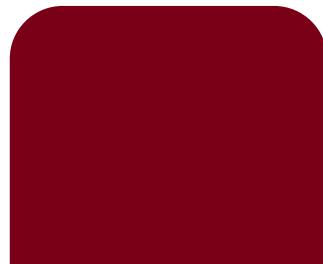
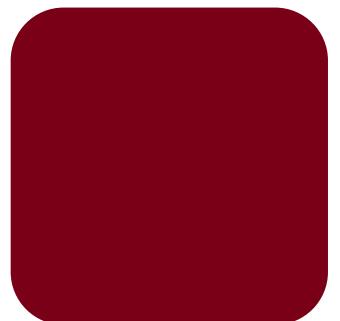
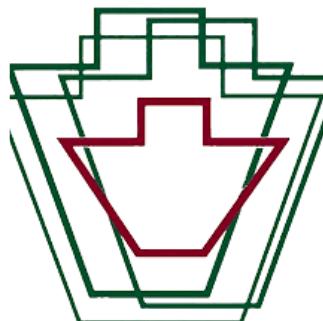
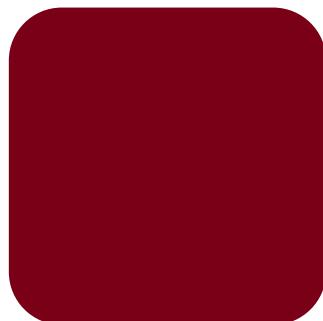
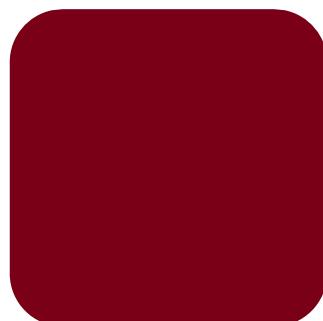
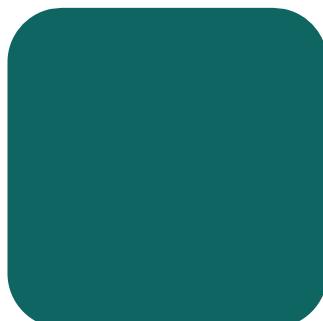
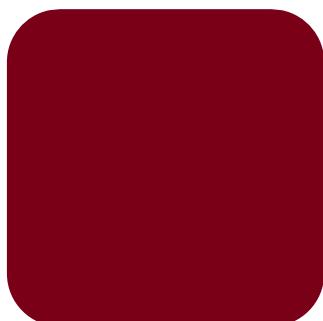




Keystone Senior
Management Services, Inc.

Keystone Senior Management Services, Inc.

Benefits Overview

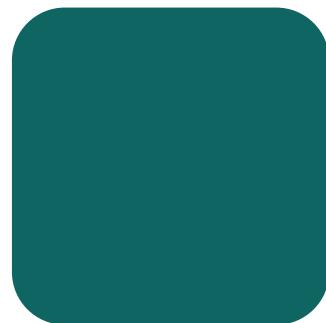
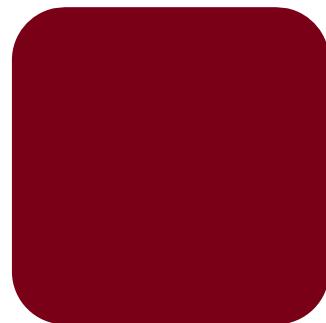


What's Inside



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

This Benefits Guide provides benefit plan highlights and is intended for summary purposes only. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail.



Eligibility	3
Medical	6
Prescription Drugs & Deductions	11
HSA	16
Dental	22
Vision	24
How to Find a Provider	25
Life and AD&D	26
Disability	29
Worksite Benefits	32
Contact Us	48
Notes	49

Eligibility

Who is Eligible

If you are a full-time employee at Keystone, you are eligible to enroll in the benefits outlined in this guide.

Full-time employees are those who work 30 or more hours per week.

Part-time employees are eligible for the BasiCare Telemed detailed on pages 6-9.

Dependents are covered to age 26. Your spouse may also enroll.

How to Enroll

Review all information in this summary. Decide on the plans that work for you and your family.

Go to www.employeenavigator.com to enroll. More instructions are on the following page.

When to Enroll

Open enrollment period:
06/09/2025-06/13/2025

The benefits you choose during open enrollment will become effective on
July 1st, 2025.

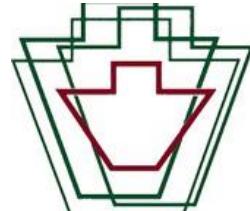
Newly hired employees are eligible for benefits on the first of the month following 60 days of employment.

How to Make a Change

The benefit elections you make during your initial 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 your Director of Operations or Tonya for Keystone and Yolanda for Our House within 30 days of the event.** Proof of life events are 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 events include, but are not limited to:

- Change in Marital Status
 - Marriage, Divorce, Death of your spouse
- Change in Dependents
 - Birth, adoption or placement for adoption
 - Gain or loss of Medicare or Medicaid
 - Death of your covered dependent
- Change in Employment
 - Change in your or your spouse’s work status that affects benefits eligibility
 - Relocation if the move impacts eligibility for the plan



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



CLICK

2



[QR Code](#)

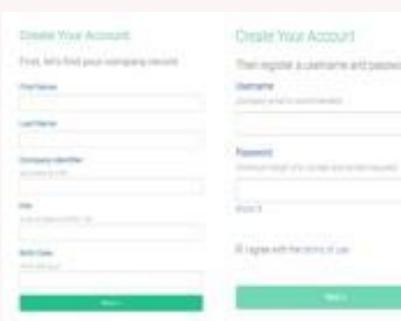
-OR-

[Go To](#)

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

CREATE

3



New User?

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

-OR-

Need Password?

“Forgot Username? Forgot Password?

Create your Account

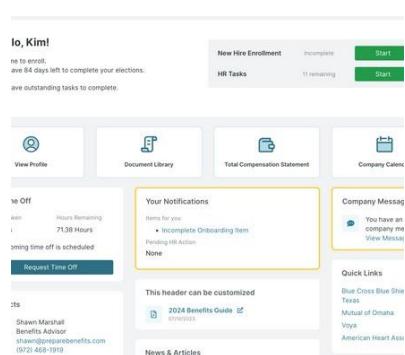
Input your personal information.

The Company Identifier will be:

Keystonesenior

ELECT

4



From the Home Page

**“Start Benefits” to begin your
Enrollment Benefits Election**

Medical Terms

Deductible

The deductible is 100% your responsibility. You only pay the deductible amount each calendar year as you accrue covered charges.

Coinsurance is the percentage of shared member and plan responsibility. You only pay coinsurance up to your out-of-pocket maximum.

Your out-of-network coinsurance responsibility is higher.

Coinsurance

Copay

A co-payment (copay) is a fixed amount (for example, \$35) you pay for a covered health care service, usually when you receive the service.

Once your out-of-pocket maximum is met, the plan pays 100% of covered charges for the rest of the calendar year.

Out-of-Pocket Maximum

Balance Billing

If you use out-of-network services, you will be billed for amounts over the allowable carrier expense ("balance billing") in addition to applicable coinsurance and copays when you see a non-network provider.

