



Employee Benefits Guide

2025



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You may access a copy of this guide online at www.benefiti.com/horner-2025-benefits

Eligibility Criteria and Important Plan Information

As a full-time employee, or a part-time employee working at least 30 hours per week, you are eligible to enroll in the Horner Electric, Inc benefit plan the first of the month following or coinciding with 60 days of continuous employment. This eligibility requirement applies to:

- Medical
- Prescription
- Regenexx
- Basic Life
- Dental
- Vision
- Voluntary Life
- Personal Accident
- Critical Illness
- Short Term Disability
- Long Term Disability
- Flex Spending Account

→ The Horner Electric benefit plan is a Section 125 plan and is governed by the Internal Revenue Service. Some premiums are deducted on a pre-tax basis and as a result, your benefit elections are **binding and cannot be changed** in the absence of a Qualifying Life Event or during the annual benefit enrollment period. Refer to the Qualifying Life Events page in this guide for more information.

→ The Horner Electric benefit plan has a spousal carve-out provision. If your spouse is eligible for medical coverage from their employer, then he/she cannot enroll in the Horner Electric Medical Plan. There is a Spousal Carve-out form that may require verification from your spouse's employer.

→ Pre-existing conditions exclusions may apply to non-medical coverages.

→ Your plan contains specific rules around dependent eligibility and proof of eligibility may be required by the Plan. In terms of the Horner Electric Medical Plan, a dependent is defined as:

1. The Covered Employee's legal licensed spouse. Such spouse must have met all the requirements of a valid marriage contract in accordance with the laws of the State in which such parties were married. However, the Plan does not recognize common-law marriage.
 - a. A working spouse of a Covered Employee will be considered eligible for this Plan if he/she is not eligible under another employer's group health plan, whether or not he/she is enrolled in that Plan.
2. The Covered Employee's Child who meets all of the following conditions:
 - a. Is less than twenty-six (26) years of age; and
 - b. Is either a:
 - i. Natural (biological) Child; or
 - ii. Child who has been legally adopted or placed for adoption with the Covered Employee; or
 - iii. Stepchild; or
 - iv. Child who has been placed under the legal guardianship or conservatorship of the Covered Employee or the Employee's covered Dependent spouse; or
 - v. Grandchild who resides in the Employee's household and who is claimed as an exemption on the Employee's Federal income tax return.

→ **IMPORTANT NOTE:** This booklet provides a summary of the benefits offered by the Horner Electric plan. This benefits guide is not an exhaustive list of all the plan's features and rules. For comprehensive details about the plan, including all terms, benefits, exclusions, requirements, and parameters, refer to the relevant plan certificate. The plan certificate is the authoritative document that governs the benefits and conditions of the plan.

Qualifying Life Events

Reasons You May Be Eligible to Change Your Benefits

Changing Your Benefits Outside the Annual Enrollment Period

A qualifying life event is a change in your situation that may allow you to alter your benefit elections.

→ Benefit changes must correspond with your specific life event.

For example: If you get married, you may add your spouse to the benefit plan, but you may not drop coverages you have already elected.

→ When you experience a qualifying life event, you must complete benefit changes within 30 days of the event.

For example: If you have a baby on September 1, your newborn must be added to the plan by September 30.

If you have questions about qualifying life events or you need to make changes to your benefits, contact your employer's Human Resources Department or Benefits Manager

Following are some examples of common life events; this is not a complete list.

- Involuntary loss of coverage
- A change in your marital status, such as marriage, divorce, or death of a spouse
- A change with your dependents, such as birth, adoption, or death of a dependent
- A change in employment status for you, your spouse, or your dependent
- Your dependent gaining or losing eligibility as a dependent on the plan
- A change in residence for you, your spouse, or your dependent that affects your healthcare options
- Losing or gaining eligibility for Medicare, Medicaid, or CHIP
- A court order, judgement, or decree, including QMCSO
- A severe curtailment in coverage available under this plan or a dependent's plan
- A change your dependent's coverage under a plan sponsored by the dependent's employer
- A HIPPA special enrollment event
- Any other change permitted under IRS rules

Medical Benefits

Administered by Imagine360

Your Medical Plan		
Deductible	Individual: \$2,000	Family: \$4,000
Out of Pocket Maximum	Individual: \$9,200	Family: \$18,400
Coinsurance	Plan Pays: 80% You Pay: 20%	
Horner's HRA Contribution	Employee: \$700 +Spouse: \$1,200 +Child(ren): \$1,100 Family: \$1,500	

Your Expenses for Common Medical Events	
Primary/Specialist Office Visit	In Network Co-Pay: \$40 Out-of-Network Co-Pay: \$80
Preventative Care	No Charge
Recuro Health – Virtual Care	No Charge
Urgent Care	In Network Co-Pay: \$60 Out-of-Network Co-Pay: \$120
Emergency Room	Co-Pay: \$125 (waived if admitted)
Facility Charges	Co-Pay: \$500 per visit Co-Pay: \$750 per visit at Imagine Health/Community
Outpatient Labs	At a participating lab–No charge During an office visit–Office visit co-pay Freestanding lab–Deductible + Co-insurance Hospital–Facility co-pay

Provider Networks	
Outpatient Office Visits	PHCS Network Search for providers: www.multiplan.com/mpipracanc
Outpatient Lab Services	Quest www.questdiagnostics.com/locations CompuNet www.compunetlab.com LabCorp www.labcorp.com/precheck PathLabs www.pathlabs.org/locations
Hospitals and Other Facilities	Your plan does not use a network for facilities. You may visit any facility of your choice. Note that your facility co-pay may differ depending on the facility you visit.

Need Help with Your Benefits or Claims?

Contact Imagine360 Member Services by phone at 800-827-7223 or email myplan@imagine360.com.

If you are dealing with a high-priority situation, need help with a complicated problem, or if Member Services cannot resolve your issue, contact Horner's Imagine360 Support Associate, Toni Ocampo. Toni can be reached by email at tocampo@imagine360.com or by phone at 610-249-9457.

Prescription Co-Pays		
	30-day supply	90-day supply
Tier 1 – Generic	30% (minimum \$20)	\$30
Tier 2 – Brand Name	30% (minimum \$20)	\$100
Tier 3 – Non-formulary	50% (minimum \$40)	\$200

*Specialty medications are not covered by your plan. Refer to the ScriptSourcing page in this guide for more information.

