Current

EMPLOYEE BENEFITS 2026

New Hire Guide

WELCOME

Here is where to find...

This guide is clickable

It is designed to give you quick access to your benefits information

2026 Employee Benefits Guide

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits enrollment process, contact **hr@currentco.com** for assistance.

Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description.

Home
Enrolling
Health
Dental/Vision
Life/Disability
Additional Benefits
Glossary
Contacts

Who is Eligible?

Benefits are available to all full-time employees (minimum 30 hours per week) and their dependents. For new hires, your benefits will become effective on the first of the month following 30 days of employment.

Eligible dependents include:

	Your legal spouse or domestic partner*
	Your children from birth to age 26
	Your natural, legally adopted, stepchildren
	Your unmarried dependent children of any age who are mentally or physically disabled and depend on you for support

*See **Glossary** for definition.

How to Enroll

To sign up for benefits, visit **https://cretepa.ukg.net**.

Making Changes

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Please understand that any changes you make to your coverage must be consistent with the change in status.

2026 Benefits Enrollment

ENROLLMENT ASSISTANCE

Visit the Benefits Homepage by using the QR Code or link provided below!

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

SCAN ME

Log into UKG to complete your enrollment:
cretepa.ukg.net

Current

https://current.benefitsinfo.com

Medical - PPO Plans

www.cigna.com
800-997-1654

CIGNA

Your medical benefits are provided by Cigna and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Medical	High PPO		Mid PPO		Base PPO	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (Individual/Family)	$1,000 / $2,000	$10,000 / $16,000	$2,000 / $4,000	$10,000 / $16,000	$4,000 / $8,000	$10,000 / $16,000
Out-of-pocket maximum (Individual/Family)*	$4,000 / $8,000	$15,000 / $30,000	$5,000 /$10,000	$15,000 / $30,000	$6,000 / $12,000	$15,000 / $30,000
Preventive care	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Primary physician office visit	$25	50% after Ded.	$30	50% after Ded.	$40	50% after Ded.
Specialist office visit	$40	50% after Ded.	$55	50% after Ded.	$65	50% after Ded.
Inpatient hospital services	10% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.
Outpatient hospital services (lab, x-ray, diagnostic)	10% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.
Advanced diagnostics	10% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.
Urgent care	$75	50% after Ded.	$75	50% after Ded.	$100	50% after Ded.
Emergency room care	20% after Ded.	20% after Ded.	20% after Ded.	20% after Ded.	20% after Ded	20% after Ded
Prescription drugs ▶						
Retail (30-day supply)						
Generic	$10	50% Coinsurance	$10	50% Coinsurance	$15	50% Coinsurance
Brand preferred	$30	50% Coinsurance	$30	50% Coinsurance	$40	50% Coinsurance
Brand non-preferred	$50	50% Coinsurance	$50	50% Coinsurance	$65	50% Coinsurance
Mail order (90-day supply)						
Generic	$25	50% Coinsurance	$25	50% Coinsurance	$38	50% Coinsurance
Brand preferred	$75	50% Coinsurance	$75	50% Coinsurance	$100	50% Coinsurance
Brand non-preferred	$125	50% Coinsurance	$125	50% Coinsurance	$163	50% Coinsurance

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges. * Includes Deductible and Copayments

** For in-network providers: $3,200/individual - employee only or $6,400/family maximum (no more than $3,400 per individual within a family)*