The doctors, hospitals, laboratories, pharmacies, etc., that are members of the plan's provider network. When you see an in-network provider, the plan pays a higher benefit.

In-Network

BasiCare Plus® Enhanced

\$5.42 per pay period

Providing \$0 copay physician consults
Plus \$0 medications and counseling

A truly free solution for most medical conditions – *Includes counseling*

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 65,000 pharmacies

Now available with \$0 copay counseling *BasiCare Plus®* is the perfect program for every employee

BasiCare Plus® Highlights:

Telemedicine:

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

Prescription:

- Over 98 % of the generic medications prescribed by telemedicine included with a \$0 copay
- Thousands of prescription combinations included
- Benefit available at over 70,000 pharmacy locations

Behavioral Services:

- 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

www.basicareplus.com



BasiCare Plus® is not an insurance program. Telemedicine services should not replace a primary care physician. Use of this service is strictly for non-emergency, general illness. Members of *BasiCare Plus®* pay a monthly fee for the service.

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 65,000 pharmacies

BasiCare Plus® Enhanced Highlights:

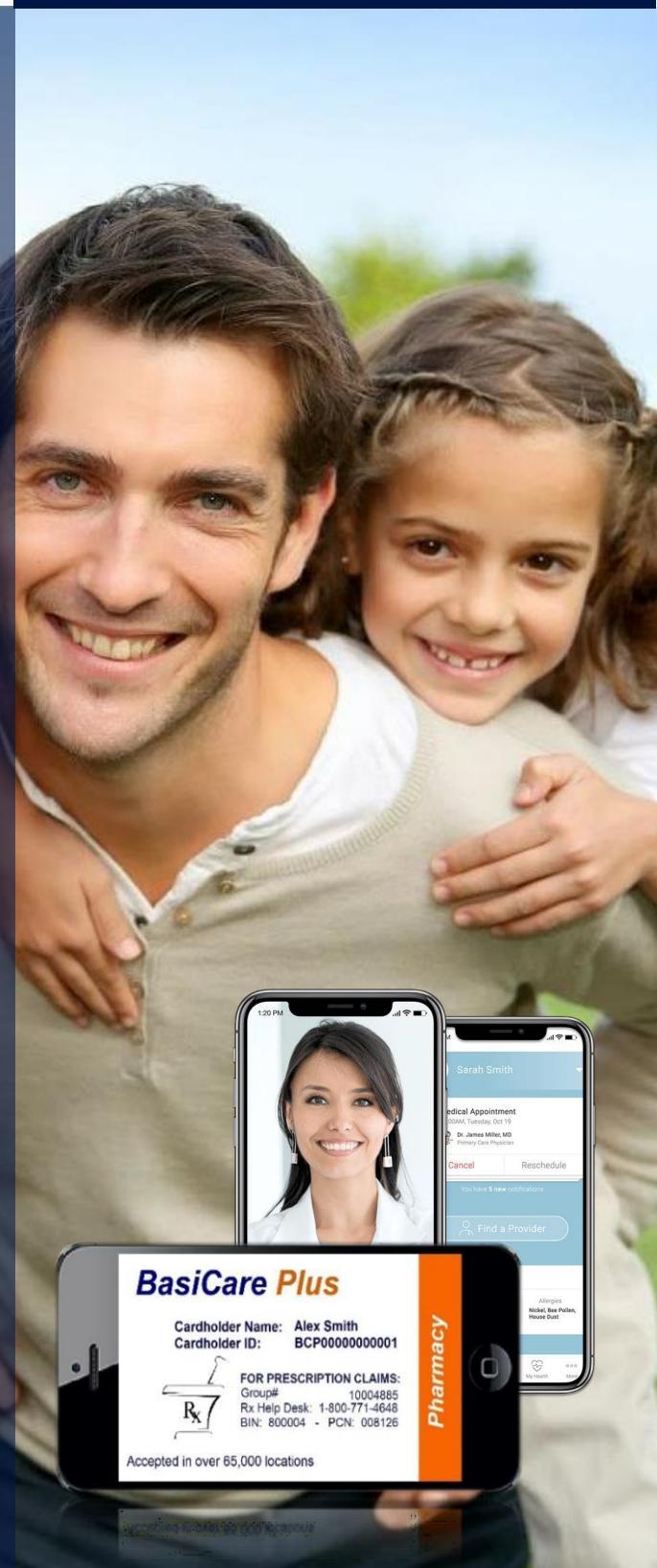
Zero cost physician consults:

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

Zero cost prescriptions:

- Over 98 % of the generic medications prescribed by telemedicine included with a \$0 copay
- Thousands of prescription combinations included
- Benefit available at over 70,000 pharmacy locations

basicareplus.com



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®

\$0 copay physician and \$0 copay medications only \$4.04 per pay – includes the family!

With BasiCare Plus® you will enjoy 24/7, unlimited, \$0 copay access to board certified physicians by phone or video. This benefit also includes most of the medications prescribed by telemedicine doctors AT NO CHARGE. Your membership includes up to eight dependents!

BasiCare Plus® Benefit at a Glance

Common Doctor Consultations: Aches - allergy - asthma - bronchial - cold - earache - flu - cough - sinus infections - sore throat - croup - diarrhea - itching/red/sore eyes - fever - headache - infection - intestinal cramping - pain - nausea - vomiting - strep throat - tonsillitis - urinary tract infection - viral infection - bee sting – insect bites - muscle spasm – rash - yeast infection - swelling - cold sores - eczema - poison ivy/oak/sumac - hay fever - and more...



Prescription Benefit included with your BasiCare Plus® membership provides you with \$0 copay for generic medications at over 65,000 pharmacies across the country. We include over 70 free medications and provide them without limitation to dose, duration, form or frequency. The medications included with your program are those that are commonly prescribed by telemedicine and are used when treating common ailments such as those listed above. These include a variety of antibiotic, anti-inflammatory and analgesic medications. Please visit basicareplus.com and click on the "Rx Info" tab to see our current list of covered generic medications.

Prescription Discount Program Included: Many of our customers do not have an insurance program. If you do not have insurance coverage, we encourage you to try pricing your regular medications using the BasiCare Plus® discount program by presenting your member card to your pharmacist and checking the price. Please have your pharmacist compare their regular price to see which is better before using. You can also check pricing by using the "Lookup Rx Price" tool on the "Rx Info" tab at basicareplus.com.

Always present your member card when picking up prescriptions. Your BasiCare Plus® benefit is recognized at 65,000+ pharmacies including CVS, Walgreens, Walmart, Costco, Rite Aid, Discount Drug Mart, Albertsons, Kroger, Kmart and many more!

We provide quick access to your benefit menu by visiting basicareplus.com/members.

NOTE: BasiCare Plus® is not insurance and telemedicine services should not replace a regular primary care physician. Use of this service is strictly for non-emergency general illness. Members of BasiCare Plus® pay a monthly or annual fee for the service. BasiCare Plus® is distributed by BasiCare Health. Visit www.basicareplus.com for product description and limitations.