Your Cost per Paycheck (52 pays per year)		
	With Wellness Participation	Without Wellness Participation
Employee Only	\$30	\$40
Employee + Spouse	\$55	\$65
Employee + Child(ren)	\$45	\$55
Family	\$60	\$70

This is an outline of benefits **only**; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Horner has partnered with Circle Wellness to bring you

➤ **FREE WELLNESS SCREENINGS** ➤

Invest in Your Health, Enjoy the Rewards!

WHY SHOULD YOU PARTICIPATE?

- **Lower costs:** Avoid premium surcharges and save money on your health coverage costs.*
- **Better health:** Get valuable screenings and early detection of potential health issues.
- **Convenience:** Onsite, easy-to-access screenings make it simple to participate.
- **Wellness support:** Gain access to tools and resources to improve your overall well-being.

HOW IT WORKS

- Schedule an appointment with Circle Wellness for your worksite screening or visit a convenient local lab. The screening process only takes about 15 minutes!
- Look out for communications from Horner with screening dates and times, a link to schedule your appointment, and more information about Circle Wellness.

QUESTIONS?

- Contact your Human Resources Department or the team at Benefit Innovations if you have questions about the wellness program or how your participation in the program affects your medical plan costs.

Your health matters, and we're here to support you every step of the way.

Don't miss this opportunity to prioritize your health and save money!

*You are free to opt out of Horner's wellness screening program. If you choose not to participate, you will be subject to a \$10 per paycheck surcharge on your medical plan costs.



\$0 COPAYS

for over **800** maintenance, name-brand, and specialty **medications**.

WHY SCRIPTSOURCING?



Employees and their dependents pay a **\$0 copay** for their medication(s).



ScriptSourcing saves the health plan money, and **lowers premiums**.



Prescriptions are **shipped directly to the member** with no shipping and handling fees or out-of-pocket expenses.



Enrollment is easy. Simply call **410-902-8811**, and ask for a member advocate, or schedule a call online.

ENROLLMENT IS EASY!



CALL 410-902-8811

or search for your med and schedule a call online at

www.script sourcing.com/med-finder.

WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, the physicians draw your blood platelets and bone marrow aspirate and process them using **Regenexx** lab processing techniques. They then inject them precisely at the site of your injury using image guidance. **Regenexx** treatments provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient therapy performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a lower risk alternative to surgery with **Regenexx** treatments.

YOUR REGENEXX BENEFIT

Horner Electric covers **Regenexx** services at 100% under all health plans with no assigned member responsibility.

Non-Regenexx services may fall under a different benefit level, and may or may not be treated as in-network. Charges depend on your specific plan details and your current deductible and out-of-pocket status.

CONDITIONS TREATED

Ankle/Foot

- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow

- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip

- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee

- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

Shoulder

- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine

- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

LEARN MORE

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center.

To register for one of our weekly webinars, visit regenexbenefits.com/webinar?mailer.
Call us today at **866-780-5911** or visit regenexbenefits.com/hornerelectric to learn more.

Save **BIG** on your medical equipment and supplies with Connect DME!

Continuous Glucose Monitors, Insulin Pumps, Supplies

Get continuous glucose monitors, insulin pumps, and the supplies you need from Connect DME at **NO COST!**



CPAP Machines and CPAP System Supplies



Get a CPAP machine and supplies for your device with just a **\$250 CO-PAY** when you order from Connect DME!

Contact Connect DME and start saving today!



918-600-5799



918-515-6171



www.ConnectDME.com

CONNECT DME

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24/7 Virtual Care from Recuro Health

Virtual Care for a Range of Conditions

Board-certified providers, licensed counselors, psychiatrists, and care coordinators are all ready to help you.

When you or your family don't feel well, you want to get help right away. You have immediate access - day or night - to a medical professional through Recuro Health.

5 Reasons to choose Recuro's virtual care:

- 1 CONVENIENCE!** Instead of driving to the doctor, ER or clinic and sitting in a crowded waiting room, you can get an appointment right in the comfort of your own home.
- 2 SPEED!** Recuro's same-day virtual visits fit your busy schedule and save time. When you're sick, you can see a provider almost immediately. For a wellness or regular visits, you can get an appointment fast - perhaps even the same day!
- 3 QUALITY CARE.** You'll receive outstanding care from board-certified providers, licensed counselors, psychiatrists, and care coordinators. In most cases, they can diagnose, triage, and treat you right in your virtual visit. This includes filling any prescriptions you might need.
- 4 SMART.** By choosing virtual care, you'll likely have lower out-of-pocket costs. Your provider will follow up with you to make sure you get all the care you need. If you need to be seen in-person for "hands on" care, your care coordinators can assist you in getting a fast appointment so you can skip the ER or Urgent Care lines.
- 5 IT'S REALLY EASY!** Download the app, go online or call to get started!

Get Started NOW!

Download the "Recuro Care" mobile App, visit miBenefits.imagine360.com and click on "Care" or call 844-715-1724.



See a real doctor. Get real care. Enjoy real convenience.

Download the "Recuro Care" mobile app, visit miBenefits.imagine360.com or call 844-715-1724.



Health Reimbursement Arrangement (HRA)

Administered by Imagine360

The Horner Benefit Plan features a health reimbursement arrangement (HRA). An HRA is an account that Horner Electric sets up for you and credits a particular dollar amount each year to help pay for certain covered health care expenses.

The HRA is only available to those who elect medical coverage. It is not a bank account, you cannot withdraw money from the HRA, and the amounts allocated to your HRA do not earn interest. HRA funds are not taxable income.

You will receive a debit-style card from Imagine360 to facilitate using your HRA funds.

Horner Electric's HRA Contribution

Contribution is based on the Medical coverage tier you elect

Employee Only	\$700
Employee + Spouse	\$1,200
Employee + Child(ren)	\$1,100
Family	\$1,500

Important Information About Your HRA

The HRA will only cover expenses that are approved by the medical/prescription plan. This includes charges such as prescription co-pays, office visit co-pays, and amounts applied toward your deductible.

