage and age.

EMPLOYEE ASSISTANCE PLAN

Employee Assistance Plan (EAP)

Life doesn't always go smoothly. We all face times when personal challenges or crises affect how we function at work or at home. Your Employee Assistance Plan (EAP) through Sun Life, provided by ComPsych GuidanceResources®, is a confidential, professional resource available to you and your household members to help navigate life's difficulties.

It's free... Your employer covers the cost of initial assessment, problem-solving sessions, and referral services. You and your household members can receive up to five face-to-face or virtual counseling sessions per issue, per person, per calendar year with a licensed professional. If longer-term treatment is needed, your counselor will help you explore options using your insurance coverage.

It's confidential... Your EAP is administered by ComPsych, an external provider, ensuring complete confidentiality. No one at work will know you've accessed services unless you choose to share. Nothing related to your EAP use will appear in your personnel file.

Emotional & Mental Health	Work-Life Solutions	Financial Guidance
- Stress, anxiety, depression - Grief and loss - Relationship/marital conflicts - Substance abuse	- Child, elder, and pet care - Moving and relocation - Shelter and government assistance - Home repair and major purchases	- Budgeting, debt, and bankruptcy - Retirement and estate planning - Credit and tax questions - Saving for college
Legal Support	**Digital Resources**	**How to Access**
- Divorce, family law, and adoption - Real estate and landlord/tenant issues - Civil/criminal matters and contracts - Free 30-minute consultation + 25% discount on legal fees	- Articles, videos, podcasts, and self-assessments - On-demand trainings - Online will preparation via EstateGuidance®	- Phone (24/7): **877-595-5284** - TRS: Dial 711 - Online: **guidanceresources.com** - App: GuidanceNow℠ - Web ID: EAPComplete

RETIREMENT PLANNING

Retirement Planning

Contributing to a 401(k) account now can help keep you financially secure later in life. Our 401(k) plan provides you with the tools and flexibility you need to prepare.

What is a 401(k) plan?

It is an employer-sponsored retirement account that can help build and create choices for your future self by saving money…tax free…from your paycheck. Due to the value of compounding interest, the sooner you participate in the retirement plan the better.

Eligible employees can save for retirement while receiving certain tax advantages. Administrative and record-keeping services for this plan are provided by Fidelity.

Upon completion of three months of service and attainment of age 21, eligible employees will automatically be enrolled in the plan with a 3% pre-tax contribution rate. In July of each year, your auto-enrolled contribution rate will increase 1% until you reach a maximum of 6%. Participants may opt out of the auto-enrollment if they do not want to contribute to the plan or wish to participate at a different contribution rate. Participants may also elect to make after-tax Roth contributions to the plan. A variety of investment options are available in the plan. We encourage you to visit www.401k.com for more information and to make changes to your elections.

What is a Roth 401(k)?

If you contribute to your 401(k) pre-tax, your contributions will be taken out before taxes each pay. However, you will have to pay taxes on the funds when you withdraw them during retirement. If you choose the Roth 401(k), contributions will be taken out of your pay after taxes. Therefore, you won't pay taxes when you withdraw the funds during retirement.

401(k) PLAN	
Plan	Comprehensive Logistics Co., LLC Employee Retirement Plan
Recordkeeper	Fidelity
Website	www.401k.com
Eligibility	Upon completion of three months of service and age 21
Company Match	The company provides a discrentionary matching contribution that is subject to a vesting schedule. The current match is 25% of the first 6% of compensation deferred.

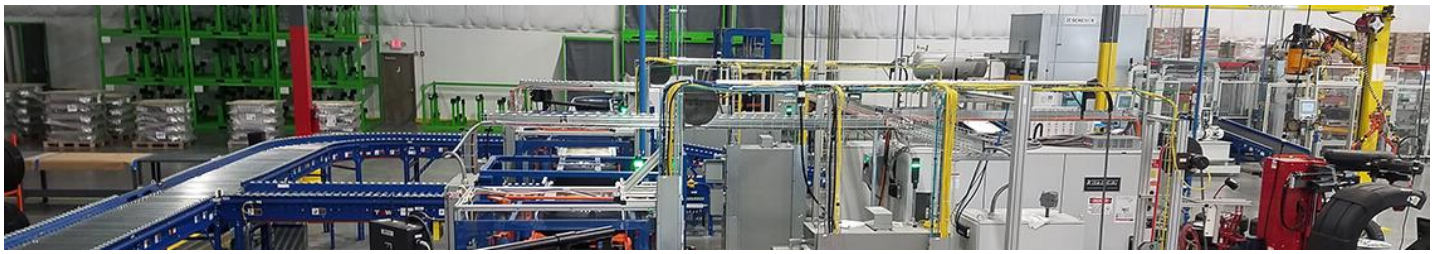
Contacts

Additional information regarding benefit plans can be found on UKG Pro. Please contact your local HR representative with additional questions or for assistance with completing your benefit elections now or in the future.

Carrier Customer Service

	CARRIER	PHONE NUMBER	WEBSITE
Medical-RBP Group number:0180985505	The Health Plan	800-624-6961	myplan.healthplan.org
Medical-Network Group Number: 0180985509	The Health Plan	800-624-6961	myplan.healthplan.org
Pharmacy	OptumRx	855-896-9779	www.optumrx.com
Telemedicine	healthiestyou	800-703-1259	www.healthiestyou.com
Dental Group number: 10941	Delta Dental	800-524-0149	www.deltadental.com
Vision Plan number: 30071611	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Life and AD&D products Plan number: 962403	Sun Life	800-247-6875	www.SunLife.com
Short Term Disability (STD) Plan number: 962403	Sun Life	800-247-6875	www.SunLife.com
Long Term Disability (LTD) Plan number: 962403	Sun Life	800-247-6875	www.SunLife.com
Accident Insurance	Chubb	833-542-2013	www.chubb.com
Hospital Cash	Chubb	833-542-2013	www.chubb.com
Critical Illness	Chubb	833-542-2013	www.chubb.com
Employee Assistance Plan	Sun Life	877-595-5284	guidanceresources.com
401(k) Retirement	Fidelity	800-835-5097	www.401k.com

SOURCE PROVIDERS
INCORPORATED



This brochure summarizes the benefit plans that are available to Source Providers, Inc., 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.