Free Acute Care Medications
NO LIMITATIONS to dose, duration form or frequency

Antibiotics / Infection		
Acyclovir	Doxycycline	Ofloxacin
Amoxicillin	Fluconazole	Penicillin
Amoxicillin/Clavulanate	Erythromycin	Polymyxin
Ampicillin	Erythromycin ethyl succinate	Sulfacetamide
Azithromycin (Z-Pack)	Erythromycin Stearate	Sulfamethoxazole/trimethoprim
Bacitracin	Gentamycin	Tetracycline
Cefdinir	Ketoconazole	Tobramycin
Cefixime	Levofloxacin	Triamcinolone
Cefuroxime axetil	Metronidazole	Trimethoprim
Cephalexin	Minocycline	Trimethoprim
Ciprofloxacin	Mupirocin	Trimethoprim
Clarithromycin	Neomycin	Tobramycin
Clindamycin		
Allergy		
Brompheniramine	Diphenhydramine	Methylprednisolone
Cetirizine	Fexofenadine	Montelukast
Celecoxib	Hydroxyzine	Prednisone
Chlorpheniramine	Levocetirizine	
Cyproheptadine	Loratadine	
Antifungal		
Clotrimazole Topical		
Asthma/Bronchitis		
Methylprednisolone	Montelukast	Prednisone
Constipation/Diarrhea		
Docusate	Loperamide	
Cough		
Benzonatate	Guaifenesin	Promethazine
Ear		
Amoxicillin	Cephalexin	
Amoxicillin/Clavulanate	Sulfamethoxazole/trimethoprim	
Eye		
Sulfacetamide	Tobramycin	Trimethoprim
Fever		
Ibuprofen		
Inflammation		
Dexamethasone	Hydrocortisone	
Influenza		
Oseltamivir	Zanamivir (Relenza) brand name covered	
Nausea/Vomiting		
Cyclobenzaprine	Meclizine	Promethazine
Pain		
Ibuprofen	Naproxen	
Rash / Itch		
Cyproheptadine	Hydrocortisone	Triamcinolone
Sore Throat / Strep		
Amoxicillin	Azithromycin (Z-Pack)	
Amoxicillin/Clavulanate	Cephalexin	
Supplement		
Prenatal vitamins		
Swelling		
Fluticasone	Naproxen	Prednisone
UTI		
Amoxicillin	Cotrimoxazole	Levofloxacin
Amoxicillin/Clavulanate	Doxycycline	Nitrofurantoin
Ampicillin	Fluconazole	Sulfamethoxazole/trimethoprim
Ciprofloxacin	Fosfomycin	(Refer to Antibiotics / Infection)

Medical

We offer three plans through Aetna.



Go to www.aetna.com to find an in-network provider or view your claim status online.

	HSA Plan	Balanced PPO Plan	Traditional PPO Plan
In Network Coverage Details	Open Access Managed Choice	Open Access Managed Choice	Open Access Managed Choice
	Amount You Pay	Amount You Pay	Amount You Pay
Plan Year Deductible* (7/1/2025 - 06/30/2026)	Applies unless noted as DW	Applies unless noted as DW	Applies unless noted as DW
Individual	\$5,000	\$6,000	\$3,000
Family	\$10,000 (embedded)	\$12,000 (embedded)	\$6,000 (embedded)
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum***	Includes: Deductible, copays, and coinsurance	Includes: Deductible, copays, and coinsurance	Includes: Deductible, copays, and coinsurance
Individual	\$7,500	\$9,000	\$6,500
Family	\$15,000	\$18,000	\$13,000
Preventive Care	Covered in full, DW	Covered in full, DW	Covered in full, DW
Office Visit			
Primary Care	20% after deductible	\$30 copay, DW	\$30 copay, DW
Specialist	20% after deductible	\$60 copay, DW	\$60 copay, DW
Urgent Care	20% after deductible	\$85 copay, DW	\$85 copay, DW
Virtual Visits	20% 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
Chiropractic (Visit Limitations May Apply)	20% after deductible	\$60 copay, DW	\$60 copay, DW
X-Ray & Lab			
Diagnostic	20% after deductible	20% after deductible	20% after deductible
Complex - MRI, PET, CAT, CT	20% after deductible	20% after deductible	20% after deductible
Hospitalization			
Inpatient Facility	20% after deductible	20% after deductible	20% after deductible
Outpatient Facility	20% after deductible	20% after deductible	20% after deductible
Emergency Room	20% after deductible	\$300 copay + 20% after deductible	\$300 copay + 20% after deductible

DW: Deductible Waived, PCY = Per Calendar Year.

*Deductible: The amount you must pay before the plan will pay benefits for some services.

**Embedded Deductible: The single deductible is embedded in the family deductible, so no one family member will need to contribute more than the single amount toward the family deductible.

***Out-of-Pocket Limit: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum.



Prescription Drugs & Deductions

Our medical plans also include prescription drug coverage through Aetna.



	HSA Plan	Balanced PPO Plan	Traditional PPO Plan
	Aetna National Network / Aetna Advanced Control	Aetna National Network / Aetna Advanced Control	Aetna National Network / Aetna Advanced Control
Deductible	Subject to Medical Deductible	\$100 Individual/\$300 Family	\$100 Individual/\$300 Family
Retail Pharmacy	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply
Generic	\$10 copay	\$10 copay	\$10 copay
Preferred Brand	\$35 copay	\$35 copay	\$35 copay
Non-Preferred Brand and Generic	\$60 copay	\$60 copay	\$60 copay
Preferred Specialty	\$125 copay	\$125 copay	\$125 copay
Non Preferred Specialty	\$250 copay	\$250 copay	\$250 copay
Mail Order	Up to 90-day supply	Up to 90-day supply	Up to 90-day supply
Generic	\$25 copay	\$25 copay	\$25 copay
Preferred Brand	\$87.50 copay	\$87.50 copay	\$87.50 copay
Non-Preferred Brand and Generic	\$150 copay	\$150 copay	\$150 copay

Medical Insurance Deductions - Per Pay Period			
Per Pay Deductions	HSA Plan	Balanced PPO Plan	Traditional PPO Plan
Employee Only (EE)	\$59.82	\$87.99	\$248.35
EE + Spouse	\$559.38	\$597.71	\$804.90
EE + Child(ren)	\$186.92	\$249.23	\$628.36
EE + Family	\$956.21	\$1,010.12	\$1,304.60



You've got **Teladoc**

made available through



Access to quality care at your fingertips

General Medical

\$49 or less/visit

Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

Mental Health

\$85 or less/therapist visit

\$190 or less/psychiatrist first visit

\$95/psychiatrist ongoing visit

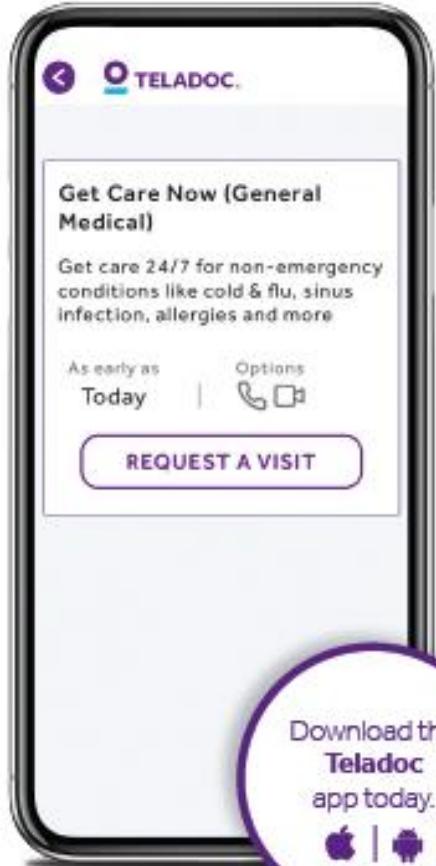
Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

Dermatology

\$75 or less/consult

Upload images of a skin issue online and get a custom treatment plan within 2 days

Eczema • Acne • Rashes • And more



Set up your account or log in today.

