

Employee **2026** Benefits Guide

Effective July 2026 - June 2027



Keystone Senior
Management Services, Inc.

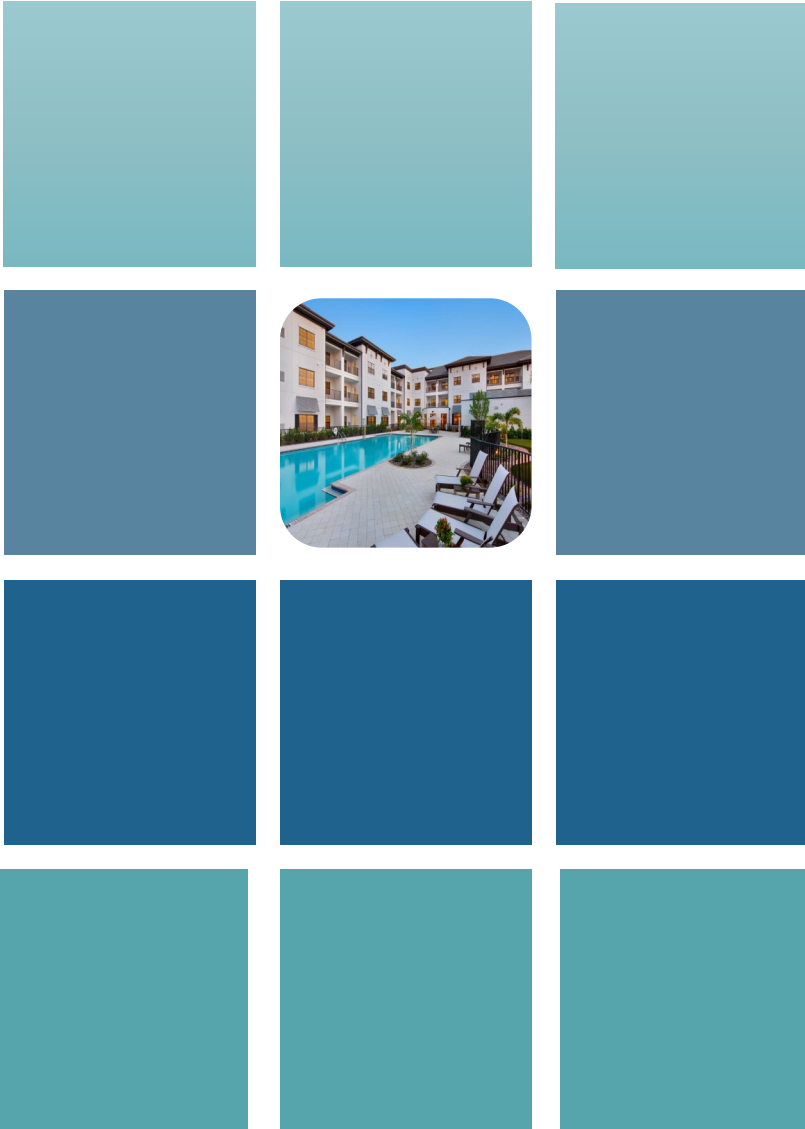


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Welcome

To our Valued Employees of Keystone Senior Management Services, Inc.

We are pleased to present this overview of your employee benefits! Keystone Senior Management Services, Inc. offers a variety of benefits to help you protect your health, your family, and your way of life. As a valued employee, we want you to have the best benefits possible which is why we've carefully reviewed our benefits to ensure affordability, quality, and ease of use for 2026.

Some of the benefits we offer are paid for in full by Keystone Senior Management Services, Inc.. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates. Your benefits are an important part of your total compensation at Keystone Senior Management Services, Inc.. Please take the time to review and evaluate all the options available to you and your family.

Kind regards,



Keystone Senior
Management Services, Inc.

Eligibility

Who is Eligible?

- An active full-time employee working 30 or more hours per week.
- Part time employees are eligible for the BasiCare Telemed detailed on pages 9-13.

Your dependents are eligible if they are:

- Your legal spouse & Your child(ren)^{†**} up to age 26 and your disabled children up to any age (pursuant to plan documents and state law, please see Human Resources for more information)

† Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

**May include non-children dependents required to be covered under state law

Making Benefit Changes During the Plan Year

The benefit elections you make during your enrollment period will be in effect through the end of the plan year. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events is subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualifying Life Event

Change in Marital Status	Change in Dependents	Change in Employment
<ul style="list-style-type: none"> • Marriage • Divorce • Death of your spouse 	<ul style="list-style-type: none"> • Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event) • Death of your covered dependent • Gain or loss of Medicare or Medicaid during the year 	<ul style="list-style-type: none"> • Change in you or your spouse’s work status that affects benefits eligibility • Your spouse’s Open Enrollment differs from yours • Relocation if the move impacts eligibility for the plan

Your Coverage

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Keystone's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at www.healthcare.gov.

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following 60 days of employment.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event



Please scan the QR code to access an electronic copy of this Benefit Booklet and your Annual Notices.

Enrollment

When Can I Enroll in Benefits?

You can enroll in benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event
- If you have a “Qualifying Life Event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to your Director of Operations or Tonya Keith within 30 days of the event.

How Do I Enroll?

To enroll (or make changes) to your benefits, log onto the www.employeenavigator.com. More instructions are on the following pages.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect July 1, 2026.

2026 Open Enrollment Window

5/18/2026 - 5/29/2026





Welcome to the Prepare Benefits Enrollment Site!
 Employees enjoy convenient online access to their benefits coverage 24 hours a day, seven days a week. Login now to learn about your benefit options and confirm your elections for the upcoming year!

SCAN

1



QR Code

-OR-

Go To

<https://preparebenefits.employeenavigator.com/>

CLICK

2

New User?

“Register as a new user” to create a Username & Password

-OR-

Need Password?

“Forgot Username? Forgot Password?”

CREATE

3

Create your Account

Input your personal information.

The Company Identifier will be:

Keystonesenior



Scan to view
[Glossary of Health
Coverage and
Medical Terms](#)

How a Health Plan Works

Balance Billing

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible.)

➤ Embedded Deductible

Each family member has an individual deductible within the overall family deductible. Once an individual person meets his or her individual deductible, his or her coverage kicks in—even if the family deductible hasn't been met yet.

➤ Aggregate Deductible

The entire family deductible must be met before any coverage starts. There are no individual deductibles—all costs go toward one combined family deductible.

Maximum Out-of-Pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.