Your HRA funds may be used for health insurance deductibles and co-payments, as well as uninsured medical expenses, dental and vision care, hearing care, and other supplies. Visit www.fsastore.com to view other HRA-eligible items.

You may use your HRA card to pay your medical provider or pharmacy directly for eligible expenses or you may pay out-of-pocket and submit a claim for reimbursement.

If you do not use the full amount of HRA funds available to you during the plan year, the remaining funds do not carry over to the next year.

HRA funds are available to you only for expenses incurred while you are actively covered by the medical plan.

If you lose coverage under the Plan for any reason, you may continue to use your HRA credits to pay for expenses you or your covered dependents incurred while you were still covered under the Plan. Any expenses you incur after your coverage ends will not be paid by your HRA. For certain losses of coverage, you or your covered dependents have a right to continue coverage under COBRA for the Plan (including the HRA credit amount that Horner Electric, Inc allocates depending on the coverage level you elect under COBRA).

Horner Electric is under no obligation to fund the HRA in future years.

Flexible Spending Account (FSA)

Administered by Imagine360

The Horner Electric Flexible Spending Account provides each eligible employee with the opportunity to set aside part of their pay on a *pre-tax* basis to provide for payment of unreimbursed medical and dependent care expenses. There are separate Flexible Spending Accounts for medical and dependent care available, as noted below.

FSA Provisions

Your annual election amount is for expenses incurred in the plan year covering your effective date through the last day of the benefit plan year.

Note – You may contribute to the FSA or the DCFSA even if you do not participate in the Medical plan.

Medical Flexible Spending Account (FSA)

Maximum Annual Election	\$3,300
Maximum Rollover	\$660

In determining the amount you contribute to an FSA, consider your health insurance deductibles and co-payments, as well as uninsured medical and dental expenses, vision care, and hearing care. Generally, the expenses covered must be “medically necessary” as determined by a doctor. Visit www.fsastore.com to view other FSA-eligible items.

Horner Electric’s FSA includes a rollover provision—refer to the maximum rollover amount noted above. This provision allows you to carry over unused FSA funds, up to the specified limit, into the next year.

Unused FSA funds in excess of the maximum rollover limit will be forfeited. This means you will lose the money you contributed if you don’t use it. Keep this in mind when determining your contribution amount for the year.

Dependent Care Flexible Spending Account (DCFSA)

Maximum Annual Election	\$2,500 (if married but filing separately) \$5,000 (if single or married but filing jointly)
Maximum Rollover	\$0 – N/A

If you pay a person (provider cannot be your spouse or person you list as your dependent on income taxes) to care for your dependent child (under age 13) or a disabled dependent while you work, you may allocate money to the dependent care account. These eligible expenses will be reimbursed to you with pre-tax dollars.


You cannot claim dependent care expenses which you submitted to your dependent care account for reimbursement on your tax return. It is encouraged that employees contact a professional tax consultant to determine if it would be more advantageous to claim the tax credits on your tax return.

DCFSA funds are “use it or lose it.” The DCFSA does not include a rollover provision. This means any unused amount in your DCFSA is forfeited after the benefit period ends. DCFSA does not include a rollover provision. Keep this in mind when determining your contribution amount for the year.

Important Update to Eligible FSA Expenses

The CARES Act, signed into law on 03/27/2020, allows participants to use FSA funds for over-the-counter medications (medicines which do not have a prescription from the doctor,) as well as menstrual care items. These items may now be purchased or reimbursed using pre-tax FSA dollars.

Contact the Samaritan Fund Program for more information.

 www.samaritanfundprogram.com

 service@samaritanfundprogram.com







 866-764-9290

THE PEACE OF MIND TO HEAL

A serious medical diagnosis brings worry and anxiety. Unfortunately, much of that anxiety stems from the high cost of quality medical care. The Samaritan Fund Program exists to lift the financial burden of medical costs while you navigate a difficult journey. If you qualify, you will receive a plan from a top carrier, funds for premiums and out of pocket expenses, and *the peace of mind to heal.*



How it Works:

-  Complete a HIPAA Authorization Form. This ensures that your private information is kept confidential.
-  A representative from the Samaritan Fund Program will reach out to discuss the program and help you select an individual medical insurance plan that meets your needs.
-  Once an acceptable plan is found, a formal application is submitted to participate in the Samaritan Fund Program.
-  After you are accepted, we help you obtain your new insurance plan and set up the Samaritan Fund Program to take care of the expenses associated with your medical care.
-  The plan will be reassessed annually for eligibility.
-  Be at peace and heal.

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Your Health Plan Support Resources

Get all the help you need to stay healthy and pay less.



Benefits Information

Call the Imagine360 Member Experience team at the number on your Benefits ID card. Their expert guidance makes navigating healthcare easier. They can help you:

- Understand covered benefits, claims and bills
- Find and communicate with providers
- Manage a medical condition
- Replace your Benefits ID card

You can also log on to mibenefits.imagine360.com to easily check your benefits, review your claims and see your Explanation of Benefits (EOBs).



If a provider has questions about your plan or submitting claims, ask them to call the provider number on your Benefits ID card.



Billing Support

As part of your health plan, Imagine360 reviews medical claims for errors and overcharges so you don't overpay.

If you receive a provider bill, always compare it to your EOB. If the amount due on the bill is higher than the amount your EOB says you owe, you have a balance bill. Call your Member Experience team at the number on your Benefits ID card right away for help.

We support you with:

- A designated advocate to manage bill resolution on your behalf
- Regular updates
- Free legal support, if needed

Need More Guidance?

Introducing Toni Ocampo: Your HR Support Associate

Toni (Imagine360) works directly with your company's benefits team to get all your health plan questions answered. Reach out when you need:

- Support navigating your health plan
- Information on a claim's status
- Answers to billing questions
- Assistance with a balance bill



Email: tocampo@imagine360.com
Phone: 610-249-9457

24/7 access to your health benefits: [miBenefits.imagine360.com](https://mibenefits.imagine360.com)

We're here to help. Call the number on your Benefits ID card.
Mon - Thurs: 7 a.m. - 9 p.m. CT | Fri: 7 a.m. - 7 p.m. CT



Welcome to your health plan

We're here to
support you every
step of the way.

Call the number on the front of your Benefits ID card

- Benefits information
- Finding a doctor
- Questions about a medical condition or treatment plan
- Information about a claim or bill

We will provide the support
you need, when you need it.