Teladoc.com/Aetna | 1-855-Teladoc (835-2362)

You're in charge

Staying healthy is important. So is keeping track of your benefits. But with everything else you have going on, managing it all can be a challenge.

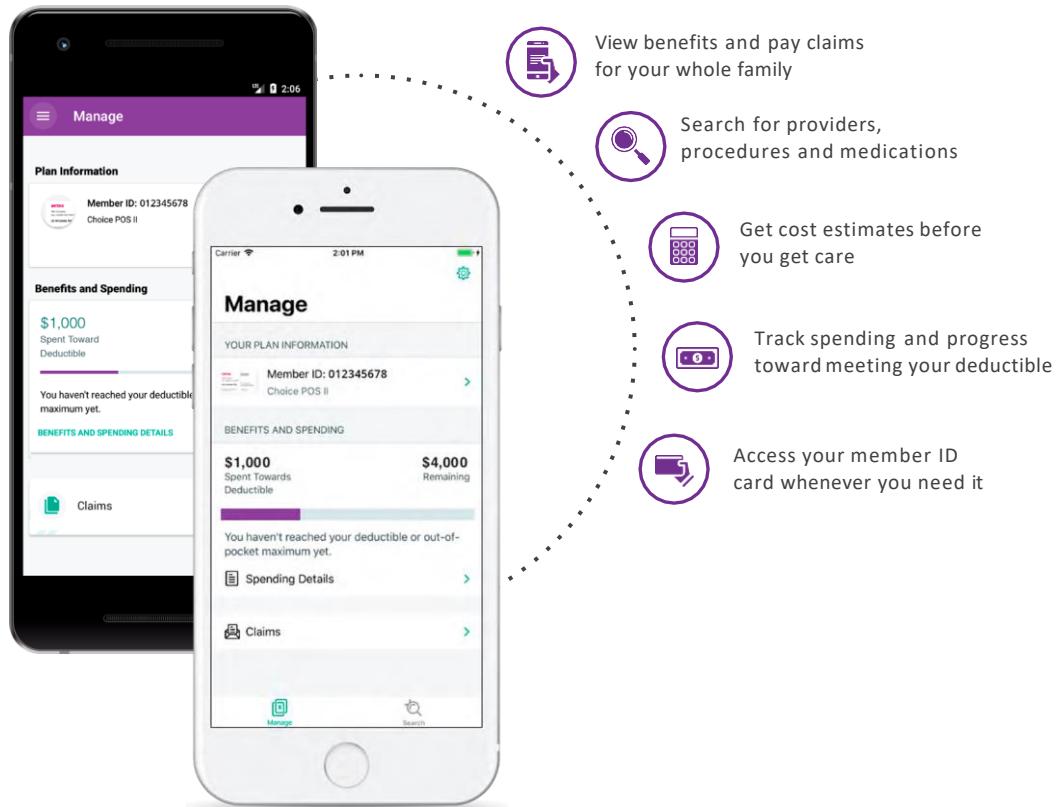
The Aetna Health app can help. From finding a doctor and comparing costs to paying claims and viewing your

ID card, the app is your all-in-one resource for the information you need.

See for yourself how the Aetna Health app can make it easier to manage your benefits.



Text "AETNA" to 90156
to receive a link to
download the Aetna
HealthSM app.
(Message and data rates
may apply.*)



*Terms and Conditions: bit.ly/2nIJFYG. Privacy Policy: aetna.com/legal-notices/privacy.html.

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Google Play and the Google Play logo are trademarks of Google LLC.



aetna.com

Formulary Information

A drug formulary is a list of prescription drugs, both generic and brand-name, used by practitioners and insurers to identify drugs that offer the greatest overall value. Use your insurer's Rx search tool to get information about specific prescription drugs on your plan's formulary, including how a drug may be covered and alternate drugs you can choose from.



Generic Drugs

Generic drugs are copies of brand-name drugs with the same effects as the original drug.

The Food & Drug Administration requires generic drugs to have the same performance and quality as brand-name counterparts.



Brand-Name Drugs

These are drugs for which generic equivalents are not available. There are generally two categories of brand-name drugs:

- Preferred Brand-Name: Have been on the market for awhile and are widely accepted
- Non-Preferred Brand-Name: More expensive than preferred brand-name and newer to the market



Specialty Medications

Specialty medications are high-cost prescription drugs used to treat complex or chronic conditions. Many health plans have a separate tier or higher contribution requirement depending on your plan. Please contact your insurance provider to understand how your plan covers these medications and what your out-of-pocket responsibility may be.

Mail-Order Prescriptions

You can save time and money on your prescriptions by using your mail-order options through CVS Caremark. If you take a long-time maintenance medication, you can:

- Get prescriptions for up to 90-day supply at a lower out-of-pocket cost compared to an equal supply at a retail pharmacy
- Take advantage of delivery through the mail



CVS Caremark Mail-Order forms are available at <https://www.aetna.com/individuals-families/pharmacy/rx-home-delivery.html> Once your account is set-up your providers can mail or call the pharmacy at 888-792-3862.



Peace of mind

The Maintenance Choice® program with Opt-Out Have the medications you need, on your terms

With this benefit, you have the freedom to decide where you fill the prescription drugs that you take on a regular basis — these are called maintenance medications.



Your choice, your way

Fill a 90-day supply of your maintenance drugs at a discounted rate. You can do this with our mail service pharmacy or at CVS Pharmacy® locations.

After two retail fills, you'll need to fill 90-day supplies with CVS Caremark Mail Service Pharmacy™ or at CVS Pharmacy stores.



How to opt out

You can opt out of Maintenance Choice® for all your maintenance medications. Just let us know that you'd like to continue to fill your 30-day supply at your retail pharmacy.

When you do, you'll pay the regular retail copay for your 30-day supply. If we don't hear from you, you'll pay the full cost of your medications on the third fill.

Call us anytime to opt out of the program and continue filling 30-day supplies. We're here for you at **1-888-Rx Aetna (TTY: 711)** or **1-888-792-3862 (TTY: 711)**.



HEALTH SAVINGS ACCOUNT (HSA)

Save now— and for your future

If you're on 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 \$4,300* per individual or \$8,550* per family (pretax) annually. If you are 55 or older, you can contribute an extra \$1,000.

Check HSA eligibility

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

- Other health plan coverage that pays out-of-pocket expenses before you meet your plan deductible, such as Medicare or TriCare coverage
- A general-purpose health care flexible spending account or health reimbursement arrangement in the same year
- 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.

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. 2025 IRS limits included.