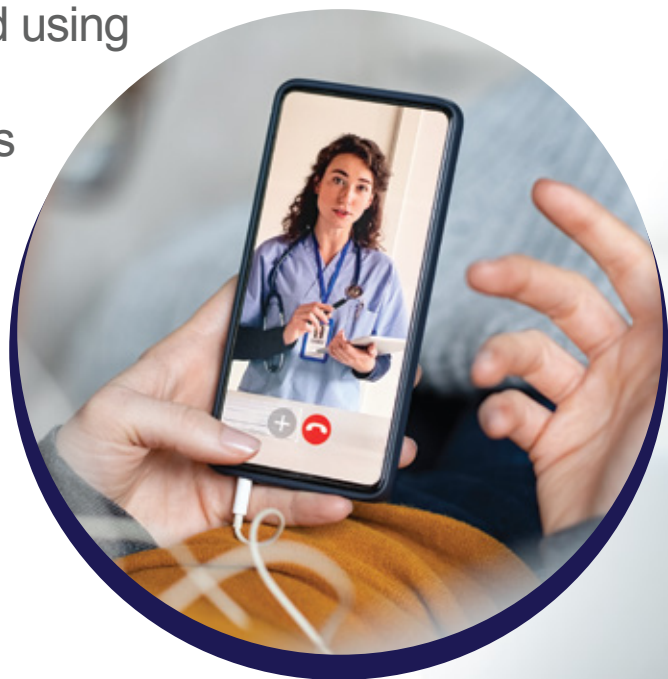
BasiCare Plus[®]

Urgent Care[®] Doctor and Rx Benefit

A truly free solution for most medical conditions

82% of all illnesses are safely treated using telehealth and over 98% of these illnesses are treated with medications included in BasiCare Plus[®]

We provide a free physician by phone or video and then pay for many of the prescribed generic medications at over 67,000 pharmacies



NOTE: BasiCare Plus[®] and its Rx benefit are NOT INSURANCE and cannot be used in conjunction with health insurance programs. Use of telemedicine is strictly for non-emergency general illness. BasiCare Plus[®] provides direct access to prescriptions at a negotiated PBM price. Pricing is subject to change without notice. Over 65,000 pharmacies will accept your Rx Card, but it is not guaranteed. The final price is determined by your local pharmacy. Formulary and pricing are subject to change. Please see website for current formulary.

BasiCare Plus® Highlights:

Zero cost physician consults:

- ✓ Unlimited 24/7, \$0 copay physician access by phone or video
- ✓ Board Certified physicians meeting the stringent NCQA credentialing standards

Zero Copay Acute Prescriptions:

- ✓ Over 98% of the generic medications prescribed by telemedicine included with a \$0 copay
- ✓ Thousands of prescription combinations included
- ✓ Benefit available at over 67,000 pharmacy locations



BasiCarePlus®
Basic Healthcare In The Moment



BasiCare Plus[®] Enhanced

Urgent care with \$0 acute Rx & counseling

\$5.42 per pay period

A Healthcare Solution, You Can Trust and Afford!

“Over 80% of our physician contact is due to common illness and can be effectively handled through telehealth, making care faster, easier, and more convenient than ever before. Even better, over 98% of those conditions can be treated with medications already included in the BasiCare Plus[®] program.

With BasiCare Plus[®], employees gain access to a physician at no cost via phone or video, eliminating the hassle of scheduling appointments or visiting a clinic. Once care is provided, many commonly prescribed generic medications are covered and available at more than 67,000 pharmacies nationwide.

And now, with the addition of \$0 copay counseling services, BasiCare Plus[®] delivers both physical and mental health support in one simple, affordable solution.

BasiCare Plus® Enhanced Highlights:

Telemedicine:

- ✓ Unlimited 24/7, \$0 copay physician access by phone or video
- ✓ Board Certified physicians meeting the stringent NCQA credentialing standards



Zero Copay Acute Prescriptions:

- ✓ Over 98% of the generic medications prescribed by telemedicine included with a \$0 copay
- ✓ Thousands of prescription combinations included
- ✓ Benefit available at over 67,000 pharmacy locations



Counseling On Demand:

- ✓ 24/7 access to master's level professionals
- ✓ \$0 Copay / Unlimited access
- ✓ Comprehensive problem assessment and resolution
- ✓ Supportive counseling and subsequent sessions
- ✓ Follow up with original counselor
- ✓ Custom referral (if needed) to medical behavioral health plans or local community resource
- ✓ Legal and financial counseling included



BasiCare Plus® Enhanced

Urgent care with \$0 acute Rx & counseling

\$0 Copay Medications Nationwide Family Coverage



[VIEW FORMULARY](#)

BasiCare Plus[®] Rx

Nationwide Family Coverage \$0 Copay Medications

The Most Prescribed Medications at No Cost!

82% of doctor consultations involve common illness and AcuteCare Rx covers most of the medications associated with these events for \$0 copay at over 67,000 pharmacies. This program was designed to make sure our members could get the most prescribed medications for themselves and their families at no additional cost, because a health family is a happy one.



NOTE: BasiCare Plus[®] and its Rx benefit are NOT INSURANCE and cannot be used in conjunction with health insurance programs. Use of telemedicine is strictly for non-emergency general illness. BasiCare Plus[®] provides direct access to prescriptions at a negotiated PBM price. Pricing is subject to change without notice. Over 65,000 pharmacies will accept your Rx Card, but it is not guaranteed. The final price is determined by your local pharmacy. Formulary and pricing are subject to change. Please see website for current formulary.

BasiCare Plus® Rx Most Prescribed Medications:

Antibiotics / Infection / Anti-fungal:

Acyclovir, Amoxicillin, Amoxicillin/Clavulanate, Ampicillin, Azithromycin (Z-pack), Bacitracin, Cefdinir, Cefixime, Cefuroxime, Cephalexin, Ciprofloxacin, Clarithromycin, Clindamycin, Clotrimazole, Doxycycline, Erythromycin, Erythromycin ethyl succinate, Flagyl, Erythromycin Stearate, Fluconazole, Gentamycin, Hydroxyzine Pamoate, Ketoconazole, Levocetirizine, Levofloxacin, Minocycline, Mupirocin, Neomycin, Nitrofurantoin, Penicillin, Penicillin V Potassium, Sulfamethoxazole, Tetracycline, Tobramycin, Triamcinolone, Trimethoprim

Allergies / Swelling / Pain / Itch / Inflammation:

Brompheniramine, Cetirizine, Celecoxib, Chlorpheniramine, Cyproheptadine, Dexamethasone, Diphenhydramine, Fexofenadine, Fluticasone Propionate, Hydrocortisone, Hydroxyzine Hydrochloride, Levocetirizine, Loratadine, Methylprednisolone, Montelukast, Neomycin polymyxin b, Prednisone

UTI:

Amoxicillin, Amoxicillin/Clavulanate, Ampicillin, Ciprofloxacin, Cotrimoxazole, Doxycycline, Fluconazole, Fosfomycin, Levofloxacin, Nitrofurantoin, Sulfamethoxazole / trimethoprim

Nausea / Vomiting:

Ibuprofen, Naproxen

Pain / Fever:

Cyclobenzaprine, Meclizine, Promethazine

Influenza and Cough:

Benzonatate, Oseltamivir, Zanamivir, Guaifenesin, Promethazine

Ear:

Amoxicillin, Amoxicillin/Clavulanate, Cephalexin,

Eye:

Sulfacetamide, Tobramycin, Tobramycin/Dexamethasone

Diarrhea / Constipation:

Docusate Sodium, Loperamide



BasiCare Plus® Rx

Nationwide Family Coverage \$0 Copay Medications

Medical



Only In-Network benefits are shown as a summary of your medical plan benefits offered to you.