Medical - HDHP with HSA

www.cigna.com
800-997-1654

CIGNA

Your medical benefits are provided by Cigna and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Medical	HDHP with HSA	
	In-network	Out-of-network
Annual deductible (Individual/Family)	$3,200* / $6,400 ($3,400 embedded)	$10,000 / $16,000
Out-of-pocket maximum (Individual/Family)*	$5,000 / $10,000	$15,000 / $30,000
Preventive care	Covered at 100%	50% Coinsurance
Primary physician office visit	20% after Ded.	50% after Ded.
Specialist office visit	20% after Ded.	50% after Ded.
Inpatient hospital services	20% after Ded.	50% after Ded.
Outpatient hospital services (lab, x-ray, diagnostic)	20% after Ded.	50% after Ded.
Advanced diagnostics	20% after Ded.	50% after Ded.
Urgent care	20% after Ded.	50% after Ded.
Emergency room care	20% after Ded.	20% after Ded.
Prescription drugs		
Retail (30-day supply)		
Generic	20% Coinsurance	50% Coinsurance
Brand preferred	20% Coinsurance	50% Coinsurance
Brand non-preferred	20% Coinsurance	50% Coinsurance
Mail order (90-day supply)		
Generic	20% Coinsurance	50% Coinsurance
Brand preferred	20% Coinsurance	50% Coinsurance
Brand non-preferred	20% Coinsurance	50% Coinsurance

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges. * Includes Deductible and Copayments

For in-network providers: $3,200/individual - employee only or $6,400/family maximum (no more than $3,400 per individual within a family)

What is an HSA? Skip to page 12

Tips for Optimizing Benefits

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting **myCigna.com**.
- Discount sites like GoodRx and WellRx provide instant savings. (Please note: Prescriptions acquired under these plans do not go through your insurance.)
- Ask your provider or pharmacist if a generic/ mail order is available.

Generic contraceptives and diaphragms are covered in full. Contact the drug manufacturer to inquire about Patient Assistance Programs (PAPs), which may provide financial assistance.

SaveOnSP

Specialty medications can cost a lot of money. That's why your plan offers you access to a service called SaveOnSP. With SaveOnSP, you'll pay $0 out-of-pocket for your medication. There's no extra cost to participate – it's available through your pharmacy benefit. If you're filling a medication through Accredo that's available at $0 with SaveOnSP, you should consider using this service.

- With SaveOnSP, you'll pay $0 out-of-pocket for your medication. The medication's full cost will be paid through a manufacturer copay assistance program.
- Without SaveOnSP, you'll pay 30% coinsurance to fill your medication. You can use the Price a Medication tool on the myCigna App or **myCigna.com** to see how much your medication will cost.

Note: Not available to those enrolled in the HDHP with HSA plan.

Cigna Mobile App

Use the Cigna app to easily access your healthcare information and tools to help estimate costs, manage claims, and find providers — anytime and anywhere.

Preventive Healthcare

Cigna wants to help you get more out of life. Keeping you healthy is a great place to start.

So, we want you to Go. Know. Take Control.

According to the Centers for Disease Control and Prevention (CDC), Americans only use preventive services at about half the recommended rate, even though preventive care is now 100% covered by insurance under the Affordable Care Act. So before you go for your annual check-up, go to **Cigna.com/takecontrol** to find out what basic services you qualify for, and what additional benefits your plan offers.

Diagnostic Screenings

The truth is, many of the chronic health problems in America are preventable and are brought on by unhealthy lifestyle choices. That's why preventive care is so crucial to your health. Because by being proactive about your health and getting necessary preventive screenings on time, you gain the insight you need to make informed, healthier lifestyle choices and, ultimately, become a healthier you.

The first step toward managing your risk factors is being aware of your current status. And that's essentially the purpose of these common preventive screenings:

✓ **Blood pressure**
Measures how hard the blood pushes against the walls of your arteries as it moves through your body. Normal blood pressure: <120/80 systolic/diastolic

✓ **Cholesterol**
Measures ratios of the healthy (HDL) and unhealthy (LDL) fat-like substance in your bloodstream. Recommended total cholesterol: < 200 mg/dL

✓ **Blood Glucose**
Measures the level of a sugar energy source our body creates when it breaks down carbohydrates. Recommended fasting level: 70–100 mg/dL

Current Company will cover the cost of certain diagnostic screenings at 100%.

Accredo Specialty Pharmacy

When it comes to specialty medications, you need a pharmacy that's focused in complex medical conditions like yours. That's why your plan only covers certain specialty medications if you fill them through Accredo's specialty pharmacy.