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

Inspira Financial Health, Inc. does not provide legal, tax, or financial advice. Please contact a professional for advice on eligibility, tax treatment, and other restrictions. Inspira and Inspira Financial are trademarks of Inspira Financial Trust, LLC.

This material is for informational purposes only. It is not an offer of coverage and it does not constitute a contract. Health savings accounts (HSAs) are individual accounts administered by Inspira Financial Health. There may be fees associated with your HSA. HSAs are subject to eligibility requirements and restrictions. State taxes may apply.

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. 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 inspirafinancial.com.
- Click "Log in"
- Then choose the log in option under "Manage your HSA, FSA, or other benefits."
- If you're a new user, click "Set up account" 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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ALLEGIANCE ADVANTAGE®

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. Please check your summary plan description for the maximum election amount.

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 deferrals elected 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.

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.

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. The maximum you can elect in a calendar year is equal to the smallest of the following:

- \$5,000 - per couple if married and filing federal taxes jointly, or for a single parent;
- \$2,500 - 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 fulltime student can claim \$250/month for one child and \$500/month for two or more children with the maximum election not to exceed \$5,000 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.

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. Let's compare 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:

	NO PLAN	FLEX PLAN
Gross Pay	\$3,500	\$3,500
Flex Plan	\$0	\$500
Taxable Pay	\$3,500	\$3,000
Federal Tax*	\$290	\$229
State Tax*	\$146	\$116
FICA / Medicare*	\$268	\$230
Net Pay	\$2,796	\$2425
Insurance	\$100	\$0
Braces	\$100	\$0
Daycare	\$300	\$0
Monthly Net Pay	\$2296	\$2425

Through her participation in her employer's Flex Plan, Mary is able to put an extra \$129 in her pocket each month! That's a total increase of \$1,548 in spending income for the year.

*Actual amounts will vary based on the current Federal and State Income tax rates and withholdings.

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.

MODIFIED "USE-OR-LOSE" RULE

Under the "use-or-lose" rule, election amounts remaining after the plan year has closed cannot be returned to you. Your Employer may allow up to \$ 640 of your unused health FSA funds to rollover into the new plan year. Funds that rollover can be utilized for claims submitted during the runout from the previous plan year or new claims you incurred in the new plan year. Please note any funds exceeding \$640 will be left in the previous year's account and will be used first for the previous year's claims before we utilize your rollover funds. Note: The \$640 carryover amount is effective for the Plan Years beginning in 2024 carrying over into 2025.

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

We offer two Dental plans through Guardian.



Visit www.guardianlife.com to find an in-network provider near you.

	Dental Low Plan	Dental High Plan
Dental Network	DentalGuard Preferred	DentalGuard Preferred
	Amount You Pay	Amount You Pay
Annual Deductible - Calendar Year	Waived for Preventive Services	Waived for Preventive Services
Individual	\$50	\$25
Family	\$150	\$75
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
Preventive Services Exams, Cleanings, X-Rays, etc.	Covered in full, DW	Covered in full, DW
Basic Services Fillings, Extractions, etc.	10% after deductible	10% after deductible
Major Services Bridges, Crowns, Dentures, etc.	40% after deductible	40% after deductible
Annual Maximum	\$1,500 per enrolled	\$2,500 per enrolled
Orthodontia Children to Age 19	50% up to \$1,000 (lifetime maximum)	50% up to \$1,500 (lifetime maximum)
Dependent Age Limit	26	26
Out-of-Network Note	If you go out of network, you may be balance billed* and responsible for any charges that exceed the carrier's Maximum Allowable Charge.	
Per Pay Deductions	Dental Low Plan	Dental High Plan
Employee Only (EE)	\$15.12	\$17.16
EE + Family	\$22.53	\$25.58

DW: Deductible Waived, PCY = Per Calendar Year.

*Balance Billed: If you utilize out-of-network services, your provider may bill you the difference between their full charge and the carrier's allowed amount.

Dental Benefits



Dental Coverage

Dental health is an important part of our overall health. The dental plans are designed to not only help preserve your beautiful smile but to assist in maintaining your teeth, gums and overall health. Prevention is so important and because of this the plan covers these services in full; no deductible or co pay when you visit an In-Network provider.

Keep in mind, although you are allowed to visit any dentist for your care when you enroll in the Guardian Dental plan, you will save money by visiting an In-Network dentist, because benefits are paid at the In-Network level. When you visit a non-participating provider, benefits are paid at the Out-of-Network level and you may be responsible for balance billing.

Clarification of Services

Preventative

Typically includes routine cleanings, x-rays and fluoride treatments.

Frequency limitations may apply.

Basic

Typically includes fillings, extractions, root canals, root planing and sealants.

You may be responsible for the additional cost for composite fillings.

Major

Typically includes crowns, dentures, implants and oral surgery.

We recommend getting a pre-treatment estimate before seeking care.



Vision

Coverage is offered through Guardian.



Go to www.guardianlife.com to find an in-network provider near you.

	Core Vision Plan	Buy Up Vision Plan
Network	Davis/Full Feature - Designer B	Davis/Full Feature - Designer C
	Amount You Pay/Allowance	Amount You Pay/Allowance
Vision Exam	\$10 copay	Covered in full
Lenses		
Single Vision	\$10 copay	Covered in full
Standard Bifocal	\$10 copay	Covered in full
Standard Trifocal	\$10 copay	Covered in full
Frames	\$130 allowance; Costco, Walmart, Sam's Club: \$130 allowance	\$200 allowance; Costco, Walmart, Sam's Club: \$200 allowance
Discount Above Allowance	20%	20%
Contacts		
Lens Fitting	Included with Davis Vision collection lens purchase	Included with Davis Vision collection lens purchase
Elective (in lieu of glasses)	\$130 allowance	\$200 allowance
Medically Necessary	Covered in full	Covered in full
Frequencies		
Exam	Once per 12 months	Once per 12 months
Lenses	Once per 12 months	Once per 12 months
Frames	Once per 24 months	Once per 12 months
Contacts (in lieu of glasses)	Once per 12 months	Once per 12 months
Dependent Age Limit	26	
Per Pay Deductions	Core Vision Plan	Buy Up Vision Plan
Employee Only (EE)	\$2.73	\$4.52
EE + Family	\$6.80	\$11.29