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

Your plans have an *embedded* deductible that accumulates on a *Plan Year* basis from 07/01/2026 - 06/30/2027.

	HSA Plan	Balanced PPO Plan	Traditional PPO Plan
You Pay In-Network	Open Access Managed Choice (Individual / Family)	Open Access Managed Choice (Individual / Family)	Open Access Managed Choice (Individual / Family)
Deductible	\$5,000/\$10,000	\$6,000/\$12,000	\$3,000/\$6,000
Coinsurance	20%	20%	20%
Out-of-Pocket Maximums <i>Includes: deductible, copays & coinsurance</i>	\$7,500/\$15,000	\$9,000/\$18,000	\$6,500/\$13,000
Coinsurance/Copays			
Preventive Care	Covered in full DW	Covered in full DW	Covered in full DW
Primary Care	20% after deductible	\$30 copay DW	\$30 copay DW
Designated Virtual Care Provider	Covered in full after deductible	Primary: Covered in full DW; Non-Specialist: \$30 copay DW; Specialist: \$60 copay DW	Primary: Covered in full DW; Non-Specialist: \$30 copay DW; Specialist: \$60 copay DW
Specialist Care	20% after deductible	\$60 copay DW	\$60 copay DW
Urgent Care	20% after deductible	\$85 copay DW	\$85 copay DW
Diagnostic X-Ray & Lab	20% after deductible	20% after deductible	20% after deductible
Complex Imaging (MRI, PET, CAT, CT)	20% after deductible	20% after deductible	20% after deductible
Emergency Room Care	20% after deductible	\$300 copay + 20% after deductible	\$300 copay + 20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospitalization	20% after deductible	20% after deductible	20% after deductible
Pharmacy Retail Rx (30-day supply)			
Aetna National/Advanced Network			
Prescription Deductible	Medical deductible applies	\$100 Individual / \$300 Family	\$100 Individual / \$300 Family
Generic (Tier 1)	\$10 copay	\$10 copay	\$10 copay
Preferred Brand (Tier 2)	\$35 copay	\$35 copay	\$35 copay
Non-Preferred Brand (Tier 3)	\$60 copay	\$60 copay	\$60 copay
Specialty (Tier 4)	\$125 copay	\$125 copay	\$125 copay

DW = Deductible Waived

Medical – Cost of Coverage

Per Pay Period	HSA Plan
Employee Only	\$63.41
Employee + Spouse	\$592.95
Employee + Child(ren)	\$198.14
Employee + Family	\$1,013.58

Per Pay Period	Balanced PPO Plan
Employee Only	\$93.27
Employee + Spouse	\$633.57
Employee + Child(ren)	\$264.18
Employee + Family	\$1,070.73

Per Pay Period	Traditional PPO Plan
Employee Only	\$263.26
Employee + Spouse	\$853.20
Employee + Child(ren)	\$666.06
Employee + Family	\$1,382.88

You've got Teladoc Health



Access to quality care when you need it most



24/7 Care | \$58 or less/visit

Talk to a licensed healthcare provider for non-urgent conditions 24/7.
Flu • Sinus infections • Sore throats • And more



Mental Health

Talk to the therapist who's right for you by phone or video.

\$90 or less/therapist visit

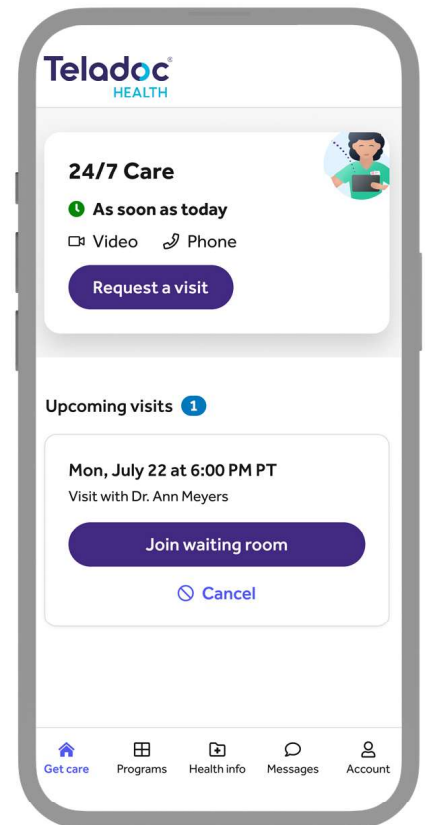
\$215 or less/psychiatrist first visit

\$100 or less/psychiatrist ongoing visit



Dermatology | \$85 or less/online review

Upload images of your skin issue online and get a custom treatment plan within 24 hours.



Register or log in today

Visit TeladocHealth.com

Call 1-800-835-2362 | Download the app  

Phone and video visits are not required or part of the dermatology visit.

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HEALTH SAVINGS ACCOUNT (HSA)

Save now — and for your future

If you're enrolled in an HSA-eligible health plan, such as a high-deductible health plan (HDHP), you can use an HSA to pay your required deductible with pretax funds.

With an HSA, you may be able to contribute up to the IRS annual limits.* If you are 55 or older, there is an extra catch-up contribution that you can make each year.

Check HSA eligibility

You're eligible if you're enrolled in a qualified plan, such as a high-deductible health plan, with a few exceptions. They include:

- Medicare or TriCare coverage
- A general-purpose health care flexible spending account (FSA) or health reimbursement arrangement (HRA)
- Veterans Affairs medical benefits used in the last three months, unless the hospital care or medical services were for a service-connected disability
- Someone claiming you as a dependent on their tax return

Use your HSA to save

Adding an HSA to your health plan can help grow your savings after meeting immediate health care expenses.

→ Triple tax benefit

Your contributions are tax-free, and remain completely tax-free when used for qualified health care expenses.

→ Invest tax-free

You can invest your HSA funds in an investment account, where your money may grow tax-free.**

→ Take it with you

Your HSA isn't tied to an employer, health plan, or retirement. If you have an HSA elsewhere, you can transfer the balance to your new one. And your unused funds roll over from year to year.



Helpful HSA tips

- 1 Check IRS contribution limits and eligible expense items on your employer's plan document or at **inspirafinancial.com**.
- 2 Access the record of your HSA expense payments on the Inspira website.
- 3 If you use your HSA for ineligible expenses, you'll need to pay income taxes. Plus, a 20% penalty tax on that amount, unless you're age 65 or older or disabled at the time.

Choose your way to pay

Once funds are available in your HSA, Inspira makes it easy to pay for your eligible expenses.

→ Pay with your Inspira Card[®]

When you use it, your expense is automatically paid from your account.

→ Pay yourself back

Pay for eligible expenses with cash, a check, or your personal credit card. Then withdraw funds from your HSA to pay yourself back and have your payment deposited directly into your checking or savings account.

→ Pay expenses online

Use our digital tools to set up easy repeat payments.

Use the Inspira Mobile[®] app

It's the easiest way to manage your account and view alerts; make payments, withdrawals, and deposits; use our barcode scanner to see if an item is an eligible expense.