At Accredo, you're the number one focus.

Accredo will deliver your specialty medication to your home, workplace or doctor's office – or even to a vacation location – to make sure you have it when and where you need it. And their team of specially trained pharmacists, nurses and clinicians work together to give you the personalized care and support you need to manage your therapy.

With Accredo, you can:

- Get personalized care services
- Talk to a specially trained pharmacist, nurse and/or clinician, 24/7
- Learn how to work through side effects
- Find ways to help pay for your medications, if needed
- Get standard shipping, at no extra cost
- Sign up for refill reminders
- Easily manage your medications by phone or online

Call Accredo today.

877.826.7657
M–F 7:00 am–10:00 pm CT
Sat 7:00 am–4:00 pm CT

Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

Learn more about Accredo.

Go to Cigna.com/specialty. Be sure to check out the video to learn more about the personalized care and support Accredo provides.

Express Scripts Pharmacy

USE HOME DELIVERY WITH EXPRESS SCRIPTS® PHARMACY

Home delivery with Express Scripts® Pharmacy is a convenient option when you're taking a medication on a regular basis.[1] It's simple, safe – and saves you trips to the pharmacy.

Make fills easier. Make fills easier. Have your medication sent to your home.

With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice).

- **Easily order, manage, track and pay for your medications** on your phone or online
- Standard shipping at **no extra cost**[2]
- Fill up to a **90-day supply** at one time[3]
- Helpful pharmacists **available 24/7**
- **Automatic refills**[4] or refill reminders so you don't miss a dose
- **Flexible payment options** – split your bill into three smaller equal payments

Three easy ways to get started using Express Scripts® Pharmacy

1. **Log in to the myCigna® App5 or myCigna.com® to move your prescription electronically**. Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to get your prescription. Have your Cigna Healthcare℠ ID card, doctor's contact information and medication name(s) ready when you call.

Got a new prescription?

Ask your doctor to send it to Express Scripts® Pharmacy for you.

1. **Electronically:** For fastest service, have them send it electronically to Express Scripts® Home Delivery, NCPDP 2623735. Or,
2. **By fax**: Have them call **888.327.9791** to get a Fax Order Form.

1. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.

2. Standard shipping costs are included as part of your prescription plan.

3. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply.
Even though it's not a "90-day supply," it's still considered a 90-day prescription.

4. Express Scripts® Pharmacy can automatically refill certain medications. Log in to the myCigna App or myCigna.com or call 800.835.3784 to sign up. You can sign up to get emails and/or texts from Express Scripts® Pharmacy. To get text messages, you'll have to sign up for Express Scripts®' texting service. You can do this online or over the phone. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

5. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.

Virtual Healthcare

MDLive

It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience and provide personalized care for hundreds of medical and behavioral health needs.

To schedule an appointment:

Access MDLIVE by logging into **myCigna.com** and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

Select the type of care you need: medical care or counseling; cost will be displayed on both **myCigna.com** and MDLIVE.

Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care.

Behavioral Health

Receive quality, behavioral health care without leaving home. Simply connect via your phone, computer or tablet and you can:

- Have access to one of the largest virtual networks in the country.
- Schedule appointments online with licensed counselors or psychiatrists through our virtual only provider groups.
- Get access to providers with a wide variety of specialties such as autism and substance use, as well as providers who specialize in treating emergency responders.
- There's a virtual provider for every need:
  - MDLIVE for stress, anxiety and burnout
  - Talkspace for private text therapy
  - Headspace Care for text based behavioral health coaching, self-guided learning activities and if needed video-based therapy and psychiatry
  - Brightline for virtual behavioral health coaching for families and children ages 18 months through 17 years old

Virtual Providers

Sometimes all it takes is one extra hurdle—like a long wait time, difficulty finding a provider or the hassle of taking time off work—to delay a necessary appointment. But those delays can lead to higher costs and more serious health issues. That's why we offer a curated network of virtual, in-network providers—strategically selected to address high-impact health needs and cost drivers. We're expanding our virtual provider network to improve access, reduce health disparities and deliver a more seamless experience.

