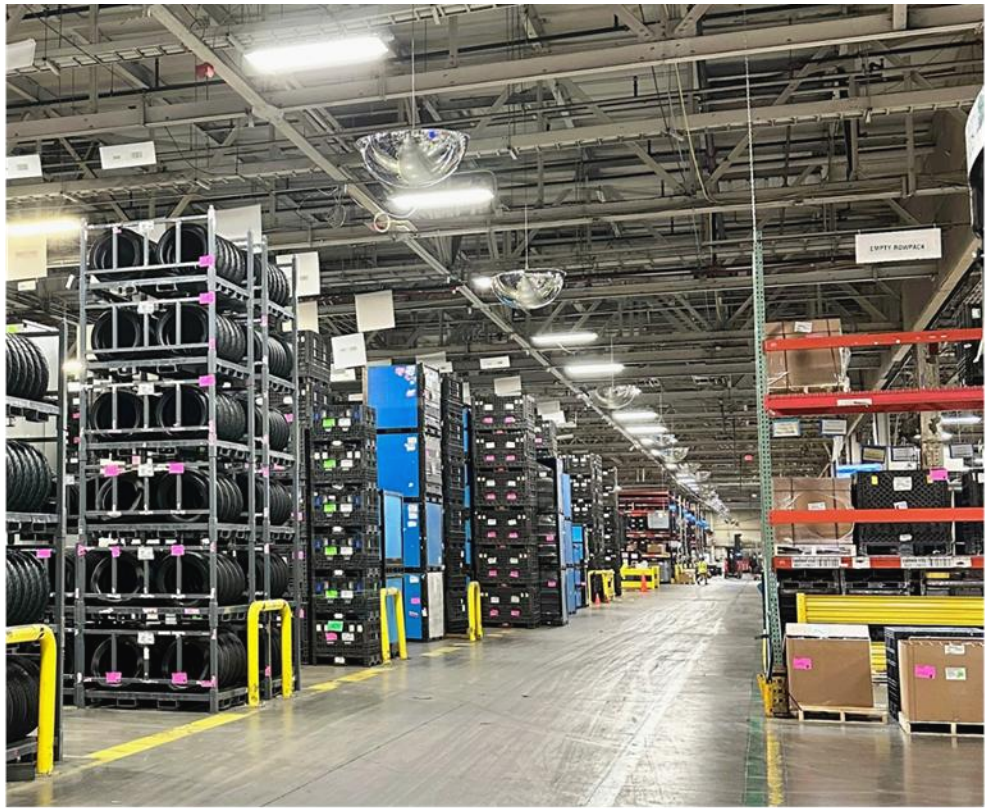
2026 SPI Spring Hill Employee Benefits



SOURCE PROVIDERS INCORPORATED

COMPREHENSIVE LOGISTICS

Open Enrollment

- Actively enroll for benefits
- Make changes to your current selection
- Add or delete dependents
- Update beneficiaries
- Enroll in a new type of benefit
- Nov 17 – Dec 1

All changes effective January 1 , 2026

Benefits Counselors are Available!

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

SCAN HERE

SCAN THE QR CODE OR USE THE LINK TO VISIT THE BENEFITS HOMEPAGE

https://complog.benefitsinfo.com/

Open Enrollment

- Opportunity to make changes to your benefit elections and to review which dependents you will cover
- Elections made during this period will remain in effect for a 12-month period, unless you experience an IRS-approved “qualifying event”
- Approved qualifying events include:
  - Marriage or Divorce
  - Death
  - Birth or adoption of a dependent
  - Change in employment status
  - Change in dependent’s eligibility status
  - Loss of or significant change to your current coverage
  - Judgment, decree or court order
- You have **30 days** from the date of the qualifying event to notify Human Resources and submit your change request through UKG Pro

Who is Eligible?

- Employee
  - Full-time working 30 hours or more per week
- Spouse (or common-law spouse where recognized)
  - Spouses with access to other healthcare coverage through their employer are NOT eligible for company medical coverage
- Child(ren)
  - Up to the age of 26
- Dependent children
  - Over age 26 if disabled with certification
- **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.