Find eligible expenses

An HSA allows tax-free payment of medical expenses, many over-the-counter products, and prescriptions, as well as vision and dental expenses. Find a list of which expenses may not be covered on the Inspira website.

⇒ Realize the savings potential of an HSA

For more information visit **inspirafinancial.com** or scan the QR code.



*The maximum contribution limits are subject to change annually.

**Please note that not all states provide favorable income tax treatment for HSAs.

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This material is for informational purposes only. It is not an offer of coverage and does not constitute a contract. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits, including contribution and election limits (if applicable). Information is believed to be accurate as of the production date; however, it is subject to change.



QUICK REFERENCE GUIDE

Inspira Health Savings Account (HSA)

Get started

- Go to mybenefits.inspirafinancial.com.
- Click “Log in”.
- If you’re a new user, click “CREATE PROFILE” to get started. Be sure to have your Inspira Card near by. You’ll need it to help verify your identity.
- Follow the steps to create your online profile, review fees and agreements and set up beneficiaries.

Set up account notifications

- Go to “Account Settings” then “Account notifications.”
- Select the “+ sign” to view your notification options. Select the notifications you want to receive and click “Save.”

View eligible expense items

To view a list of eligible expenses, log in and select “Explore eligible expenses”, under Quick Tips.

Calculate your HSA Savings

To find out how much you could save with an HSA, click “Calculate my HSA savings” under Account Actions. Then complete three quick steps.

Fee Schedule

To view the fee schedule for your HSA, click “View fee schedule” under Manage Funds.

View the interest rate for your HSA

To view a summary of the interest earned on your HSA, click “Your Accounts” at the top of the page and select your HSA deposit account. You’ll see your interest rate summary listed at the bottom of the page.

Order an additional Inspira Card for your spouse or dependent

- Go to “Account Settings” and click “Inspira Card.”
- Click “Order a Dependent Debit Card.”
- Enter the first and last name of your spouse or dependent and click “Submit.”

Make a payment or withdraw funds from your HSA (available with a linked bank account)

- Once logged in, click “Request funds” under Manage Funds.
- You can pay yourself back or pay your health care provider directly from your HSA.

Link a bank account to transfer funds

You can link one or more bank accounts to your HSA to easily transfer funds to and from your HSA.

- Once logged in, go to “Accounts Settings” and click “Bank accounts.”
- Click “Link Bank Account to my HSA.”
- Select the bank account type. Then enter your routing number and account number.
- Check the box to authorize Inspira Financial to link your account. Then click “Save and continue.”

Note: You’ll see that the status says “Complete Validation.”

Validating your linked bank account

After you link a bank account to your HSA, we’ll send a deposit of less than \$1.00 (and matching withdrawal) to your bank account. This process can take up to two business days, not including Saturdays, Sundays or holidays. Once you see the deposit in your bank account, make note of the amount. Log back in to your HSA and follow these steps:

- Go to “Account Settings.” Select “Bank accounts.”
- Click “Complete Validation” next to the bank account you wish to validate.
- Enter the amount Inspira deposited into your account.
- Click “Validate.”

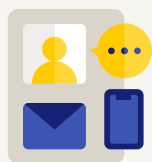
Make post-tax contribution to your HSA (available with a linked bank account)

- Once logged in, click “Deposit funds into HSA” under Manage funds.

Invest your HSA dollars

If you haven’t opened an investment account yet, click “Open Investment Account” to get started.

Once you open an account, you’ll see a button to view your investment dashboard. This is where you can invest your HSA dollars.



Questions?

Log in to inspirafinancial.com and click **Contact Us** under **Help & Support**. Here you can also **Live Chat** with us.

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Health Flexible Spending Account (FSA)

Before the start of each Flex Plan year, you may elect to use “before-tax” dollars to pay for your out-of-pocket medical expenses including deductibles, co-pays and prescriptions. Dental and vision expenses may also be reimbursed. Eligible health FSA expenses include those defined by IRS Code, Section 213(d). For a list of examples, go to www.AskAllegiance.com. The maximum amount you can elect each Plan Year is \$3,400.

Health insurance premiums are not reimbursable through the health FSA. There is a separate premium only part of your flex plan that may allow you to deduct group health premium amounts on a pre-tax basis. Salary deferral selected for group premiums and Health FSA expenses are not subject to federal income, state income or Social Security/Medicare taxes.

Your health FSA election will reimburse you for eligible expenses that you, your spouse and your dependents incur during the plan year. The entire annual amount you elect can be used at any time during the plan year. All you have to do is elect the amount you want withheld before taxes from each paycheck. Then send Allegiance a reimbursement request with documentation of your eligible expenses to be reimbursed. It is not necessary to pay for the expense prior to being reimbursed.

If the expense could be covered through your insurance plan, please provide the insurance explanation of benefits as documentation. If insurance will not consider the expense, an itemized statement from the provider will satisfy documentation requirements. Some expenses are considered to be “dual purpose.” These expenses are for items or services that are sometimes for purposes other than to treat a medical condition. In order to be reimbursed for a “dual purpose” expense, or over-the-counter drugs and medicines a diagnosis and recommendation for treatment from a medical professional is required. If you or your spouse participate in a general purpose health FSA, you are not eligible to contribute to a Health Savings Account (HSA).

Our website, www.AskAllegiance.com, provides a worksheet that allows you to estimate your medical expenses for a tax savings projection.

Dependent Care Flexible Spending Account (FSA)

If both you and your spouse work or you are a single parent, you may have dependent care expenses. Without a dependent care FSA, the only tax help for you is the Federal Child Care Tax Credit. A dependent care FSA may give you a better tax benefit, so compare both before making your annual election. A tool to get an estimate of your tax savings and a worksheet to compare the Federal Child Care Tax Credit to the dependent care FSA, is available at www.askallegiance.com. A dependent receiving care must live in your home at least eight (8) hours per day.

Your dependent care FSA lets you use “before-tax” dollars to pay care expenses for children age 12 and under, or individuals unable to care for themselves. The care must be necessary for you and your spouse to remain gainfully employed. The care may be provided through live-in care, baby sitters, and licensed day care centers. You cannot use “before-tax” dollars to pay your spouse or one of your children under the age of nineteen (19) for providing care. Schooling expenses at the kindergarten level and above are not reimbursable. Neither overnight camp nor nursing home care is reimbursable. Beginning in 2026, the maximum you can elect in a calendar year is equal to the smallest of the following:

- \$7,500 - per couple if married and filing federal taxes jointly, or for a single parent;
- \$3,750 - if married and filing a separate federal tax return; or,
- your spouse’s earned income.

An employee with a disabled spouse or a spouse who is a full-time student can claim \$250/month for one child and \$500/month for two or more children with the maximum election not to exceed \$7,500 per calendar year. Unlike health FSAs, dependent care FSAs may only reimburse expenses up to the amount you have contributed at any time during the year.



