HORNER
ELECTRIC, INC

Employee
BENEFITS GUIDE
2026

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You can access a copy of this guide online at www.benefiti.com/horner-employee-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. <u>This benefits guide is not an exhaustive list of all the plan's features and rules</u>. 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
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 LabCorp | www.labcorp.com/precheck	CompuNet | www.compunetlab.com 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.*
**Non-specialty medications must be obtained through ScriptSourcing when available.*

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 subject to a $10 per paycheck surcharge on your medical plan costs.

Prescription Drugs Through ScriptSourcing

Non-Specialty Prescription Drug Sourcing

You may fill up to a **90-day supply** of a covered **non-specialty medication** at an in-network retail pharmacy or the plan's mail-order pharmacy. After that, if your medication is available through the plan's designated lower-cost sourcing partner, you must obtain future refills through that source to continue receiving the plan's prescription benefit.

If you choose not to use the lower-cost source when one is available, you will be responsible for **75% of the medication cost, up to $10,000 per fill**. If your medication is **not** available through the lower-cost source, you may continue filling it at a retail or mail-order pharmacy and pay your normal prescription co-pay.

Specialty Prescription Drug Sourcing

You may fill a **specialty prescription** through an in-network retail pharmacy for up to **60 days**. After that, if your medication is eligible for the plan's specialty drug sourcing program, you must obtain it through the plan's designated sourcing partner. Specialty medications obtained outside of the designated sourcing program after the initial 60-day period **will not be covered by the plan**.

The plan's specialty drug sourcing team will work directly with you and your healthcare provider to coordinate the transition and help ensure you continue receiving your medication with as little disruption as possible.

Pre-Authorization

Some prescription medications require prior authorization before they are covered by the plan. Prior authorization is a clinical review process that helps ensure a medication is appropriate, medically necessary, and used according to established treatment guidelines.

Prior authorization requirements are managed by US-Rx Care and may apply to both specialty and non-specialty medications, whether they are filled through a retail pharmacy, mail-order pharmacy, or one of the plan's designated sourcing programs. **If prior authorization is required and not obtained, the prescription may not be covered.**

How to Contact US-Rx Care

The quickest way to get help with your prescriptions or understanding your drug coverage benefits is by calling US-Rx.

US-Rx Care: **877-200-5533**

If you are having difficulty getting a prescription filled, your first call should be to US-Rx. You will find US-Rx's phone number on the back of your medical ID card.

You can also visit US-Rx Care's website at https://usrxcare.com/member/ for a list of drugs that commonly require pre-authorization, a list of medications that are generally considered specialty drugs, and other resources.

scriptsourcing

$0 RX COPAY PROGRAM

Name-brand maintenance & specialty medications

How to Enroll

1. **Search for Your Medication**
   Use the Med-Finder tool or call us directly and ask for a member advocate.

2. **Submit Your Enrollment Forms**
   A member advocate will walk you through the entire enrollment process.

3. **$0 COPAYS**
   Once enrolled you receive your medication(s) at no cost.

Med-Finder

Scan here to search for your medication & schedule a call
or
Call 410-902-8811

- Employees and their dependents pay a **$0 copay** for their medication(s).
- ScriptSourcing saves the health plan money and **lowers premiums** and **deductibles.**
- Prescriptions are **shipped directly** to the member.

WWW.SCRIPTSOURCING.COM/MED-FINDER

HORNER ELECTRIC, INC

Regenexx

866-780-5911
regenexxbenefits.com/hornerelectric/oe

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.
Call 866-780-5911 or visit regenexxbenefits.com/hornerelectric/oe.

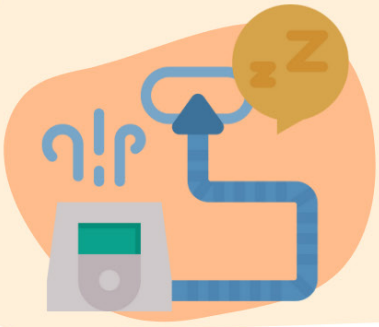
Register for a webinar at regenexxbenefits.com/hornerelectric/oeweb.

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!

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

Get Started NOW!

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

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

imagine360 RECURO HEALTH

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	$3,400
Maximum Rollover	$680
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	$3,750 (if married but filing separately) $7,500 (if single or married and 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.	