MEDICAL/RX

Medical/Rx – RBP Plan

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/Rx – RBP Plan

Benefit Coverage	Rx Plan Schedule of Benefits
Retail Pharmacy (30 Day Supply)	
Generic (Tier 1)	$5 copay
Preferred (Tier 2)	$80 copay
Non-Preferred (Tier 3)	50% coinsurance retail & mail order
Mail Order Pharmacy (90 Day Supply)	
Generic (Tier 1)	$10 copay
Preferred (Tier 2)	$160 copay
Non-Preferred (Tier 3)	50% coinsurance retail & mail order

Medical/Rx – Network Plan

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

Medical/Rx – Network Plan

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

Network Plan – Provider Search

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

Medical/Rx – Plan Highlights

PREVENTIVE CARE – Covered at 100% on your medical plan

Routine preventive for Children*

Appropriate screenings based on gender and age

- Newborn visits
- Tuberculosis testing
- Anemia testing
- Lead exposure
- Pelvic exam and pap test
- Development and behavior
- Lipid profile
- Depression
- Obesity and counseling
- Nutrition counseling

Routine preventive for Adults

Appropriate screenings based on gender and age

- Lipid profile
- Diabetes
- Pelvic exam and pap testing
- Breast exam and mammogram
- Bone density testing
- Colonoscopy
- Aortic aneurysm

*Birth to age 18

Medical/Rx – Contributions

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

*All deductions are done on a pre-tax basis

The Health Plan

We are committed to providing you superior service in a way that is convenient for you.

Access information you need 24/7. Easily manage your personal information through our member portal at **myplan.healthplan.org**. Create an account and securely access plan information.

- View and print your member ID card
- Check eligibility of you and your dependents
- View EOBs electronically*
- Check claim status
- Access personalized wellness tools
- View benefit documents*

Reference-Based Pricing

What is a Referenced Base 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 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.

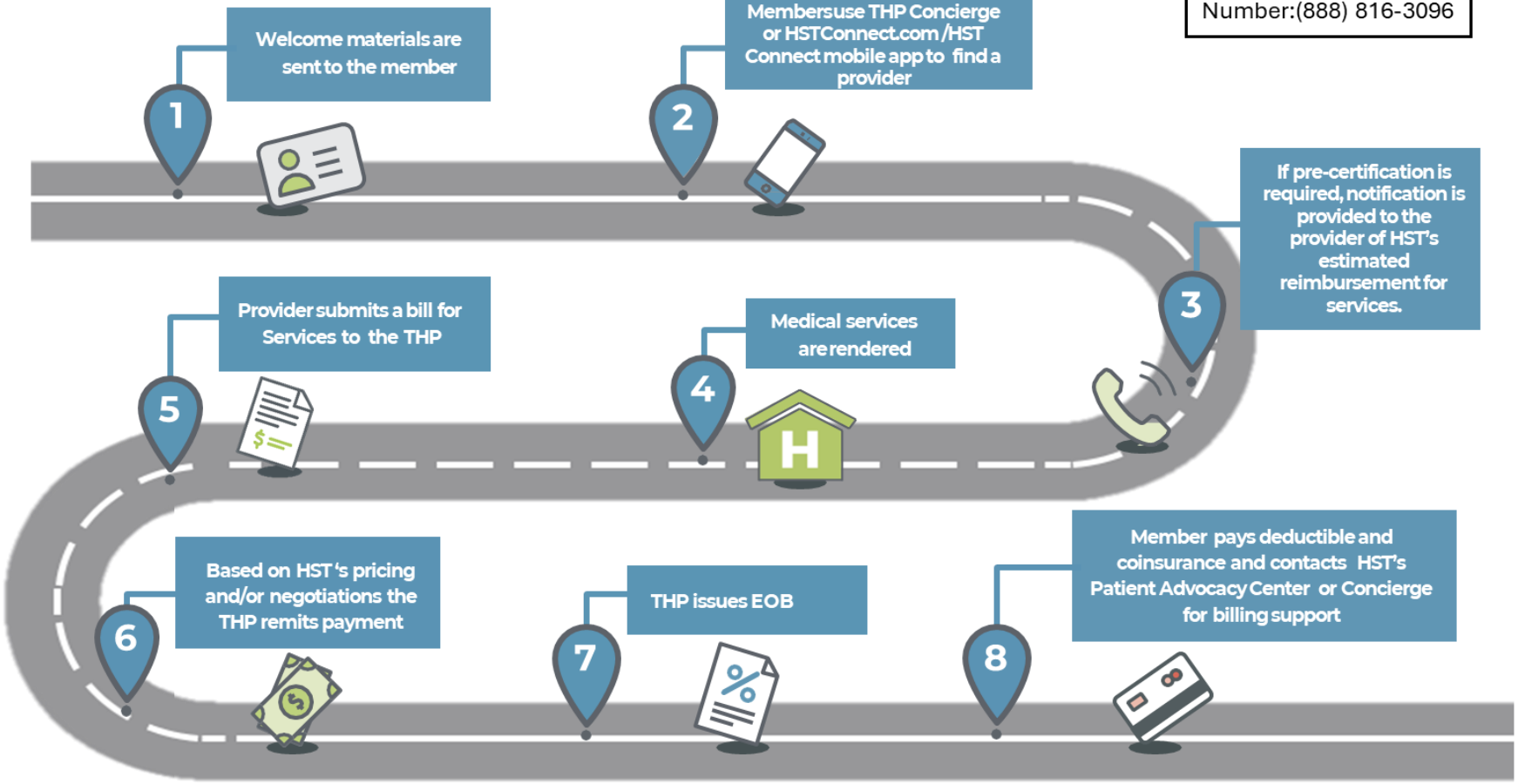
IMPORTANT: If you receive a bill from your provider, either a physician or medical facility, you need to compare it to the EOB that you received from The Health Plan. If you are asked to pay more money than what is shown as patient responsibility on your EOB, you need to call The Health Plan at 800-624-6961.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