Get the most out of your health plan

Your health plan includes complete healthcare guidance and medical management, as well as price protection and billing assistance. Contact us whenever you need help!

Phone: 800-903-4360 | Email: myplan@imagine360.com | Online: mibenefits.imagine360.com

Sign up now!

Our simple registration process makes it easy to access all of your benefit plan details.

Create your account today at:
mibenefits.imagine360.com

The Imagine360 miBenefits
app is also available on:



The miBenefits portal gives you 24/7 access to everything you need.

You can simply and easily:

- Track claims and deductibles for your entire family
- Find a provider
- View and manage all your benefits
- Message us anytime, anywhere

We're here for you with expert service and support.



Advocating on Your Behalf

Balance Bill Support

We are here anytime you need us, especially if you have billing questions. When you work with our team, you'll never stand alone in the face of resolving a bill for healthcare services that is more than your responsibility.



How will you know if you're being charged too much?

After receiving medical care, you will get an Explanation of Benefits (EOB) specifying what you owe for services. If you receive a bill for more than this amount, contact us immediately.



How will we help you?

Once we receive your bill, you and your family are assigned a personal advocacy expert who will provide you with support every step of the way. After you give us written permission to advocate on your behalf, our team begins working to resolve the claim with your healthcare provider.



Who can you call with questions?

Your dedicated advocacy expert is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Contact us at the information on your Benefits ID card at any time.



Keep an Eye on your Mail

If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

Our team will take it from there, keeping you in the loop throughout the process.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST



Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It is not a bill.

Pay special attention to the following important areas of your EOB:

IMAGINE360
1550 LIBERTY RIDGE DRIVE
WAYNE, PA 19087
PLAN PART (972) 238-7900 (800) 827-7223
PROVIDERS (972) 744-2486 (866) 206-3224
7:00AM-9:00PM CST MON-THURS
7:00AM-7:00PM CST FRIDAY
Temp-Return Service Requested

000720-001081-000001-001081 2009660 3472CX02_1
JOE SMITH
1234 W ANY STREET
ANY TOWN, US 12345-6789

ABC Company
EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Group#: H8707123456789
Date: 05/13/2021
Employee: JOE SMITH
Patient: MARY SMITH
Document #: 16123456789
Patient ID: NAHA1234
EOB#: 2012345-939

2

Provider/ Nature of Service	Dates of Service From To	Charges Submitted	Ineligible	Code xx	Discount	Copay	Deductible	% Plan Paye	Benefit Payable
COMMUNITY HOSPITAL OP SURGERY HOSP	02/16/21 02/17/21	52759.01	40305.75	1				80% 100%	3344.92 8272.11
TOTAL: AMOUNTS		52759.01	40305.75						11617.03

3

The percentage(s) payable or any patient deductible(s) or co-pay(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description. **EXPLANATION OF CODE**

882-882- THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

SUMMARY OF SUBMITTED CHARGES

TOTAL SUBMITTED CHARGES	52759.01
TOTAL BENEFITS PAID	11617.03
TOTAL DISCOUNT	
OTHER INSURANCE CARRIER PAYMENT	

PATIENT RESPONSIBILITY

INELIGIBLE CHARGES	40305.75
PATIENT'S DEDUCTIBLE	
PATIENT'S CO-PAY	
PATIENT'S COINSURANCE	836.23
TOTAL DUE TO PROVIDER	836.23

YEAR TO DATE ACCUMULATORS

THE PATIENT'S 2021 MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00 THE 2021 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

PAYEE NAME:	AMOUNT:
COMMUNITY HOSPITAL	\$11617.03

1. Basic information about the claim, including the patient ID and the EOB number.

2. This section provides an overview of the services rendered, dates of services, the charges submitted, and how the plan benefits were applied.

3. Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Please read this section to see if you need to take any action.

4. This section lists the ineligible charges, any amounts applied to the deductible, as well as the copay and coinsurance amounts. The total due to provider is the amount you owe.

Compare this amount to any bill you get from your provider. If they do not match, call the number on your Benefits ID card.

If you are ever billed for more than your out-of-pocket responsibility that is listed on your EOB, or have a question about a bill, call us right away at the number on your Benefits ID card.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST



Employee Basic Life and AD&D

Principal Financial Group

Horner Electric provides all eligible employees with a Basic Term Life and AD&D policy to provide benefits in the event of an employee's catastrophic injury or death. **This is automatic coverage provided at NO COST TO YOU.**

Plan Provisions	
Life Insurance Benefit	Employees with less than 10 years of service: \$10,000 Employees with 10 or more years of service: \$15,000
AD&D Benefit	Equal to the life benefit
Benefit Reduction Schedule	At age 65, benefits are reduced by 35%. At 70, benefits are reduced by 50%.

Voluntary Life

Principal Financial Group

You will have the opportunity to elect Voluntary Life Insurance. This will provide an additional Life Insurance benefit for yourself, your spouse, and/or your dependent child(ren.)

Electing or Increasing Coverage

If you have existing coverage, you may increase coverage for you and/or your spouse by one or two increments (as noted below) without underwriting review. If you elect an amount that exceeds two increments, you will be required to complete a health questionnaire and could be denied coverage beyond two increments.

If you initially declined coverage, you may now elect one or two increments (as noted below) for you and your spouse without underwriting review. If you elect an amount that exceeds two increments, you will be required to complete a health questionnaire and could be denied coverage beyond two increments.

	Employee	Spouse	Child
Increment	\$10,000	\$5,000	\$5,000
Maximum	\$500,000	\$250,000 (Up to 100% of employee election.)	\$10,000
Guarantee Issue	\$150,000 to age 70 \$10,000 age 70+	\$30,000 to age 70 \$10,000 age 70+	N/A

Per Paycheck Rates – Voluntary Employee and Spouse Life (per \$1,000 of coverage)										
Age*	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.012	\$0.018	\$0.021	\$0.031	\$0.051	\$0.081	\$0.139	\$0.230	\$0.375	\$0.748

* Spouse rate is based on Employee's age

Per Paycheck Rates for Child Life (per family)	
Benefit Amount	Rate
\$5,000	\$0.20
\$10,000	\$0.39

Benefit Reduction Schedule
Reduction occurs on covered member's birthday
Age 65: Benefit reduces by 35%
Age 70: Benefits reduces by 50%

This plan is portable and may be eligible for conversion to an individual policy. For complete details, please contact Principal Financial Group.