Giving the **Peace of Mind to Heal**

samaritan fund program

The Samaritan Fund Program sources funds from Samaritan Sponsors to pay for all medical expenses for individuals with serious medical conditions with high-cost treatments.

HOW IT WORKS

1. If you have a serious medical condition with high cost treatment, electronically submit a confidential Medical Insurance Release form.
2. A Samaritan Fund Program Representative reaches out to explain the program, answer questions, and gather your information.
3. If approved a personalized Samaritan Fund Program offer is issued.
4. If you wish to accept you will sign and submit your offer letter.
5. Your account is set up and we issue your debit card for medical expenses.
6. Enjoy the Peace of Mind to Heal and submit your feedback on your Samaritan Fund Program experience.

"You are our guardian angel.... We are now not on edge, not stressed. Now we can focus on medical care and actually enjoy time with our daughter instead of stressing about the financial piece... **Thank you, Thank you, Thank you**"

— PARTICIPANT

SCAN TO APPLY

866-764-9290
samaritanfundprogram.com
service@samaritanfundprogram.com

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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**

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

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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:

Download on the App Store | GET IT ON Google Play

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. | imagine360

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.

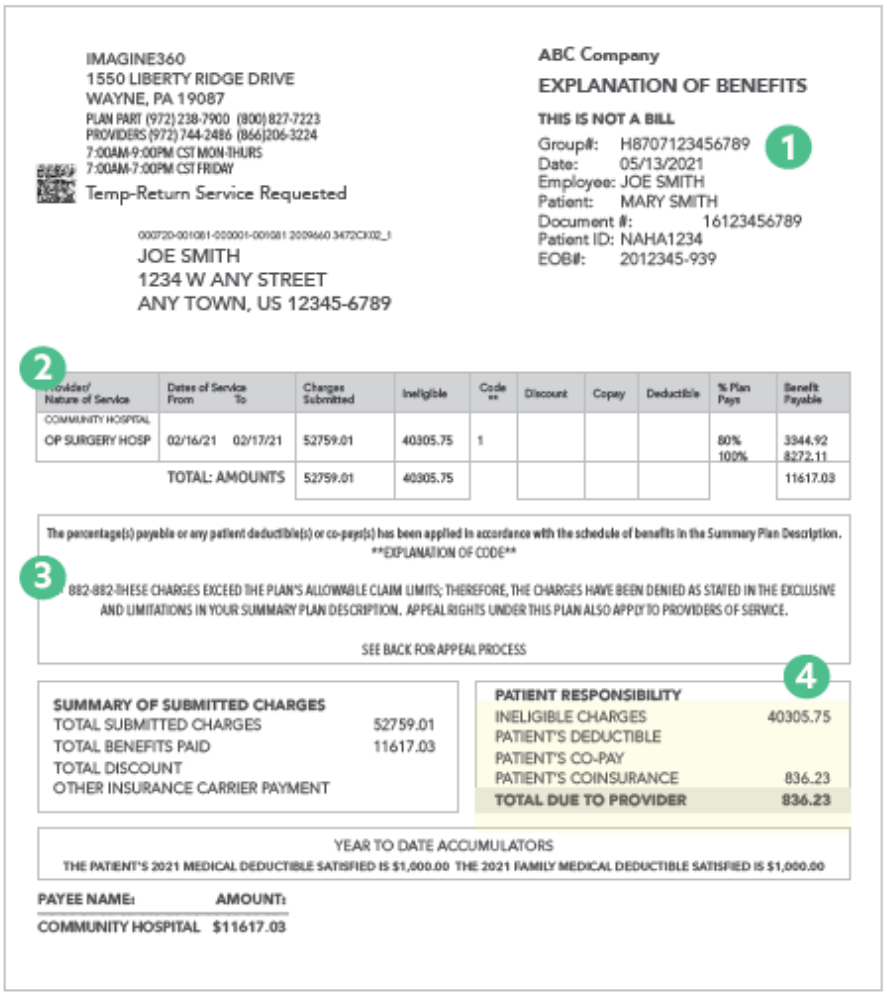
Call the number on your Benefits ID card.
Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST

imagine360

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

000720-001081-003001-001081 2009660 3472CK02_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

Provider/ Nature of Service	Dates of Service From To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	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

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

imagine360

Employee Basic Life and AD&D

Guardian Life

All eligible Horner Electric employees are automatically covered by a Basic Term Life and AD&D policy, providing financial protection in the event of death or a qualifying accidental injury.