RBP ACRONYMS TO KNOW

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 price 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 for those rare instances of 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
BBP	**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 that explains what medical services were covered and what you owe.

The RBP Member Experience

THP Concierge Phone Number:(888) 816-3096



RBP Balance Billing

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.
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 or upload it to the portal.
What happens when I contact HealthComp 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.

What Happens If You Get A Balance Bill

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

1	You receive a Balance Bill
2	**Call THP 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 who will be in contact to help you resolve the Balance Bill

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

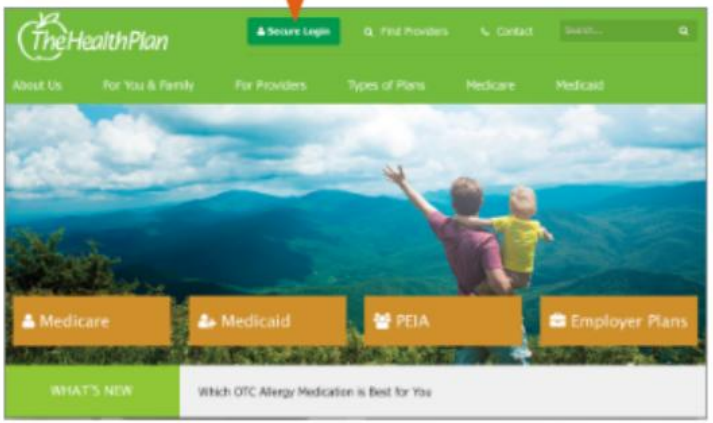
The Health Plan Member Portal

The Health Plan's member portal is convenient and easy to use.

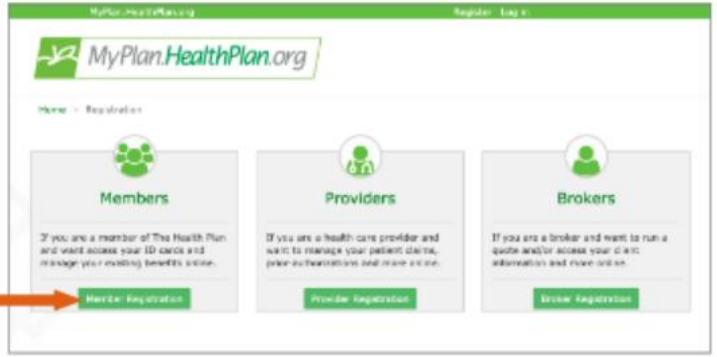
- Search for an EOB
- View current enrollment status, coverage type, and coverage start date
- Access deductible amounts and copays

HOW DO I GET ACCESS TO THIS PORTAL?