You can find the right virtual care all on myCigna by typing in a condition or keyword and selecting "virtual providers." Virtual providers include, but are not limited to:

- **MDLive** – Preventive screenings, annual checkups, urgent care, and dermatology
- **Visana** – Hormone health and reproductive health
- **Nourish** – Nutrition care and education
- **Great Speech** – Speech therapy for all ages

Medical - HMO

www.kp.org
800.464.4000

KAISER PERMANENTE **(FOR CA EMPLOYEES ONLY)**

Your medical benefits are provided by Kaiser Permanente and include coverage for in-network providers only.

Medical	Kaiser HMO
	In-network
Annual deductible (Individual/Family)	$1,000 / $2,000
Out-of-pocket maximum (Individual/Family)*	$3,000 / $6,000
Preventive care	Covered at 100%
Primary physician office visit	$30
Specialist office visit	$40
Inpatient hospital services	20% coinsurance
Outpatient hospital services (lab, x-ray, diagnostic)	$15
Advanced diagnostics	20% coinsurance up to $150
Urgent care	$30
Emergency room care	20% coinsurance
Prescription drugs	
Retail (30-day supply)	
Generic	$15
Brand preferred/Brand non-preferred	$35
Specialty	20% coinsurance up to $250
Mail order (90-day supply)	
Generic	$30
Brand preferred/Brand non-preferred	$70
Specialty	Not Covered

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges.

Health Savings Account (HSA)

EMPLOYEE BENEFITS CORPORATION (EBC FLEX)

AVAILABLE TO PARTICIPANTS IN THE HDHP WITH HSA PLAN.

www.ebcflex.com
800.346.2126

What is a Health Savings Account?

A health savings account (HSA) is a tax-advantaged savings account that can be used for qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions.

Did you know an HSA provides triple tax benefits?

- The money you contribute is pre-tax.
- Interest accumulates in the account tax-free.
- Money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses.

As an added benefit, Current Company will contribute $500 for individual coverage and $1,000 for family coverage to your account yearly.

HSA Advantages

	You can use the account to pay for qualified healthcare expenses.
	Unspent dollars roll over each year and are yours to keep, even if you retire or leave the company.
	You can invest your HSA funds, so your available healthcare dollars can grow over time.

You are eligible if:

- You are enrolled in the HDHP with HSA plan.
- You are not covered by a spouse's plan.
- No one else can claim you as a dependent.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received VA benefits in the past 3 months.

How Do I Manage My HSA?

Access and manage your HSA at **www.ebcflex.com**. You'll set up your payroll contributions during your enrollment period. You can change the contribution amount at any time (although it may take up to two payroll periods to process).

How Much Can I Deposit into an HSA in 2026?

<55*	• Up to $4,400 for individual. • Up to $8,750 for family.
55+*	The maximum contribution increases by $1,000.

*Not enrolled in Medicare

Above values do not account for the employer contribution given by Current Company

Flexible Spending Account (FSA)

EMPLOYEE BENEFITS CORPORATION (EBC FLEX)

www.ebcflex.com
800.346.2126

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is a tax-advantaged account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck.

When electing an FSA, you will set an annual contribution amount. Any unused funds over the maximum of $680 will be forfeited if not used by December 31st, 2026. The goal is to choose an amount that will adequately cover medical or dependent care expenses, not an excessive amount that will cause you to forfeit money at the end of the year.

You can choose to participate in either the Healthcare FSA, the Dependent Care FSA or both, and it's unnecessary to "sign up" specific family members for these accounts.

Healthcare FSA

A healthcare FSA reimburses employees for eligible medical expenses, up to the amount contributed for the plan year. Eligible healthcare expenses include many out-of-pocket costs you pay to maintain your health and well-being. Visit **irs.gov** for a full list of eligible expenses.

You may contribute up to $3,400 annually (funds will be available as of the election effective date).