This is an outline of benefits only; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Short Term Disability

Principal Financial Group

Horner Electric's short-term disability policy can provide income replacement benefits if you become disabled. Your policy may provide coverage if your absence from work is due to a sickness, off-the-job injury, or pregnancy.

Electing Coverage

If you did not elect Short Term Disability when it was initially offered and you choose to elect the coverage now, you will be required to submit a medical questionnaire. You will not have coverage unless you are approved by medical underwriting.

Plan Provisions

Benefit Maximum	50% of weekly earnings to a \$1,000/week maximum
Elimination Period – Benefits Begin On	1 st day of accident / 8 th day of sickness
Maximum Benefit Duration	13 weeks
Pre-Existing Exclusion	3 months prior / 12 months insured
Rate	\$0.68 per \$10 of weekly benefit

Long Term Disability

Principal Financial Group

Horner Electric's long term disability policy can provide income replacement benefits if you become disabled due to a covered illness or injury sustained on or off-the-job.

Electing Coverage

If you did not elect Long Term Disability when it was initially offered and you choose to elect the coverage now, you will be required to submit a medical questionnaire and could be denied coverage.

Plan Provisions

Benefit Maximum	60% of pre-disability earnings
Maximum Monthly Benefit	\$10,000
Definition of Disability	2 years – Own occupation
Elimination Period	90 days
Pre-Existing Exclusion	6 months prior / 12 months insured
Benefits Duration	To age 65 *see schedule
Rate	\$0.71 per \$100 of covered monthly income

*Maximum Benefits Duration

Age When Disabled	Benefits Payable for	Age When Disabled	Benefits Payable for
Age 62	42 months	Age 66	21 months
Age 63	36 months	Age 67	18 months
Age 64	30 months	Age 68	15 months
Age 65	24 months	Age 69 and over	12 months

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Dental

Principal Financial Group

Choose between two dental plan options, based on your coverage needs. Both plans utilize the Principal Dental Network.

Dental Plan Options	Option 1: High Plan	Option 2: Low Plan
Maximum Benefit	\$2,000 per calendar year	\$1,000 per calendar year
Maximum Rollover	Lesser of 50% of the max benefit or \$1000	N/A
Individual Deductible	\$50 per calendar year	\$50 per calendar year
Family Deductible	\$150 per calendar year	\$150 per calendar year
Deductible Waived	For Preventative Services	For Preventative Services
Provider Network*	Principal Dental Network	Principal Dental Network

* Principal Dental Network dentists have agreed to certain payment rates and cannot charge you more. Out-of-network dentists can bill you for the difference between the amount paid by the plan and the total billed amount. If you visit an out-of-network dentist, you will likely pay more out of pocket.

	Option 1	Option 2
Coverage	100%	100%

Preventive

- ◆ Routine Exams – 2 exams per plan year
- ◆ Emergency Exams – Subject to exam limit
- ◆ Cleanings – 2 per plan year
- ◆ X-Rays – Frequency depends on type of x-ray
- ◆ Fluoride Treatment (to age 16)
- ◆ Sealants (to age 16) – 1 per every 36-months

	Option 1	Option 2
Coverage	80%	60%

Basic Care

- ◆ Fillings
- ◆ Stainless Steel Crowns
- ◆ Simple/Complex Oral Surgery
- ◆ Simple/Complex Root Canals – Not more than once per tooth
- ◆ Periodontics (non-surgical) – 1 per quadrant per 24-months
- ◆ Periodontal Surgery – 1 per quadrant per 36-months

	Option 1	Option 2
Coverage	50%	Not Covered

Major Care

- ◆ General Anesthesia/IV Sedation
- ◆ Crowns – 1 per tooth per 120 months
- ◆ Complete/Partial Dentures – Initial placement; replacement after 60-months
- ◆ Inlays, Onlays, Post/Core = - per tooth per 120-months
- ◆ Implants – 1 per tooth per 120 months

	Option 1	Option 2
Orthodontia	Not Covered	Not Covered

Search for Principal Dental Network providers at: www.principal.com/find-dentist

Your Cost per Paycheck (52 pays per year)		
	High Plan	Low Plan
Employee Only	\$8.72	\$4.67
Employee + Spouse	\$20.10	\$10.67
Employee + Child(ren)	\$19.84	\$11.68
Family	\$31.23	\$17.90

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Vision

Principal Financial Group

You may visit any eye care professional with your plan, but you will save money by visiting any of the 50,000+ locations in the nation's largest vision network, VSP.

Your Vision Plan	
Your Network is	VSP Choice Network
Exam Co-Pay	\$10
Materials Co-Pay	\$10

Sample of Covered Services	Amount you pay (after applicable co-pay):	
	<i>In-Network</i>	<i>Out-of-Network</i>
Eye Exams	\$0	Amount over \$45
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal Lenses	\$0	Amount over \$50
Lined Trifocal Lenses	\$0	Amount over \$65
Lenticular Lenses	\$0	Amount over \$100
Frames	Amount over \$130 + 20% discount	Amount over \$70
Contacts Eval & Fitting (medically necessary)	\$0	Amount over \$210
Contact Lenses (medically necessary) <i>In lieu of lens and frame benefit</i>	\$0	Amount over \$210
Contacts Eval & Fitting (elective)	Up to \$60	N/A
Contact Lenses (elective) <i>In lieu of lens and frame benefit</i>	Amount over \$130	Amount over \$105

Service Frequencies	
Vision Exams	1 per 12 months
Lenses (for glasses)	1 pair per 12 months
Frames	1 per 24 months
Contacts Eval & Fitting (elective)	1 per 12 months
Contacts Eval & Fitting (medically necessary)	1 per 12 months

Search for VSP Network providers at: www.vsp.com/eye-doctor

Your Cost per Paycheck (52 pays per year)	
Employee Only	\$1.57
Employee + Spouse	\$3.15
Employee + Child(ren)	\$2.66
Family	\$4.39

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Critical Illness

Principal Financial Group

Critical Illness coverage provides you with a lump sum benefit to help cover your expenses if you suffer from certain critical illnesses. Payment is made directly to you. Conditions and exclusions apply.