Select Secure Login from **healthplan.org**
or log on to **myplan.healthplan.org**



- **First-time users:** Click Register and choose Member Registration from the following page



The Health Plan Mobile App

we are your health care concierge

Download The Health Plan Mobile App for 24/7 access to:

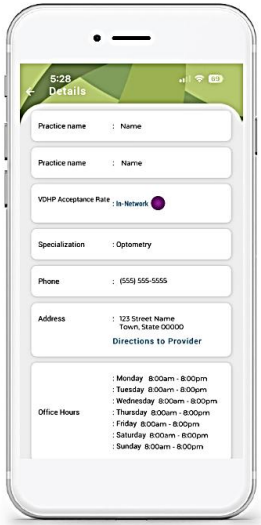
- View and print your ID card
- Check eligibility
- Find a provider
- View EOBs
- Check claim status
- Access and utilize personalized wellness tools
- View benefit documents

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 or visit hstconnect.com



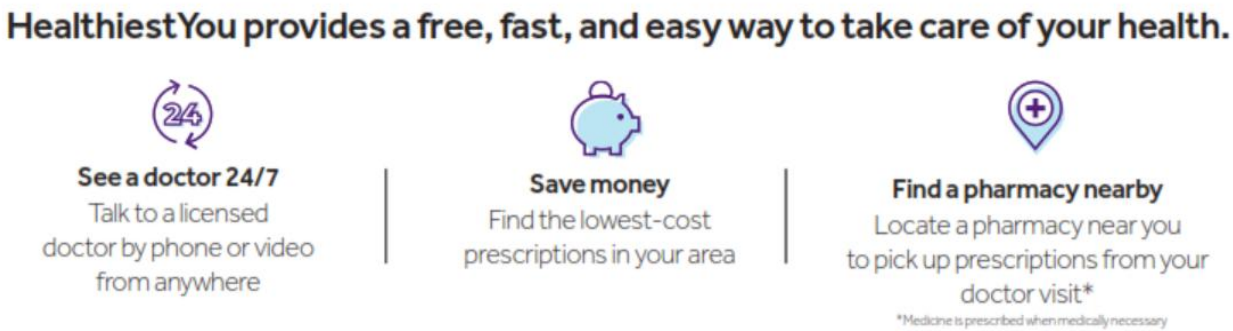
Healthcare Bluebook

Additionally, you have access to Healthcare Bluebook FREE as a benefit:

- Shop for medical procedures at facilities in your area
- Find the best price
- Get an out-of-pocket cost estimate
- 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.

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.



Search and download the “healthiestyou” app from the App store or Google Play and set up your account to access the telemedicine benefit.

Your dental plan is with Delta Dental of Ohio

DENTAL

Dental - Benefit Highlights

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.

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%

Dental – Contributions

Employee Weekly Dental Contributions	
Employee Only	$0.57
Employee + 1 Dependent	$1.14
Employee + 2 or more Dependents	$2.11

*All deductions are done on a pre-tax basis

vsp vision care

VISION

Vision – Benefit Highlights

	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

Vision – Contributions

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

*All deductions are done on a pre-tax basis

Sun Life

ANCILLARY COVERAGES

Basic Life/AD&D

Source Providers is pleased to provide an employer paid life and accidental death & dismemberment (AD&D) benefit to all eligible employees

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.

Please be sure to review and update your beneficiary information during Open Enrollment.

Voluntary Life Insurance

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

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

Short Term Disability benefits are provided at no cost to you.

Long Term Disability

	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

Worksite Benefits

CHUBB®

Accident & Injury

Critical Illness

Hospital Cash

Employee Assistance Plan (EAP)

An EAP is short-term counseling and referral service for you and your family members at no additional cost.

- 100% CONFIDENTIAL
- It's FREE
- Includes 5 face-to-face visits per issue
- Access via phone or online

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

ENROLLMENT PROCESS

Enrollment Process

SCAN HERE

- **Benefits Homepage: scan QR code or go to: complog.benefitsinfo.com**
- **Schedule a session with a Benefits Counselor**
  - **Available 11/17-12/1; Hours: 9am-6pm ET; English/Spanish available**
- Team members can self-enroll through their UKG Pro account through a web browser.
- **You MUST complete open enrollment for your benefits to continue into 2026!**
- Direct any questions to your Human Resources Department.
- The deadline to enroll is **December 1**!

Thank you!!

Thank you for reviewing this year's benefits enrollment presentation.