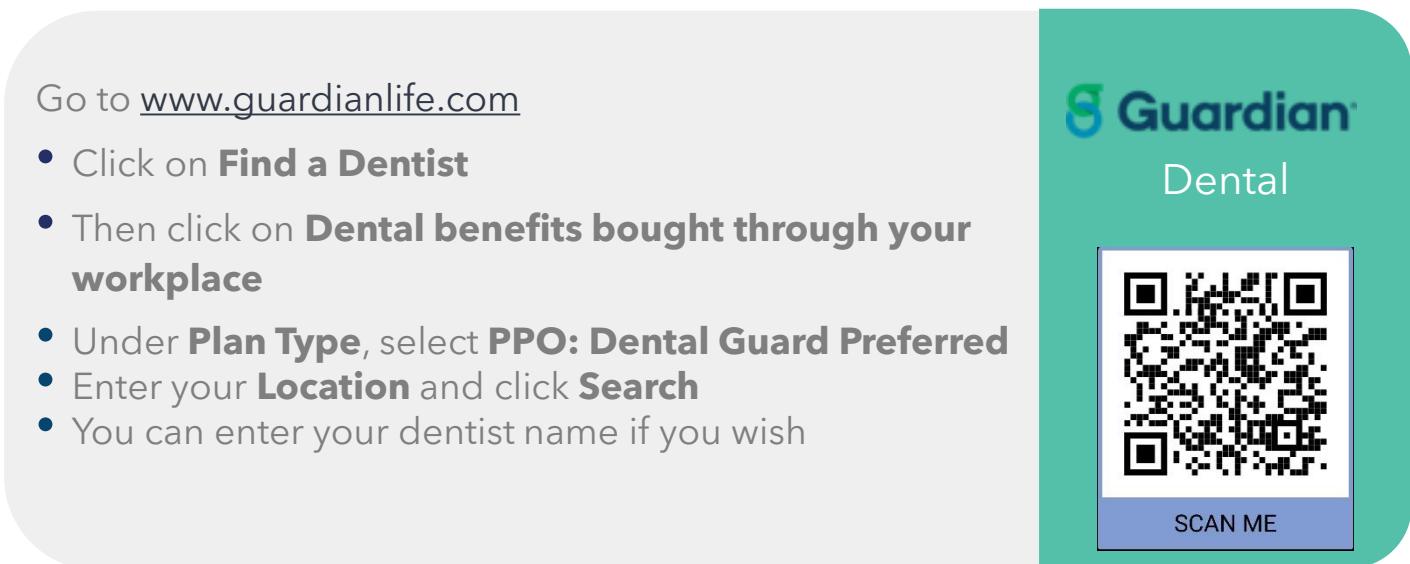
Included (subject to schedule)*: See carrier plan documents for complete details.

How to Find a Provider



Go to www.aetna.com

- Click on **Find a doctor**
- Under **Guests**, click on **Plan from an employer**
- Enter location info
- Under **Aetna Open Access Plan**, select **Managed Choice POS (Open Access)**



Go to www.guardianlife.com

- 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 name if you wish



Go to www.guardianlife.com

- At the top of the screen, click on **Find a Vision Provider**
- Under **Select Your Vision Network**, click on **Search Davis/Full Feature**
- Click on **Find an Eye Care Professional**
- Enter your location information then click **Search**

Additional Insurance Terms



Evidence of Insurability (EOI)

Health questionnaire that may be required by an insurance carrier that will be subject to their Underwriting Team's approval before coverage can begin.

The amount of coverage that can be elected without having to submit an Evidence of Insurability.

Guaranteed Issue Amount

Life Insurance

Life insurance can provide financial security to your family members should something happen to you. It can be used to pay off debts, funeral expenses, legal expenses, and general living expenses for your surviving family members.

Disability insurance protects and replaces a portion of lost income if you are unable to work due to a qualifying illness or injury

Disability Insurance



Voluntary Life and AD&D

You have the option of purchasing additional Life insurance through Guardian.

Coverage is optional and is paid for by the employee.



Voluntary Life and AD&D				
Plan Features	Increments	Maximum Amount	Guaranteed Issue*	Benefit Reduction/Termination
Employee	\$10,000	\$500,000 not to exceed 5x employee's earnings	\$150,000	35% at age 70 66% at age 75
Spouse (Under age 70)	\$5,000	\$250,000 not to exceed 50% of employee amount	\$50,000	Terminates when spouse turns 70
Child(ren)	\$1,000/ \$5,000/ \$10,000	\$10,000 not to exceed 50% of employee amount	\$10,000	Terminates when child turns 26

Guaranteed Issue *: The amount of coverage that can be elected without submitting an Evidence of Insurability (EOI)

For the Guaranteed Issue 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 previously declined coverage, you will be required to submit an EOI form for any amount elected that will be subject to carrier approval.

If you have coverage today, you can increase the benefit amount up to \$50,000 of additional coverage (not to exceed the GI amount) without submitting an EOI.

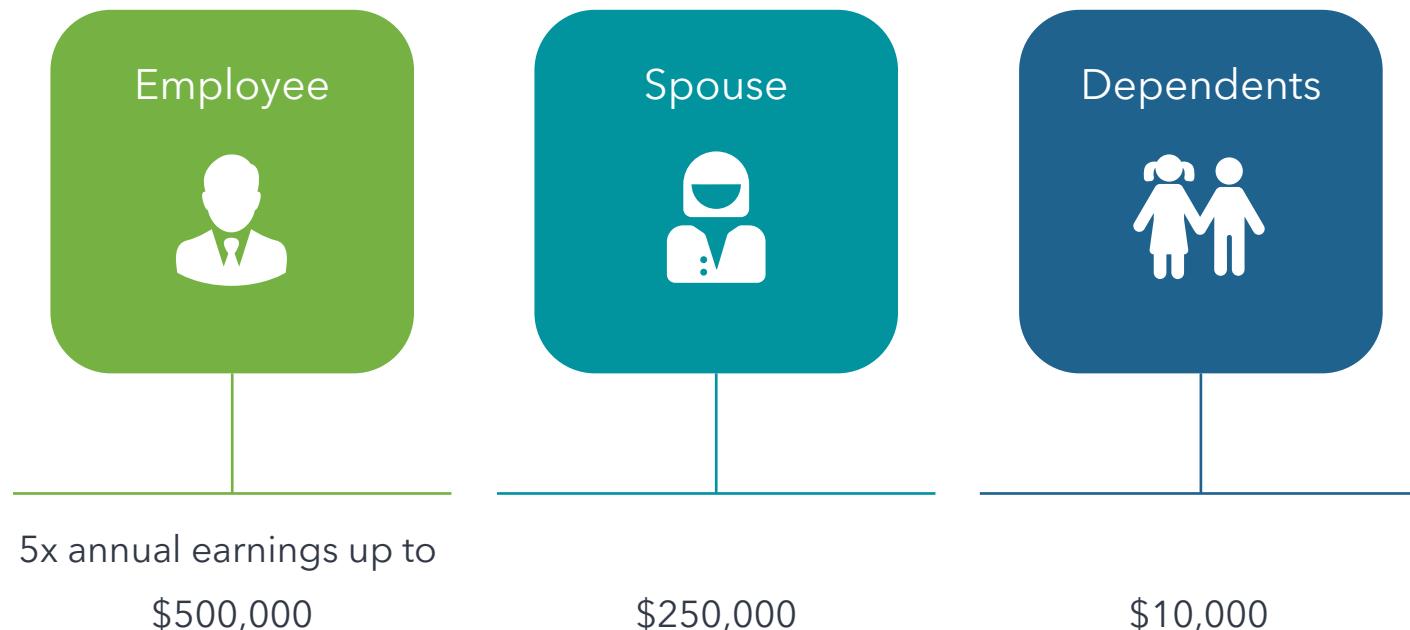
Voluntary Life and AD&D



You have the option to purchase additional Life and AD&D (Accidental Death & Dismemberment) protection. Life insurance pays your beneficiary a benefit should you die, and AD&D insurance pays a benefit should your death result from an accident or if you are severely injured in an accident. Age may affect coverage levels.