Electing or Increasing Coverage

If you wish to elect new coverage or increase your existing coverage, you are required to submit a medical questionnaire. You will not have coverage unless you are approved by medical underwriting.

Benefit Options

Employee: \$5,000 or \$20,000

Spouse: \$2,500 or \$10,000

Child*: \$1,250 or \$5,000

Condition	First Occurrence	Additional Occurrence
Alzheimer's disease	100%	0%
Benign brain tumor	100%	0%
Carcinoma in situ	25%	25%
Coma	100%	0%
Coronary artery disease	25%	25%
Invasive cancer	100%	100%
Loss of sight or speech	100%	0%
Heart attack	100%	100%
Major organ failure	100%	100%

Condition	First Occurrence	Additional Occurrence
Multiple sclerosis	100%	0%
Paralysis	100%	0%
Parkinson's disease	100%	0%
Skin cancer	\$250	\$0
Stroke	100%	100%

Infectious Disease

COVID-19	25%	25%
Lyme disease	25%	25%
Meningitis	25%	25%

Employee – Rate per Paycheck

Age	\$5,000 Benefit	\$20,000 Benefit
≤ 24	\$0.211	\$0.845
25 - 29	\$0.273	\$1.094
30 - 34	\$0.422	\$1.689
35 - 39	\$0.509	\$2.035
40 - 44	\$0.707	\$2.829
45 - 49	\$1.008	\$4.034
50 - 54	\$1.531	\$6.125
55 - 59	\$2.166	\$8.663
60 - 64	\$3.175	\$12.702
65 - 69	\$4.533	\$18.134
70+	\$6.528	\$26.114

Spouse* – Rate per Paycheck

Age*	\$2,500 Benefit	\$10,000 Benefit
≤ 24	\$0.106	\$0.422
25 - 29	\$0.137	\$0.547
30 - 34	\$0.211	\$0.845
35 - 39	\$0.254	\$1.018
40 - 44	\$0.354	\$1.415
45 - 49	\$0.504	\$2.017
50 - 54	\$0.766	\$3.062
55 - 59	\$1.083	\$4.332
60 - 64	\$1.588	\$6.351
65 - 69	\$2.267	\$9.067
70+	\$3.264	\$13.057

*Spouse rate is based on Employee's age.

Child Coverage

Child(ren) are covered at no cost when the Employee elects coverage. Child benefit is 25% of Employee's benefit

Additional Plan Provisions

Pre-Existing 6 months prior to the effective date / 12 months insured

Other Exclusions Refer to the official plan certificate for a complete list of exclusions and limitations.

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Accident

Principal Financial Group

Accident coverage provides you with a lump sum benefit to help cover your expenses if you suffer an off-the-job injury and receive certain treatments. Payment is made directly to you. Conditions and exclusions apply.

Injury	Available Benefit	
Burn	Scheduled; \$500 - \$5,000	
Coma	\$15,000	
Concussion	\$500	
Dental injury	\$500	
Dislocation	Open (surgical)	Closed (non-surgical)
Hip	\$7,500	\$3,750
Knee	\$5,000	\$2,500
Ankle, collarbone, elbow, foot (excl. toes), hand (excl. fingers,) lower jaw, shoulder, wrist	\$3,000	\$1,500
Eye injury with surgical repair	\$500	
Fracture	Open (surgical)	Closed (non-surgical)
Hip, skull (depressed), thigh (femur)	\$10,000	\$5,000
Lower leg (fibula/tibia,) pelvis, skull (non-depressed,) vertebrae	\$5,000	\$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excl. toes), hand (excl. fingers,) jaw, kneecap, shoulder blade, wrist	\$3,000	\$1,500
Sternum, vertebral processes	\$2,000	\$1,000
Rib, tailbone (coccyx)	\$1,000	\$500
Injuries not specifically listed	\$100	
Internal injury	\$1,500	
Knee cartilage injury with surgical repair	\$1,500	
Ruptured disc with surgical repair	\$1,500	
Tendon / ligament / rotator cuff injury with surgical repair	\$1,500	

Additional Plan Provisions

Other Exclusions	Refer to the official plan certificate for a complete list of exclusions and limitations.
Wellness Benefit	This plan provides a per year benefit for completing certain routine wellness screenings. Benefit amount: Employee \$50; Spouse \$50; Child \$50

Your Cost per Paycheck (52 pays per year)

Employee Only	\$2.00
Employee + Spouse	\$3.30
Employee + Child(ren)	\$3.74
Family	\$5.89

This is an outline of benefits **only**; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Group benefits



Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by ComPsych®, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges. You'll have **24/7 access** to support through phone consultations, a mobile app, online resources, and self-screening tools. You can connect with licensed professionals for counseling, coaching, and more—in person, by text, live chat, video, or phone.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. Individuals can call 24/7 to speak with a licensed professional or use GuidanceConnect® to schedule a time that works for them. Users are then matched with a local provider. Three counseling sessions per person, per issue, per year are included.

Work life services

You and your loved ones can receive support from licensed professionals with FamilySource®, FinancialConnect®, and LegalConnect® services.

- FamilySource provides employees and their families with an initial assessment and consultation, followed by customized, timely referrals for child and elder care, adoption, education, pet care, and other personal needs.
- FinancialConnect connects individuals with financial experts, including certified public accounts (CPAs), certified financial planners (CFPs), and experienced financial professionals, who can address a wide range of issues.

- LegalConnect connects users with attorneys for non-employment legal issues, plus tools for simple wills, legal forms, and resources on topics like estate planning, complaints, housing, and identity theft.

Coaching

Mental health, work-life challenges, and physical issues are often intertwined. Certified coaches understand this vital connection between mind, body, and lifestyle—they offer coaching services that address mental health, physical health, and overall well-being through one holistic solution. Coaches work one-on-one with participants to reduce personal roadblocks before they evolve into long-term, bigger challenges.

Computerized cognitive behavioral therapy (CCBT)

The EAP offers an interactive, multilingual digital program—accessible via app, tablet, or desktop—that addresses common behavioral health challenges. Guided modules are available to help reduce stress, overcome mental barriers, and improve well-being, with content covering topics such as depression, anxiety, mindfulness, sleep, self-esteem, and resilience.