Customer
Service

Representatives are available to answer questions each business day between the hours of 7:00 a.m. and 5:00 p.m. Mountain time. After hours and on weekends, you can access your account information online or through the toll-free automated voice-response system. Call us, toll free, at 1-877-424-3570.

Flex Puts Tax Dollars Back Into Your Pocket



Mary is a single mother of two earning a salary of \$3,500.00 per month. Mary elects health insurance coverage for her children and herself. Her employer covers some of the insurance premium cost, but Mary is required to contribute \$100.00 each month. Her oldest child has braces and Mary is paying the orthodontist \$100.00 per month. Mary's youngest child attends pre-school while Mary is at work, and she is paying \$300.00 per month to the day care provider.

The chart to the right compares Mary's monthly take-home pay if she enrolls in the employer's flexible benefits plan to her take-home pay if she pays these expenses with after-tax income.

Through her participation in her employer's Flex Plan, Mary is able to put an extra \$140 in her pocket each month! That's a total increase of \$1,680 in spending income for the year.

*Tax amounts are approximations based on 2017 payroll tax withholding tables, claiming an allowance of 3 dependents and the current 7.65% FICA/Medicare rate. Your individual state tax rate may vary.

	No Plan	Flex Plan
Gross Pay	\$3,500	\$3,500
Flex Plan	\$0	\$500
Taxable Pay	\$3,500	\$3,000
Federal Tax*	\$306	\$234
State Tax*	\$146	\$116
FICA/Medicare*	\$268	\$230
Net Pay	\$2,780	\$2,420
Insurance	\$100	\$0
Braces	\$100	\$0
Daycare	\$300	\$0
Monthly Net Pay	\$2,280	\$2,420

Mid-Year Election Changes

No changes may be made to your election during the plan year unless you experience a "qualifying event". Mid-year election changes usually must be made within 30 days of a qualifying event. Changes are limited and differ for each pre-tax option. For more information about mid-year election changes, please contact your human resources department or Allegiance.

"Use-or-Lose" Rule

Under the "use-or-lose" rule, election amounts remaining after the plan year has closed cannot be returned to you.

Reimbursement

Check Payment: Allegiance authorizes reimbursement and prints checks each business day. Claims are normally processed within five business days of receipt. You usually have a check in your mailbox within a week after Allegiance receives your claim.

Direct Deposit: Request Direct Deposit on the Allegiance website and Allegiance will electronically deposit reimbursements directly into your checking account.

Debit Card: Your employer may offer debit cards as part of the Flex Plan. You may use the debit card to pay for medical and/or dependent care expenses. Documentation for the expense may be required, and should be saved for all debit card transactions.

You may mail, fax toll-free, upload via mobile device, or scan and send claims electronically at www.AskAllegiance.com.

Claims for eligible expenses that were incurred during the plan year may be submitted for a limited time after the end of the plan year ("run-out"). If you terminate employment during the plan year, there is also a "run-out" period in which expenses incurred prior to your termination may be submitted for reimbursement. The "run-out" period, determined by your employer, is listed in your summary plan description.

Dental (PPO)

Dental insurance is offered through Guardian. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, Guardian will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.

Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.

	Dental Low Plan	Dental High Plan
Dental Network	DentalGuard Preferred	
Waiting Period	Type 2 Late Entrant : 6 months Type 3 Late Entrant : 12 months Type 4 Late Entrant : 24 months	Type 2 Late Entrant : 6 months Type 3 Late Entrant : 12 months Type 4 Late Entrant : 24 months
Benefit Maximum Per Person		
Calendar Year Annual Max	\$1,500 per enrolled, plus maximum rollover	\$2,500 per enrolled, plus maximum rollover
Orthodontia Lifetime Max	50% up to \$1,000 (lifetime maximum)	50% up to \$1,500 (lifetime maximum)
Deductible (applies to Basic & Major Services)		
Individual	\$50	\$25
Family	\$150	\$75
Benefit	You Pay	You Pay
Preventive Services <i>Exams, Cleanings, X-Rays (Bitewing)</i>	Covered in full ,DW	Covered in full ,DW
Basic Services <i>Fillings, Extractions, etc.</i>	10% after deductible	10% after deductible
Major Services <i>Bridges, Crowns, Dentures, etc.</i>	40% after deductible	40% after deductible
Orthodontia (to age 19)	50%	50%

Per Pay Period	Dental Low Plan	Dental High Plan
Employee Only	\$15.12	\$17.16
Employee + Family	\$22.53	\$25.58


Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The Guardian vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use Davis Vision providers. Refer to plan summary for out-of-network benefits and limitations.

	Core Vision Plan	Buy Up Vision Plan
Amount You Pay		
Vision Network	Davis/Full Feature - Designer B	Davis/Full Feature - Designer C
Eye Exam <i>Once every 12 months</i>	\$10 Copay	Covered in full
Lenses - <i>Once every 12 months</i>		
Single Vision	\$10 Copay	Covered in full
Standard Bifocal	\$10 Copay	Covered in full
Standard Trifocal	\$10 Copay	Covered in full
Progressive	\$50 - \$175 copay	\$50 - \$175 copay
Frames <i>Once every 24 months</i>	Allowance up to \$130; then 20% off balance Costco, Walmart, Sam's \$130 Allowance - Additional \$50 for Visionworks	Allowance up to \$200; then 20% off balance Costco, Walmart, Sam's \$200 Allowance - Additional \$50 for Visionworks
Contacts - <i>Once every 12 months</i>		
Fitting & Evaluation	Included with Davis Collection contact lens purchase	
Elective, instead of glasses	Allowance up to \$130 then 15% discount	Allowance up to \$200 then 15% discount
Medically Necessary	Covered in full	Covered in full
Per Pay Period	Core Vision Plan	Buy Up Vision Plan
Employee Only	\$2.73	\$4.52
Employee + Family	\$6.80	\$11.29


How to Find a Provider



aetnaSM
Medical

SCAN ME


Go to www.aetna.com to find an in-network provider by,
Clicking on **Find a doctor** on the home page
Under **Don't have a member account?**, click on **Plan from an employer**
Enter location info under **Continue as Guest**
Under **Aetna Open Access Plan**, select **Managed Choice POS (Open Access)**



Guardian
Dental

SCAN ME

To find an In-Network Provider, go to www.guardianlife.com or scan the QR code then follow the steps below.
Click on **Find a Dentist**
Then click on **Dental benefits bought through your workplace**
Under **Plan Type**, select **PPO: Dental Guard Preferred**
Enter your **Location** and click **Search**
You can enter your dentist's name if you wish



Guardian
Vision

SCAN ME

To find an In-Network Provider, go to www.guardianlife.com or scan the QR code then follow the steps below.
At the top of the screen, click on **Find a Vision Provider**
Under **Select Your Vision Network**, click on **Search Davis/Full Feature**
Find a provider search page will open up
Enter your information then click **Search Now**

**Please Note - The above steps may differ depending on the device being used and may not reflect recent website changes.*

Voluntary Life Insurance

Voluntary Life and AD&D

You can purchase Voluntary Life insurance through Guardian for you, your legal spouse and dependent children. Please refer to the benefit summary for details.