If you enroll after you are originally eligible, all amounts are subject to Evidence of Insurability.

Coverage is provided through Guardian.





Voluntary Short-Term Disability

Income replacement through Disability insurance is invaluable in protecting you during times of injury or illness. Coverage is provided through Guardian.

Coverage is optional and is paid for by the employee.



	Short-Term Disability
Benefit Amount	\$50 increments
Maximum Benefit Amount	\$1,000 not to exceed 60% of your weekly earnings
Benefits Begin	
Accident	After 29 days
Illness	After 29 days
Maximum Benefit Duration	Up to 9 weeks
Pre-Existing Condition Exclusion*	3/12

Disability Definition: Loss of duties and income

Earnings*: Base salary excluding commissions, bonuses, overtime

Pre-Existing Conditions*: The carrier will look back 3 months prior to the coverage effective date. If there are any pre-existing conditions in the 3 month look back period, then those conditions will be excluded for your first 12 months of coverage.

For the Guaranteed Issue 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 previously declined coverage, you will be required to submit an EOI form for any amount elected that will be subject to carrier approval.

If you have coverage today, you can increase the benefit amount by one option, (not to exceed the GI amount) without submitting an EOI.



Voluntary Long-Term Disability

A long-term disability is an illness or injury that prevents you from working for an extended period of time.

Coverage is provided through Guardian. This coverage is voluntary and is paid for by the employee.



Long-Term Disability	
Benefit Amount	60% of your monthly earnings
Maximum Benefit Amount	Up to \$5,000
Benefits Begin	After 90 days of being disabled
Own Occupation Period	24 months Own Occupation
Maximum Benefit Duration	5 Years
Pre-Existing Condition Exclusion	12/12

Disability Definition: For first 2 years of disability, you will receive benefit payments while you are unable to work in your own occupation. After 2 years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.

Earnings*: Base salary excluding commissions, bonuses, overtime

Pre-Existing Conditions*: 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.

For the Guaranteed Issue 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.



Voluntary Long-Term Disability

A long-term disability is an illness or injury that prevents you from working for an extended period of time.

Coverage is provided through Guardian. This coverage is voluntary and is paid for by the employee.



Long-Term Disability Cost

How to Calculate Your Bi-Weekly Cost

Step 1	Divide your annual earnings by 12 to find your monthly earnings (if your annual salary is over \$100,000, use \$100,000)	=	
Step 2	Divide amount from step 1 by 100	=	
Step 3	Multiply amount from step 2 by rate below (based on employee age)	=	
Step 4	Multiply amount from step 3 by 12	=	
Step 5	Divide amount from step 4 by 26 to get your bi-weekly cost	=	

Long-Term Disability Rates per \$100 of Monthly Covered Payroll

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Employee	\$0.19	\$0.32	\$0.48	\$0.68	\$0.95	\$1.08	\$1.32	\$1.67	\$3.24

Worksite Benefits

- You have the opportunity to enroll for additional voluntary benefits through Guardian.
- These policies help to protect your income by paying cash directly to you when you experience a covered loss.
- For a complete list and description of the benefits offered under these plans, please contact your Director of Operations, Tonya or Patrick.

Accident

Accidents can happen and can cause an increase in medical expenses and other costs. Accident policies pay cash benefits for things like x-rays, follow-up treatments, physical therapy, and so much more.

Critical Illness insurance can supplement your major medical coverage by providing a lump-sum benefit that you can use to pay costs related to a covered critical illness.

Critical Illness

Hospital Confinement

Hospital Confinement insurance provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with out-of-pocket expenses not covered by most major medical plans.



Accident

Accidents can happen and can cause an increase in medical expenses and other costs. Accident policies pay cash benefits for things like x-rays, follow-up treatments, physical therapy, and so much more. Coverage is offered through Guardian and is paid for by the employee.



Refer to the carrier's plan documents for a complete schedule

	Accident Low Plan	Accident High Plan
Benefits	Amount You Receive	Amount You Receive
Coverage Type	Off Job	Off Job
Wellness Benefit	\$50 per covered member per year. Must complete applicable wellness screenings or procedures	\$50 per covered member per year. Must complete applicable wellness screenings or procedures
Ambulance	Air: \$750 / Ground: \$100	Air: \$1,500 / Ground: \$200
Burns	Up to \$10,000 depending on size of area affected	Up to \$20,000 depending on size of area affected
Coma	\$5,000	\$10,000
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
Eye Injury	\$200	\$300
Fractures	Schedule up to \$3,000	Schedule up to \$6,000
Knee cartilage injury with surgical repair	\$500	\$750
Ruptured disc with surgical repair	\$500	\$750
Tendon/Ligament/Rotator Cuff	1: \$175 / 2 or more: \$350	1: \$500 / 2 or more: \$1,000
Dependent Age Limit	26	26
Per Pay Deductions	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 insurance can supplement your major medical coverage by providing a lump-sum benefit if you are diagnosed with a covered illness. Coverage is offered through Guardian and is paid for by the employee.

Refer to the carrier's plan documents for a complete schedule		
Critical Illness		
Employee Benefit Amount	Lump sum benefit of \$5,000, \$10,000, \$15,000 or \$20,000 Rates are based on employee's age and will be calculated in Employee Navigator	
Spouse Benefit Amount	Lump sum benefit of \$2,500, \$5,000, \$7,500 and \$10,000 Rates are based on employee's age and will be calculated in Employee Navigator	
Child Benefit Amount	50% of employee benefit No additional cost if you elect employee coverage	
Wellness Benefit	\$50 per covered member per year Must complete applicable wellness screenings or procedures	
Lump Sum Benefits	Covered Condition	First Occurrence
	Cancer	
	Invasive Cancer	100%
	Cancer (Non-Life Threatening)	30%
	Vascular	
	Heart Attack	100%
	Stroke	100%
	Coronary Artery Disease	30%
Guaranteed Issue Amounts	Other	
	Major Organ Failure	100%
Employee	\$20,000	
Spouse	\$10,000 not to exceed 50% of employee coverage amount	
Child	\$10,000 not to exceed 50% of employee coverage amount	
Pre-Existing Condition Limit	12 month look back period, 12-month exclusion period	

For the Guaranteed Issue 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 previously declined coverage, you can elect up to the Guaranteed Issue amounts at this year's Open Enrollment.



Critical Illness Rates

Critical Illness insurance can supplement your major medical coverage by providing a lump-sum benefit if you are diagnosed with a covered illness. Coverage is offered through Guardian and is paid for by the employee.