Group benefits

Emotional health support line available for your benefit



Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it.

Whether it's stress at work, family challenges, or the ups and downs of daily life—you don't have to go through it alone. With the GuidanceResources program, you and your household members have free, around-the-clock access to licensed, caring professionals by phone.

You can access emotional support assistance to:

- Connect with a licensed mental health professional
- Find resources for a child struggling with difficult situations
- Gain access to tools to support healthy coping
- Locate resources for burnout, stress, grief/loss, or parenting

Call the emotional health support line at 866-379-0898 for situations like:

-  Alcohol or drug misuse
-  Stress, anxiety, and depression
-  Marital and family conflicts
-  Dealing with change
-  Job pressures
-  Grief and loss

Individuals can access EAP support anytime, anywhere—when and where it matters most.



GuidanceResources® online

ComPsych wants to meet people where they are, offering a digital experience as dynamic and comprehensive as live clinical care. The platform delivers personalized assessments, recommendations, and holistic care journeys tailored to each user's needs.

Through the GuidanceResources website, users can explore partner discounts—including Nationwide® Pet Insurance and TurboTax®—and the member-only Working Advantage portal for exclusive savings on movies, theme parks, travel, shopping, and more.



GuidanceNowSM mobile app

The GuidanceResources mobile app, GuidanceNowSM, offers the same features as the website, letting members explore journey options, browse content (HelpSheets, assessments, Q&As, podcasts, and articles), and find local counseling, legal, childcare, and elder care providers.

24/7 live assistance



Visit guidanceresources.com or download the **GuidanceNowSM app**.



Register for both using WebID: **PrincipalCore**



Call 844-869-2365 | TTY 711



Scan for more resources.

Notice of Portal Posting

www.benefiti.com

Your benefit plan is legally obligated to make certain notices available to you each year. You may obtain a copy of these notices at any time via the online employee portal. These notices include:

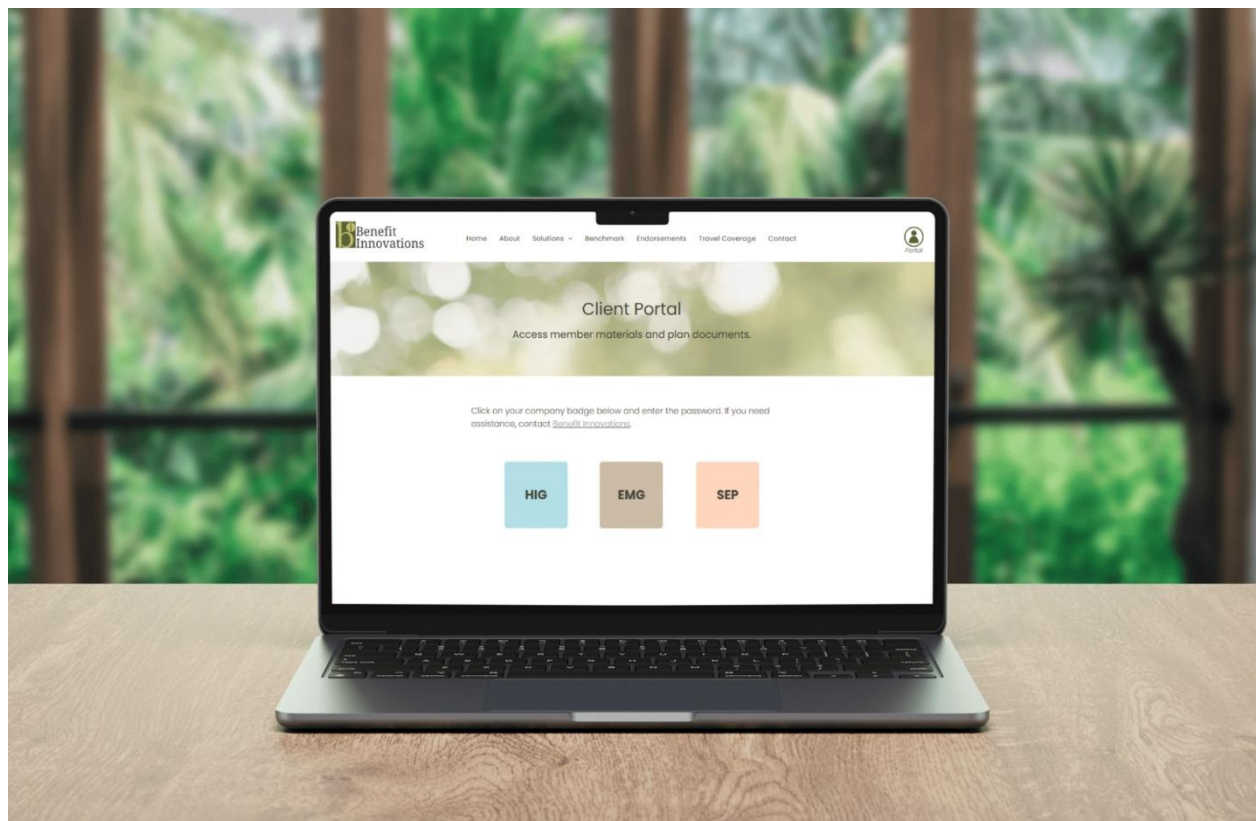
- Notice of Non-Grandfathered Status
- Medicare Part D Creditable Coverage
- Notice of Privacy Practices
- Marketplace Notice
- CHIP Notice
- WHCRA Notice
- NMHPA Notice
- COBRA Notice
- Appeal Rights
- No Surprises Act

You will also find helpful plan information, including:

- Medical Summary Plan Document (SPD)
- Medical Summary of Benefits and Coverage (SBC)
- Dental, Vision, STD, LTD, Critical Illness, Accident, Basic Life and Voluntary Life plan documents

The portal is easy to use and available to all Horner employees

1. Open a web browser and navigate to www.benefiti.com
2. Click on the “Portal” in the main menu.
3. Click the badge labeled “HIG.”
4. Enter the password *hornerben***



Electing Benefits

<https://benefits.plansource.com/>

ENROLLING IN BENEFITS

1. Open a web browser and navigate to <https://benefits.plansource.com/>
2. Enter your Username & Password.
3. You will then be taken to the Welcome Screen to complete your enrollment.
4. Click Get Started to begin the enrollment process.
5. Once enrolled, you can download, email, or print your benefits Confirmation Statement.