Limited Purpose FSA

You may set aside up to $3,400 in 2026 into a Limited Purpose FSA on a tax-free basis. You can use this money to pay for eligible out-of-pocket dental and vision expenses.

Please note this account cannot be used for medical expenses.
Only those enrolled in the HDHP with HSA plan can participate in the Limited Purpose FSA.

Dependent Care FSA

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse, or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as babysitters, nursery schools, or daycare centers.

You may contribute up to $7,500 annually (or $3,750 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.

Supplemental Health Benefits

UNUM

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Unum. Please visit **www.unum.com** for additional details.

Accident Insurance

After a covered accident, accident insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events. Additionally, each year, each family member who has Accident coverage can also receive $50 for getting a covered Be Well screening test.

For the full schedule of accident benefits coverage, please see Page 3-5 of the attached - **Here**.

Who can get coverage?

✓ You	If you're actively at work*
✓ Your spouse	Can get coverage as long as you have purchased coverage for yourself
✓ Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status

Critical Illness Insurance

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You may elect up to $10,000, $20,000, or $30,000 of coverage with no medical underwriting if you apply during the enrollment period. If you participate in a health screening, you may receive up to $50, $75, or $100 depending on the level of coverage you select.

What is Covered?

Critical Illnesses

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Sudden cardiac arrest
- Coronary artery disease
  Major (50%): Coronary artery bypass graft or valve replacement
  Minor (10%): Balloon angioplasty or stent placement

Cancer conditions

- Invasive cancer, all breast cancer is considered invasive
- Non-invasive cancer (25%)
- Skin cancer, $500

Progressive diseases

- Amyotrophic Lateral Sclerosis (ALS)
- Dementia, including Alzheimer's disease
- Multiple Sclerosis (MS)
- Parkinson's disease
- Functional loss
- Huntington's Disease
- Lupus
- Muscular Dystrophy
- Myasthenia Gravis
- Systemic Sclerosis (Scleroderma)
- Addison's Disease

Supplemental conditions

- Loss of sight, hearing or speech
- Benign brain tumor
- Coma
- Permanent paralysis
- Occupational HIV, Hepatitis B, C or D
- Occupational PTSD
  Paid at 25%.
- Infectious diseases
- Pulmonary embolism
- Transient ischemic attack (TIA)
- Bone marrow or stem cell

Who can get coverage?

✓ You	Choose $10,000, $20,000 or $30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
✓ Your spouse	Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
✓ Your children	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

For further information on Critical Illness Insurance, click **Here**!

Hospital Indemnity Insurance

Hospital stays can be expensive, even with insurance. Hospital Indemnity plans are designed to provide financial protection by paying you a direct benefit to cover out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the facility type and number of confinement days. If you participate in a health screening, you can receive up to $50 as a wellness benefit.

What is Covered?

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	$1,000.00
ICU Admission (added to Admission)	Payable for a maximum of 1 day per year	$1,000.00
Hospital Daily Stay	Payable per day up to 365 days	$200.00
ICU Daily Stay (added to Daily Stay)	Payable per day up to 30 days	$200.00
Short Stay	Payable for a maximum of 1 day per year	$200.00

Who can get coverage?

✓ You	If you're actively at work
✓ Your spouse	Can get coverage as long as you have purchased coverage for yourself
✓ Your children	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

Dental

www.cigna.com
800.997.1654

CIGNA

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what Cigna pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit **www.cigna.com**.

Dental	Low DPPO	High DPPO
	In-network	In-network
Annual deductible (Individual/Family)	$50 / $150	$50 / $150
Annual maximum (per person)	$1,000	$1,500
Diagnostic and preventive care (includes cleanings, fluoride treatments, sealants, and x-rays)	Covered at 100%	Covered at 100%
Basic services (includes fillings, periodontics, scaling, and root planning, and oral surgery)	Covered at 80%	Covered at 80%
Major services (includes crowns, bridges, and full and partial dentures)	Covered at 50%	Covered at 50%
Orthodontia (dependents up to age 19)	Not Covered	Covered at 50%
Lifetime maximum	N/A	$1,000
Pricing Model	MAC*	UCR*

Plan includes out-of-network benefits; see plan summary for additional details.