Voluntary Life and AD&D		
	Plan Features	Benefit Reduction/Termination
Employee	\$10,000 increments up to \$500,000 Guaranteed issue†: \$150,000, not to exceed 5x employee earnings	35% at age 70 66% at age 75
Spouse (up to age 70)	\$5,000 increments to a maximum of \$250,000 Guaranteed issue†: \$50,000, not to exceed 50% of employee amount	Terminates when spouse 70
Child (up to age 26)	\$1,000/\$5,000/\$10,000 increments to a maximum of \$10,000 Guaranteed issue†: \$10,000, not to exceed 50% of employee amount	Benefit terminates when child turns 26

Important Note:

For the Guaranteed Issue (GI) amounts to be approved automatically, you must elect coverage when first eligible, otherwise you will be required to complete an Evidence of Insurability (EOI) form, subject to carrier approval. Any amount elected over the Guaranteed Issue amount is subject to the EOI process.

If you have coverage today, you may increase your benefit amount up to the Guaranteed Issue limit without submitting an EOI.



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

† Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions.

Disability

Guardian administers our Disability insurance benefit plans for any full-time employee who chooses to enroll. You will pay the full cost of this benefit with post-tax payroll deductions, therefore your benefit while out on Disability will not be taxed.

Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness.

When do the benefits start?

14th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period.)

How much would the benefit pay?

60% of your weekly earnings up to \$1,000 per week

Are there any pre-existing exclusions?

3 prior / 12 exclusion

How long will the benefit pay?

Up to 11 weeks

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

When do the benefits start?

After 90 days of qualified disability

(This plan will begin to pay after the Short-Term Disability benefits end, if elected.)

How much would the benefit pay?

60% of basic monthly earnings up to \$5,000 per month

Are there any pre-existing exclusions?

12 prior / 12 exclusion

How long will the benefit pay?

Up to 5 years

Important Notes:

You must elect coverage when first eligible, otherwise you will be required to complete an Evidence of Insurability (EOI) form, subject to carrier approval.

A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

Supplemental Health Benefits*

Keystone offers additional voluntary benefit plans through Supplemental Health Carrier. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Accident Insurance

Pays a cash benefit when you or your covered family members suffer injuries sustained in an accident.

- \$50 Cash Benefit for completing health screenings
- Accidental Death Benefit
- Hospital Admission, Emergency Care and Ambulance
- Fractures, tears, concussion
- Burns

What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

Critical Illness

Helps protect you from financial loss by providing a lump-sum benefit upon diagnosis of a covered condition, such as Heart Attack, Stroke, Cancer, and Major Organ Failure, etc.

Hospital Indemnity Insurance

Cash benefit to assist you with out-of-pocket costs of hospitalization not covered by your major medical insurance.

Accident Insurance

Accident policies pay a cash benefit when you or your covered family members suffer injuries sustained in an accident.

	Accident Low Plan	Accident High Plan
Amount You Receive		
Coverage Type	Off Job Only	
Wellness Benefit	\$50 per covered member per year Must complete applicable wellness screenings or procedures	
Ambulance	Air: \$750 / Ground: \$100	Air: \$1,500 / Ground: \$200
Concussion	\$50	\$200
Dental Injury	Crowns: \$100 Extractions: \$25	Crowns: \$200 Extractions: \$50
Dislocations	Schedule up to \$2,000	Schedule up to \$4,000
Emergency Room Treatment	\$100	\$150
Fractures	Schedule up to \$3,000	Schedule up to \$6,000
Tendon/Ligament/Rotator Cuff injury with surgical repair	1: \$175 / 2 or more: \$350	1: \$500 / 2 or more: \$1,000

Per Pay Period	Accident Low Plan	Accident High Plan
Employee Only	\$4.86	\$6.40
Employee + Spouse	\$6.68	\$9.55
Employee + Child(ren)	\$7.21	\$10.64
Employee + Family	\$9.04	\$13.80

Critical Illness

Critical Illness policies helps protect you from financial loss by providing a lump-sum benefit upon diagnosis of a covered condition.

	Critical Illness
Employee Benefit Amount	Lump sum benefit in increments of \$5,000 up to \$20,000
Spouse Benefit Amount	Lump sum benefit in increments of \$2,500 up to \$10,000
Child Benefit Amount	50% of employee amount <i>Coverage is available at no additional cost if you elect employee coverage</i> <i>For your child to be covered, you must elect child coverage when enrolling</i>
Wellness Benefit	\$50 per covered member per year Must complete applicable wellness screenings or procedures
Covered Illness/Benefits	
Invasive Cancer	100%
Cancer (Non-life Threatening)	30%
Coronary Artery Disease	30%
Heart Attack	100%
Major Organ Failure	100%
Stroke	100%
Guaranteed Issue Amounts	
Employee	\$20,000
Spouse	\$10,000, not to exceed 50% of employee amount
Child	50% of employee amount
Pre-Existing Condition Limit	N/A

*Rates are automatically calculated in your benefits portal

Hospital Indemnity

Hospital Indemnity provides cash benefit to assist you with out-of-pocket costs of hospitalization not covered by your major medical insurance.

Hospital Indemnity	
Amount You Receive	
Hospital Admission	\$1,500 per admission (1 admission max per year per person, 3 per family per year)
ICU Admissions	\$1,500 per admission (1 admission max per year per person, 3 per family per year)
Hospital Confinement	\$200 per day
ICU Confinement	\$200 per day
Max Days Per Year	30 days
Pre-Existing Condition Limit	The carrier will look back 12 months prior to the coverage effective date. If there are any pre-existing conditions in the 12 month look back period, then those conditions will be excluded for your first 12 months of coverage.

Per Pay Period	Hospital Indemnity
Employee Only	\$10.52
Employee + Spouse	\$18.24
Employee + Child(ren)	\$16.58
Employee + Family	\$24.30

GROUP WHOLE LIFE INSURANCE and Living Care Benefits



Give yourself protection for a lifetime

Many people buy life insurance to provide financial protection for those left behind. What if your life insurance could also provide benefits if you suffer from a permanent health condition and you require ongoing care from a family member or professional caregiver?

Value of Whole Life insurance

- Permanent Life insurance
- Living Care benefits for chronic illnesses
- Guaranteed premiums and death benefits
- Accumulates cash value¹
- Payroll-deducted premiums
- Coverage can be taken with you if you change jobs or retire, billed directly to you at home

Atlantic American's Whole Life & Living Care plan combines the guarantees of permanent life insurance with the benefits of living care protection. Our living care benefits can assist you when you need to take care of ongoing expenses that arise from a chronic medical condition.

How can Living Care benefits help?



¹Access to cash values through borrowing or partial surrenders will reduce the policy's cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.

This hybrid life product is ideal if you want to:

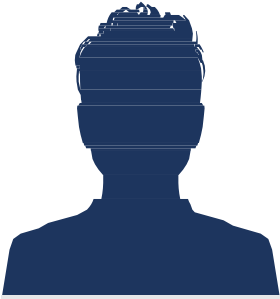
- Leave a death benefit to loved ones after you die
- Provide benefits for the costly expenses associated with care, particularly over long periods of time
- Lifelong coverage through retirement with no increase in premiums

GROUP WHOLE LIFE INSURANCE

How does the Living Care¹ benefit work?