Need help? Contact the Call Center, Mon–Fri, 8:30am–5pm EST, at 866-575-5089

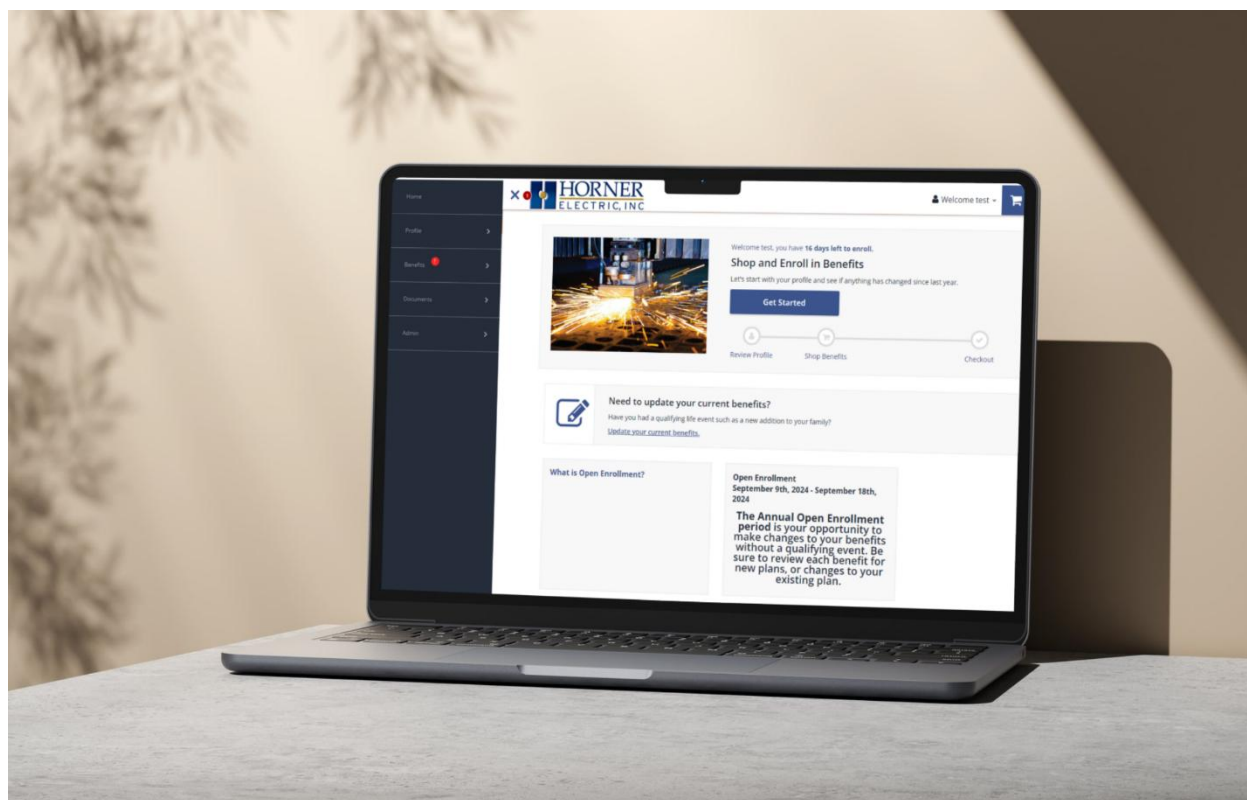
LOGGING IN

Username: HORNER + First initial of your First Name + Your Last Name + Your Year of Birth (YYYY)

Example: John Smith, birthdate January 1, 1970 = **HornerJSmith1970**

Temporary Password: Your Birthdate – YYYYMMDD

Example: January 1, 1970 = **19700101**



Contacts

Imagine360 – Group # H870970		<i>Medical Plan Administrator</i>
ID cards, coverage info, check claims, HRA, FSA	800-903-4360	https://mibenefits.imagine360.com
Imagine360 Balance Bill Team		<i>Balance Bill Support</i>
Submit balance bills, check status of open cases	800-903-4360	bb@imagine360.com
Toni Ocampo – Imagine360		<i>Support Associate</i>
Help with complex problems or escalated issues	610-249-9457	tocampo@imagine360.com
Recuro Care		<i>Virtual and Telehealth Services</i>
Urgent care and primary care virtual services	844-715-1724	<i>Download the Recuro Care mobile app</i>
US-Rx Care		<i>Pharmacy Benefits Manager</i>
Filling prescriptions at a pharmacy	877-200-5533	www.usrxcare.com/member
Prescription Mart		<i>Mail Order Prescription Service</i>
Prescription delivery by mail	800-630-3206	www.presmartinc.com
ScriptSourcing		<i>Specialty and High-Cost Drug Sourcing</i>
Obtain high-cost prescriptions for \$0	410-902-8811	www.scriptsourcing.com
Regenexx		<i>Alternative Orthopedic Treatment</i>
*Contact Regenexx before an orthopedic procedure	866-780-5911	www.regenexxbenefits.com/hornerelectric
Dental – Group # 1162772		<i>Principal Dental Coverage</i>
Principal Dental Network	800-247-4695	www.principal.com/find-dentist
Vision – Group # 1162772		<i>Principal Vision Coverage</i>
VSP Vision Network	800-877-7195	www.vsp.com/eye-doctor
Basic Life and Voluntary Life – Group # 1162772		<i>Principal Financial</i>
Basic and Voluntary Life through Principal	800-245-1522	www.principal.com/individuals
Short Term and Long Term Disability – Group # 1162772		<i>Principal Financial</i>
STD and LTD through Principal	800-245-1522	www.principal.com/individuals
Personal Accident, Critical Illness – Group # 1162772		<i>Principal Financial</i>
Other benefits through Principal	800-245-1522	www.principal.com/individuals
ComPsych – EAP		<i>Employee Assistance Program</i>
Enter Web ID <i>PrincipalCore</i> during sign up	844-869-2365	www.guidanceresources.com
PlanSource		<i>Benefits Enrollment System</i>
Assistance with benefits enrollment	866-575-5089	https://benefits.plansource.com
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