Note: The High DPPO will offer a better out-of-network reimbursement than the Low DPPO.

*See **Glossary** for definition.

Vision

www.cigna.com
800.997.1654

CIGNA

EMPLOYEES MAY ENROLL IN DENTAL AND/OR VISION COVERAGE REGARDLESS OF THEIR MEDICAL ENROLLMENT STATUS

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Cigna network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit **www.cigna.com**.

To access the full Vision Benefit Summary, click **Here**!

Vision	Vision
	In-network
Examination (every 12 months)	$10
Material	$25
Lenses (every 12 months)	
Single	$25 copay
Bifocal	$25 copay
Trifocal	$25 copay
Frames (every 24 months)	
New frames	$130 allowance + 20% off coverage
Contact lenses (every 12 months)	
Elective	Up to $130 allowance
Medically necessary	Covered at 100%

Life and AD&D Insurance

UNUM

www.unum.com
800.275.8686

Basic Life and AD&D Insurance

Current Company provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you! If you are actively at work at least 30 hours per week, you are automatically eligible for coverage.

Insurance Coverage	Benefit
Basic Life and AD&D	1x your earnings up to $150,000

Additional Plan Features

- **Living Benefit:** If diagnosed with a terminal illness with less than 12 months to live, you may request up to 100% of your life insurance benefit (up to $250,000) while still living. This amount reduces the death benefit and may be taxable.
- **Waiver of Premium:** Coverage may continue at no cost if you become totally disabled for a period of time
- **Portability:** You may be able to continue coverage if you leave the company, retire, or reduce hours (subject to plan terms)

Please note that at age 65, benefit amounts decrease to 65% of the original amount. At age 70, benefit amounts decrease to 50% of the original amount.

Example: Age Reductions Based on $70,000 Salary

Age Band	Benefit Amount	Benefit %	Reduced Benefit
Under Age 65	$70,000	100%	$70,000
Age 65–69	$70,000	65%	$45,500
Age 70+	$70,000	50%	$35,000

Voluntary Life and AD&D Insurance

If you would like additional coverage, Voluntary Life and AD&D insurance is available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available, or elect an amount over the Guaranteed Issue, you may be subject to complete the Evidence of Insurability (EOI) form through UKG.

Please note Voluntary coverage includes the same additional plan features as Basic Life and AD&D coverage.

Insurance Coverage	Benefit
Voluntary Employee Life	• Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings.* • You can get up to $300,000 with no medical underwriting.
Voluntary Spouse Life	• Get up to $100,000 in increments of $5,000. Spouse coverage cannot exceed 100% of the Employee amount. Spouses can get up to $50,000 with no medical underwriting.
Voluntary Child Life	• Birth to 6 months: $1,000 • 6 months to 26 years: Up to $10,000 in increments of $2,000

Please note that at age 65, benefit amounts decrease to 65% of the original amount. At age 70, benefit amounts decrease to 50% of the original amount.

Age Band	Benefit Percentage
Under Age 65	100% of benefit
Age 65–69	65% of benefit
Age 70+	50% of benefit

Disability

www.unum.com
800.275.8686

UNUM

Current offers Short-term and Long-term Disability benefits at no cost to you! These plans give you income protection in the event you are ill, suffer a non-work-related injury, and are unable to work. You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.

Short-Term Disability

Employer-Paid Short-term Disability Benefits	
Elimination period	7 days (for both accident and illness)
Weekly benefit	60% of weekly earnings
Maximum weekly benefit	$2,500 weekly benefit
Maximum benefit period	12 weeks

Additional Plan Feature:

- **Cesarean section benefit:** If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of this period.