\$100,000 Purchase Policy Example

In this example, you purchase a \$100,000 policy. Later, you become chronically ill. Luckily, our Living Care benefit allows you to receive care at home, where you want to be. And, there are no requirements on how the money is spent.



**MONTHLY
BENEFIT
\$4,000**

\$4,000

4%

You received \$4,000 a month, after an elimination period of 90 continuous days. This is equal to 4% of your death benefit.

\$200,000 Max

2X

If you collect your Living Care benefit, and exhaust your death benefit, your benefit is extended or doubled.



**DEATH
BENEFIT
\$25,000**

\$25,000

25%

Fortunately, our Living Care benefit restores your death benefit to 25% of its original \$100,000 face value. This is payable upon your death to your designated beneficiary.

Using your benefits:

Think life insurance only pays out to your loved ones when you die? Not anymore. Our Whole Life plan allows you to access a portion of your life insurance benefits while living. Monthly payouts are made for as long as the criteria are met, or until the Living Care benefits are exhausted, whichever if first.

¹The Living Care Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details. This hypothetical example does not guarantee or predict actual performance. This is an example for illustrative purposes only. Actual policy amounts and payments will depend on benefits purchased, death and living benefits.

GROUP WHOLE LIFE INSURANCE



Summary of Benefits

Atlantic American Employee Benefits' Group Whole Life insurance plan includes the benefits listed below. Each benefit is subject to conditions for payment as detailed in the certificate.

PLAN INFORMATION

Available To	ISSUE AGES	BENEFIT AMOUNT
Employee	18-70	Up to \$70,000 in \$10,000 increments
Spouse Coverage*	18-65	Up to \$20,000, in \$10,000 increments - up to 100% of employee election. Based on spouse age.
Dependent Coverage*	15 days - age 25	\$10,000 - up to 100% of employee election. Term rider continues to age 26 at which point they may choose to convert to an individual policy, up to 5x the Child's coverage amount, on a guarantee issue basis.

ADDITIONAL PLAN DETAILS

Portability	Included
-------------	----------

RIDERS

Employee	Accelerated Death Benefit for Terminal Illness Rider - Insured can receive up to 50% of elected face amount during their life when there are diagnosed with a terminal illness that leaves them with a life expectancy of 12 months or less.
	Waiver of Premium Rider - Plan premiums are waived during disability period when insured has been disabled for 6 months. Included on issue ages 18-65; terminates at age 70.
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider - Provides a 4% monthly benefit, up to 200% of certificate face amount.
	Restoration of Benefits Rider - Restores 25% of the death benefit for the beneficiary in the event the Acceleration for Chronic Illness Rider is exhausted.
Spouse	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider - 4% monthly benefit, up to 200% of certificate face amount.
	Restoration of Benefits Rider - Restores 25% of the death benefit for the beneficiary in the event the Acceleration for Chronic Illness Rider is exhausted.
Dependent(s)	Children's Term Rider

All benefit amounts are Guarantee Issue

* Employee coverage is required in order to elect spouse and/or dependent coverage.

Exclusions, Limitations and Other Plan Information

GROUP WHOLE LIFE

EXCLUSIONS – No Benefits are provided for the following, nor will We pay any expenses incurred as a result of any Loss which is caused by, or sustained while, or incurred for, directly or indirectly: 1) acting as a student pilot, pilot-in-command, or receiving instruction in a non-commercial aircraft, or traveling in or descending from an aircraft, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline. The exclusion includes travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere; 2) hang-gliding, sky-diving, parachuting, ultralight, soaring, ballooning or parasailing; 3) committing or attempting to commit a felony or while being engaged in an illegal occupation; 4) the voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident; 5) attempted suicide, while sane or insane, or any intentionally self-inflicted injury; 6) participation in, instigation of, or pursuit of participation in a riot, insurrection, terrorist activity, or civil commotion or disorder, not including injury as an innocent bystander or injury for self-defense; 7) direct participation in a war, or any act of war, declared or undeclared, or any armed conflict or military activity between national governments, not including terrorist acts, random acts of violence, civil war or community faction, unless the activity is perpetrated or instigated by the Insured; 8) while engaged in military or naval service of any country (any premium paid to the Company for a period not covered by reason of the Insured's military or naval service will be returned pro-rata upon notice from You); 9) in consequence of being intoxicated as determined by the legal authorities of the state in which the occurrence happened; or 10) the voluntary intake of any narcotic or controlled substance, unless administered under the advice of a Physician, including any Physician who is a member of the Certificateholder's or Insured's Immediate Family. 11) suicide – If the Insured, whether sane or insane, dies by Suicide, within two (2) years* from the Effective Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate.

* 1 year in CO, MO, ND.

OTHER LIMITATIONS AND EXCLUSIONS – The policy and riders have other elimination periods, exclusions and limitations that may affect coverage. Please refer to your certificate for full details.

DELAYED EFFECTIVE DATE PROVISION – Atlantic American Employee Benefits will postpone the Effective Date of an eligible Spouse/Dependent, other than a newborn child's coverage if, on that date, he or she is: 1) confined to a hospital or other health care facility; 2) home confined; or 3) unable to perform two or more daily living activities. In that case, we will postpone the Effective Date of his or her coverage until the day after the date: (a) of his or her discharge from such facility; (b) his or her home confinement ends; or (c) he or she is no longer requires assistance with two or more activities of daily living. If a Spouse/Dependent was covered under a prior plan at replacement, this language will not apply to the amount of coverage that was in force with the prior plan.

QUALIFYING CHRONIC ILLNESS – a Chronic Illness: 1) that was Diagnosed no more than twelve (12) months prior to the date We received a claim for benefits under this Rider; 2) that has continued while this Rider has been In Force for at least ninety (90) consecutive Days; 3) which was not caused by a mental or nervous disorder (except organically demonstrable disorders, such as Alzheimer's or senile dementia), alcoholism or drug addiction; and 4) which is expected to be Permanent.

PORTABILITY OPTION – If you, an employee, lose eligibility for this insurance, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

COVERED CHILDREN AND GRANDCHILDREN – Children are covered if the child is a natural, step, or legally adopted child and dependent of the employee. A grandchild is covered if the child is a dependent of the employee and filed as such on their federal tax returns. Children/grandchildren must reside in the U.S. to receive coverage.

CONVERSION – Within the 31-day period after the expiration date of the term insurance on each Dependent Child, such term insurance may be converted to a new whole life policy without evidence of insurability up to 5x the term rider coverage amount.

EXPIRATION OF CHILDREN TERM INSURANCE – The term insurance on each Dependent Child will expire on the earlier of 1) the end of the month of the child's 26th birthday; or 2) the date the Certificate matures or becomes paid up for its full Face Amount.

GROUP WHOLE LIFE INSURANCE



\$8,910

was the monthly median
cost for a private room
in a nursing home
facility in 2021.