Employee Age Bands and Bi-Weekly Deductions						
Non-Tobacco						
Age	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.83	\$1.34	\$2.35	\$3.99	\$6.21	\$9.62
\$10,000	\$1.66	\$2.68	\$4.71	\$7.99	\$12.42	\$19.25
\$15,000	\$2.49	\$4.02	\$7.06	\$11.98	\$18.62	\$28.87
\$20,000	\$3.32	\$5.35	\$9.42	\$15.97	\$24.83	\$38.49
Tobacco						
Age	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.06	\$1.85	\$3.81	\$7.71	\$13.38	\$19.36
\$10,000	\$2.12	\$3.69	\$7.62	\$15.42	\$26.77	\$38.72
\$15,000	\$3.19	\$5.54	\$11.42	\$23.12	\$40.15	\$58.09
\$20,000	\$4.25	\$7.39	\$15.23	\$30.83	\$53.54	\$77.45
Spouse Age Bands and Bi-Weekly Deductions						
Non-Tobacco						
Age	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$0.42	\$0.66	\$1.18	\$2.00	\$3.11	\$4.81
\$5,000	\$0.83	\$1.32	\$2.35	\$3.99	\$6.21	\$9.62
\$7,500	\$1.25	\$2.01	\$3.53	\$5.99	\$9.31	\$14.43
\$10,000	\$1.66	\$2.63	\$4.71	\$7.98	\$12.42	\$19.25
Tobacco						
Age	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$0.53	\$0.92	\$1.91	\$3.85	\$6.69	\$9.68
\$5,000	\$1.06	\$1.85	\$3.81	\$7.71	\$13.38	\$19.36
\$7,500	\$1.59	\$2.77	\$5.71	\$11.56	\$20.08	\$29.04
\$10,000	\$2.12	\$3.69	\$7.62	\$15.42	\$26.77	\$38.72
CHILD						
child cost is included with employee's election						



Hospital Indemnity

Hospital Indemnity Insurance is designed to help provide financial protection by paying a benefit due to a hospitalization. Lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. Coverage is offered through Guardian and is paid for by the employee.



Hospital Indemnity	
Benefit	Amount You Receive
Hospital Admission	\$1,500 per admission / 1 admission max per year
ICU Admission	\$1,500 per admission / 1 admission max per year
Hospital Confinement	\$200 per day
ICU Confinement	\$200 per day
Max Days Per Year	30 days
Pre-Existing Condition*	12/12
Dependent Age Limit	26

Pre-Existing Conditions*: 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 Deductions	Hospital Indemnity
Employee Only (EE)	\$10.52
EE + Spouse	\$18.24
EE + Child(ren)	\$16.58
EE + 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.

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.

\$ 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

2 X

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

\$ 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 Up to \$20,000, in \$10,000 increments - up to 100% of employee election. Based on spouse age.
Spouse Coverage*	18-65	\$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.
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
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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.

PORATABILITY 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



Keystone Senior Management Services, Inc.

Retirement Plan Advisors

Fiduciary advisors helping you navigate all your financial needs

We take pride in offering Keystone employees the best benefits package in an effort to provide you and your family with financial wellness and confidence. We understand that your workplace retirement plan is only one piece of your financial puzzle. To that end, we have partnered with UBS Financial Services to assist with our retirement plan.

Your contact is:

Jesse K. Masterson, CIMA®, CRPS®,
Senior Retirement Plan Consultant
Senior Wealth Strategy Associate
Institutional Analyst
Jesse.masterson@ubs.com

In addition to a 401(k) plan with “best-in-class” investments and a discretionary company match, financial planning services include but are not limited to:

- Unlimited access to guidance and education from senior UBS financial professionals
- Complimentary, confidential financial planning through UBS
- Complimentary budget assistance program
- Complimentary interactive tools and educational content – www.ubs.com/thecode and www.ubs.com/financialwellness

Regardless of where you are on your path to Financial Wellness, UBS can cover a wide range of topics in addition to the retirement plans including the below.

Younger Savers (start-age 40):

Why worry about financial wellness and retirement at your age? Because the younger you are, the more time you have to potentially grow your savings and move closer to all the things you want to pursue. We will be focusing our discussion on budgeting, debt management, student debt, credit score, and building long-term financial habits.

Middle Career (age 35-55):

Your life is complicated, and all your goals are important. Events such as a marriage, divorce or a family emergency can impact your financial situation in unexpected ways. But smart planning can help you stay on track financially. With a little planning, you can balance life's priorities and help protect your future. We will talk about college savings, helping with aging parents, balancing priorities, and financial planning.

Closing in on Retirement (age 50+):

Whether it is traveling the world, spending time with loved ones or starting a business, everything you have worked for is right around the corner. Make the decisions that can help you live the retirement you want. We will focus our discussion on financial planning, living on a retirement budget, Social Security, changing your insurance thought process, and smart asset allocation to meet your spending needs.



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 2025, you can contribute up to \$23,500. If you're 50 or older, you can make another \$7,500 in catch-up contributions, bringing your total to \$31,000. 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 \$34,750.
- 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.

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 Us

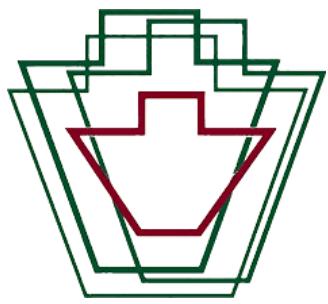
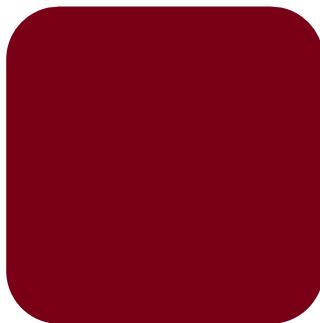
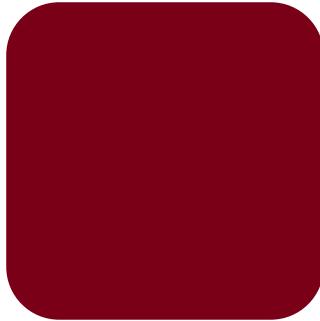
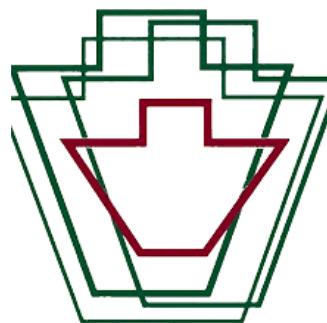
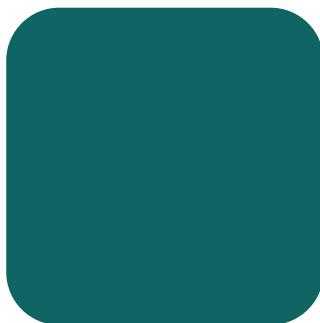
Provider directories and additional resources are available online and provide the most up-to-date information. You may also contact carriers directly with your questions.

	Vendor	Phone Number	Website/Email
Medical	Aetna	800.307.4830	www.aetna.com
Dental	Guardian	800.541.7846	www.guardianlife.com
Vision	Guardian	877.393.7363	www.guardianlife.com
Life/AD&D	Guardian	800.525.4542	www.guardianlife.com
Voluntary Short-Term Disability	Guardian	800.268.2525	www.guardianlife.com
Voluntary Long-Term Disability	Guardian	800.538.4583	www.guardianlife.com
Accident	Guardian	800.541.7846	www.guardianlife.com
Critical Illness	Guardian	800.541.7846	www.guardianlife.com
Hospital Indemnity	Guardian	800.541.7846	www.guardianlife.com
Whole Life	Atlantic American	866-458-7502	www.aaemployeebenefits.com

We recommend you register for an online account with each carrier. This will allow you to manage your benefits, view plan information, view Explanation of Benefits (EOB), view claim status, find providers and order ID cards.



Notes



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