Long-Term Disability

Employer-Paid Long-term Disability Benefits	
Elimination period	90 days
Monthly benefit	60% of monthly earnings
Maximum monthly benefit	$10,000 monthly benefit
Maximum benefit period SSNRA (Social Security Normal Retirement Age)	SSNRA (Social Security Normal Retirement Age)

Additional Plan Features:

- **Work-life balance employee assistance program:** Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.
- **Worldwide emergency travel assistance**: One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.
- **Survivor benefit:** If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Additional Benefits

Commuter Benefits	
Description	Sometimes called "transportation benefits," commuter benefits help cover costs associated with traveling to and from work. These benefits are often provided tax-free, meaning the cost or reimbursement for the benefits are not included in your taxable income.Commuter benefits can pay expenses related to qualified parking, transit passes and rides in commuter highway vehicles. Here are some common examples: 1. Qualified parking is parking provided at or near your workplace. It also includes parking at or near the location from which you commute to work using mass transit, commuter highway vehicles or carpools. It doesn't include parking at or near your home. 2. Transit passes include any passes, tokens, fare cards, vouchers or similar items that allow you to ride free of charge (or at a reduced rate) on mass transit. You can enroll in this benefit and determine how much you would like to be payroll deducted towards this benefit! *You must enter your deferral on the EBC Flex website, or you will not be permitted to use this benefit.*
Contact information	EBC Flex **www.ebcflex.com**
Who pays?	Employee

Pet Insurance	
Description	More than ever, pets play such a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.
Contact information	**MetLife** 1.800.GET.MET8 **www.metlife.com/getpetquote**
Who pays?	Employee: Discounts provided

Identity Theft Protection	
Description	Every online transaction leaves a trace behind, which can put your credit and identity at risk. Cigna can help monitor your credit and protect your identity.
Contact information	**Cigna** **cigna.identityforce.com/starthere**
Who pays?	Employer

Perkspot

Description	For no additional cost, you have access to PerkSpot which provides you with exclusive discounts to hundreds of merchants nationwide. There are discounts in dozens of categories including but not limited to: • Apparel • Automotive • Electronics Health and Fitness • Travel and entertainment Sign up at **Locktonsoutheast.perkspot.com/login** to see all available discounts!

Employee Assistance Program

Description	EAPs provide voluntary, confidential support to employees who need help managing personal and work-related problems. Unlimited access to Master's-level counselors by phone 24/7. • Up to 3 face-to-face visits with a counselor at no cost. • Unlimited access to helpful tools and resources online. • Referrals available.
Contact information	**Unum** 1.800.854.1446 (multi-lingual) **www.unum.com/lifebalance**
Who pays?	Employer

Life Planning Resources

Description	When a loved one dies or is terminally ill, survivors can get personal, customized financial and legal support from highly trained counselors. Resources also include information about estate settlement, Social Security, taxes and investment planning.
Contact information	**Unum** 1.800.854.1446 (multi-lingual) or visit **members.healthadvocate.com** (Enter Unum-Life Planning)
Who pays?	Employer

Travel Assist

Description	Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.
Contact information	**Unum** 1.800.872.1414 (Within U.S.) +609.986.1234 (Outside US) Or download and activate the app today from the Apple App Store or Google Play.
Who pays?	Employer

GLOSSARY

Glossary of Terms

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is $1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the $1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

DOMESTIC PARTNER: An unrelated, unmarried person who shares a residence and a committed relationship with one another. This partnership can involve two people of any gender and is not legally recognized as marriage in their state of residence. If your domestic partner is not a proven tax-dependent, then you would be subject to incur an imputed income.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

MAC: MAXIMUM ALLOWABLE CHARGE: A fixed fee set by the insurance company for each procedure. If your dentist charges more than the MAC you'll pay the difference.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

UCR: Usual, Customary, and Reasonable. The average fee charged by dentists in a specific geographic area for a given procedure. If your dentist's fee exceeds the UCR amount, you may be responsible for paying the difference.