<https://bit.ly/3Fflouk>

chance that someone
turning 65 will need
long-term care services in
their remaining years.

almost
70%

<https://bit.ly/3uTPdxs>

Group Whole Life policy form series B 21803 GMP, Accelerated Death Benefit Rider for Terminal Illness form B 21803 RI ACL, Accelerated Death Benefit Rider for Chronic Illness form B 21803 R12 CIACL, Restoration of Benefits Rider for Chronic Illness form B 21803 R13 ROBCI, Extension of Benefits Rider form B 21803 R14 EOBR, Children's Term Insurance Rider form B 21803 R8 CTR, Waiver of Premium for Disability Rider form B 21803 R9 WPD, and Accidental Death and Dismemberment Rider form B 21803 R10 ADD underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; the terms and conditions in the actual policy and certificate provisions control. Refer to the specific policy and certificate for details. Application to determine eligibility may be required. The Policy, any optional Riders and the benefits therein are subject to availability and may vary by state. This is only a summary of products and services offered; actual offerings may vary by group size and other underwriting or legal considerations. This is a solicitation of insurance and an independent agent may call on you.

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Group Customer Care

(866) 458-7502

groupcustomercare@atlam.com

aaemployeebenefits.com



Easy access to coverage

MyCoverage is an easy-to-use website that allows you to access coverage and benefit information 24/7, update your profile and more.

mycoverage.atlam.com



Quick Start Guide

KEYSTONE SENIOR MANAGEMENT SERVICES, INC. 401(k) PLAN

Take a few minutes today, to save for tomorrow.

We are pleased to offer you this valuable retirement plan as part of your benefit package.

KNOW: You're eligible to join your plan.

DO: Go to secure.ascensus.com to enroll now!



YOUR PLAN HIGHLIGHTS

You're eligible to join the retirement savings plan, one of your most important employee benefits.

Saving

- Automatic payroll deductions allow you to save with every paycheck.
- Pre-tax contributions reduce your taxable income and Roth 401(k) contributions are made after income tax but are tax-free when withdrawn.
- In 2026, you can contribute up to \$24,500. If you're 50 or older, you can make another \$8,000 in catch-up contributions, bringing your total to \$32,500. If you're age 60-63 you may be able to boost your savings even more, up to \$11,250 in catch-up contributions for a total of \$35,750.
- You can enroll in the plan on the first day of the month following the completion of 90 days of service and attainment of age 21.
- Different eligibility requirements may apply if you are considered a Long-Term Part-Time employee (LTPT). Refer to your Summary Plan Description for more details.

**Earnings are tax-free after a required five-year holding period when withdrawn after age 59½.*

Investing

- You have access to a wide range of investments featuring target date funds that automatically adjust over time as you get closer to retirement.
- Detailed investment information including fund performance and returns can be viewed on the fund fact sheets which are found online at secure.ascensus.com.

Retirement Considerations

- What age do you want to retire?
- How many years do you have to save before you plan to retire?
- Can you accept the risk that comes with more aggressive investments? Or, are you more conservative?

Emergency Access

- Loans and in-service withdrawals are available based on certain conditions as outlined in your employer's plan.
- Hardship withdrawals are available in the event of heavy financial need, based on specific conditions as outlined in your employer's plan.



The Summary Plan Description (SPD) provides more detailed information about your plan. Go to secure.ascensus.com for more information.



Make the most of your employer plan and get ready for your future.

Q YOUR OPTIONS

Select your own mix of investments or choose a single, diversified solution.

Do it yourself

Your plan offers a wide range of investments that allow you to choose the investing strategy you prefer.

Make a single, diversified choice

Target date funds provide a one-choice option for diversified investing based on your birth year.

If you were born between	Consider this American Funds target date fund
1949 and before	2010 Target Date
1950-1954	2015 Target Date
1955-1959	2020 Target Date
1960-1964	2025 Target Date
1965-1969	2030 Target Date
1970-1974	2035 Target Date
1975-1979	2040 Target Date
1980-1984	2045 Target Date
1985-1989	2050 Target Date
1990-1994	2055 Target Date
1995 and after	2060 Target Date

For more about your investments, including fund objectives, fees and performance information, log on to secure.ascensus.com.

DETERMINE WHAT'S RIGHT FOR YOU

Do You:

- Lack time and interest to study investment details?
- Feel uncertain about investing terms and concepts?

Yes? Consider the following:

- The target date fund closest to your birth year.

OR

Do You:

- Take time to periodically monitor your investments?
- Feel comfortable with investing concepts and understand market terms, cycles and conditions?

Yes? Consider the following:

- Choose your own investment mix. The full menu of investment options is online at secure.ascensus.com.



Take a few minutes today, to save for tomorrow.

ENROLL NOW

Your initial login information:

- *User ID:* Your SSN (No dashes) and
- *Password:* Your 8-digit birthdate (MMDDYYYY)

Online at secure.ascensus.com

- Follow the step-by-step instructions and enroll online.
- You will be prompted to change your login information during your initial session.



By phone at **844-749-9981**

- Speak with a participant service center representative
- Weekdays 8 a.m. – 8 p.m. ET



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For educational purposes only, not intended to be investment advice. Please consult with your financial advisor before making any investment decisions. Diversification and dollar cost averaging do not guarantee a profit or protect against loss in a declining financial market. Investment in securities involves risks, including possible loss of principal. 20200819-1300298-3978893



Four Steps to Follow if you are Injured at Work:

1. Report your injury to your supervisor.
2. Fill out an Incident Report Form if not an emergency.
3. Call to speak to a TeleComp Registered Nurse.
4. Provide employer TCC account number to the nurse.

Keystone Senior Management Services, Inc.

TCC Account Number: 12286

Policy Number: UHWCP100118929

TeleCompCare[®]
866-323-4227



AccidentFund.com/TeleCompCare



UnitedHeartland.com/TeleCompCare



CompWestInsurance.com/TeleCompCare





3CU.com/TeleCompCare

Contact Information

Provider directories and additional resources are available online and provide the most up-to-date information. You may also contact carriers directly with your questions.

We recommend you register for an online account with each carrier if an employee/member portal is available. This will allow you to manage your benefits, view your ID card, plan information, Explanation of Benefits (EOB), claim status and find in-network providers.

Benefit	Partner	Website / Phone
Medical & Prescription Group #: 187142		www.aetna.com 800-307-4830
Dental Group #: 00037581		www.guardian.com 800-541-7846
Vision Group #: 00037581		www.guardian.com 877-393-7363
Life/ AD&D Group #:00037581		www.guardian.com 800-525-4542
Voluntary Short-Term Disability Group #: 00037581		www.guardian.com 800-268-2525
Voluntary Long-Term Disability Group #: 00037581		www.guardian.com 800-538-4583
Accident Group #: 00037581		www.guardian.com 800-541-7846
Critical Illness Group #: 00037581		www.guardian.com 800-541-7846
Hospital Indemnity Group #: 00037581		www.guardian.com 800-541-7846
Whole Life Atlantic American		