CONTACTS

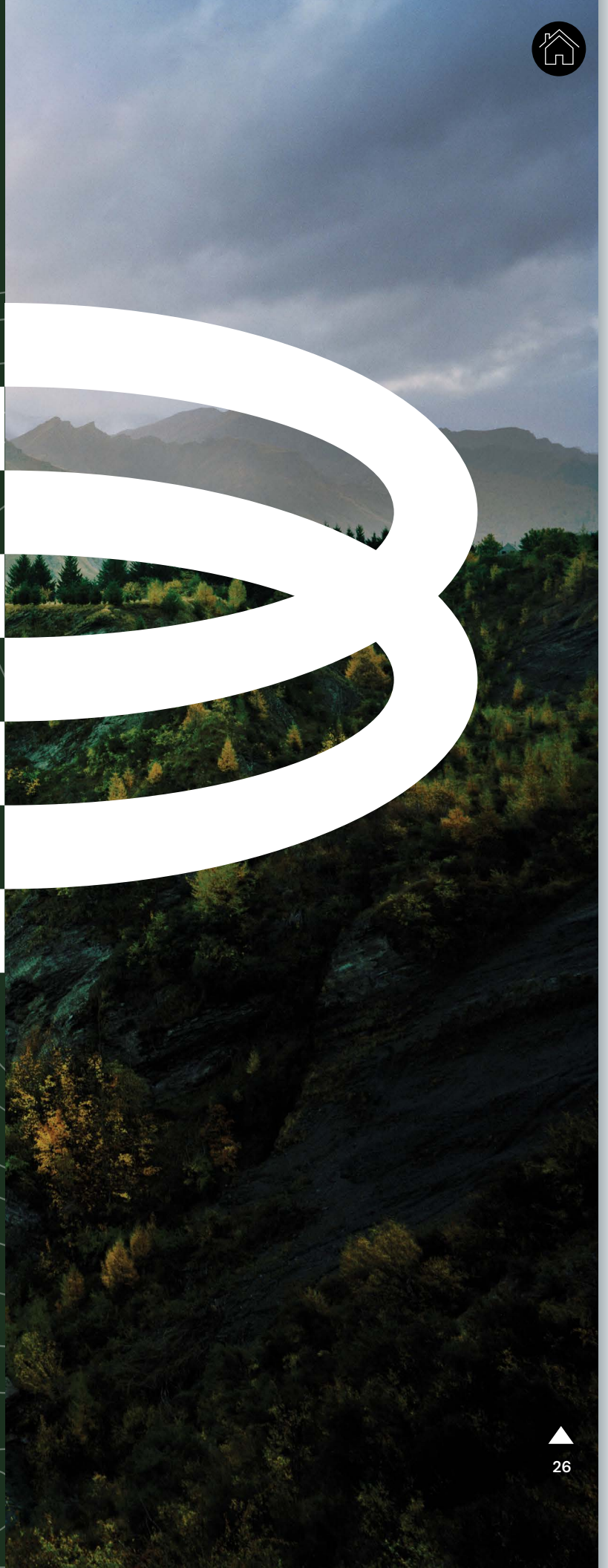
Support

Email Human Resources

Visit Current's Benefit Website

Contacts

Medical/Rx:	**Cigna**	800.997.1654	www.cigna.com
Medical/Rx - CA:	**Kaiser Permanente**	800.464.4000	www.kp.org
Telemedicine:	**MDLive via Cigna**	866.494.2111	www.MDLIVEforCigna.com
Health Concierge:	**Cigna One Guide**	1.888.806.5094	www.mycigna.com
Dental:	**Cigna**	800.997.1654	www.cigna.com
Vision:	**Cigna**	800.997.1654	www.cigna.com
Savings Accounts: (HSA, FSA, DCFSA, LPFSA)	**Employee Benefits Corporation (EBC Flex)**	800.346.2126, Option 1	www.ebcflex.com
Commuter Benefits:	**EBC Flex**	800.346.2126, Option 1	www.ebcflex.com
Life & Disability:	**Unum**	1.866.779.1054	services.unum.com
Leave and Absence Management:	**Unum**	portal.unum.com	
Supplemental Health: (Accident, Critical Illness, Hospital Indemnity)	**Unum**	1.866.779.1054	services.unum.com



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

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