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	Age 65: Benefit is reduced by 35% | Age 70: Benefit is reduced by 50%

This plan may be eligible for conversion to an individual policy. For complete details, please contact Guardian Life Insurance.

Voluntary Life

Guardian Life

THIS IS AN OPEN ENROLLMENT

Read the following provisions to learn how you can take advantage of this year's enrollment.

Electing or Increasing Coverage

If you previously waived Voluntary Life coverage for yourself, your spouse, and/or your child(ren), this is your opportunity to enroll.

You may elect coverage up to the Guarantee Issue amount noted below without completing a health questionnaire. If you elect an amount that exceeds Guarantee Issue, you will be required to submit a health questionnaire and could be denied the excess coverage amount.

If you have existing Employee coverage, you may increase your coverage amount up to the Guarantee Issue amount noted below. If you elect an amount that exceeds Guarantee Issue, you will be required to submit a health questionnaire and could be denied the excess coverage amount.

If you have existing Employee or Spouse coverage that already exceeds the Guarantee Issue amount noted below, you will be required to submit a medical questionnaire for any coverage increases, regardless of amount.

If you choose to waive Voluntary Life coverage now, you may be required to submit a medical questionnaire for any future enrollment.

	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	$200,000 up to age 70	$30,000 up to age 70	$10,000

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	$0.189
$10,000	$0.378

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

This plan may be eligible for conversion to an individual policy. For complete details, please contact Guardian Life Insurance.

Short Term Disability

Guardian Life

THIS IS AN OPEN ENROLLMENT

If you previously waived Short Term Disability, you may elect coverage now without submitting a medical questionnaire. If you choose to waive coverage now, you will be required to submit a medical questionnaire for any future enrollment.

Plan Provisions	
Benefit Maximum	50% of weekly earnings to a $1,000/week maximum
Elimination Period – Benefits Begin On	1st day of accident / 8th 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

Guardian Life

THIS IS AN OPEN ENROLLMENT

If you previously waived Long Term Disability, you may elect coverage now without submitting a medical questionnaire. If you choose to waive coverage now, you will be required to submit a medical questionnaire for any future enrollment.

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	3 months prior / 12 months insured
Benefits Duration	To Social Security normal retirement age
Rate	$0.71 per $100 of covered monthly income

Dental

Guardian Life

Dental Plan Options	Option 1: High Plan	Option 2: Low Plan
Maximum Benefit	$2,000 per plan year	$1,000 per plan year
Maximum Rollover	Lesser of 50% of the max benefit or $1000	N/A
Individual Deductible	$50 per plan year	$50 per plan year
Family Deductible	$150 per plan year	$150 per plan year
Deductible Waived	For Preventative Services	For Preventative Services
Orthodontia	Not Covered	Not Covered
Provider Network	DentalGuard Preferred	DentalGuard Preferred

DentalGuard Preferred network participating 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 cal year* ◆Cleanings–*2 per cal year* ◆X-Rays–*Frequency depends on x-ray type* ◆Fluoride Treatment (to age 16)–2 *per cal year* ◆Sealants (to age 16)–*1 per every 36-months* ◆Space Maintainers/Harmful Habit Appliances	

	Option 1	Option 2
Coverage	80%	60%
Basic Care	◆Fillings ◆Simple Extractions ◆Complex Extractions ◆Root Canal ◆Periodontal Surgery ◆Scaling and Root Planing ◆Combined Cleanings/Perio Maintenance–2 in 12 consecutive months ◆Repair & Maintenance of Crowns, Bridges & Dentures	

	Option 1	Option 2
Coverage	50%	Not Covered
Major Care	◆General Anesthesia ◆Single Crowns ◆Bridges & Dentures ◆Inlays, Onlays, & Veneers	

Frequency limitations, age requirements, and other restrictions may apply to the dental benefits available on this plan. Contact Guardian prior to receiving any services or treatment to be sure you understand the benefits available and your potential costs.

Find a Dentist and Manage Your Benefits

Find a DentalGuard Preferred dentist, access your ID card, manage your benefits, and check your claims by visiting www.guardiananytime.com and clicking "My Account".

Your Cost per Paycheck (52 pays per year)		
	High Plan	*Low Plan*
Employee Only	$9.28	$4.97
Employee + Spouse	$21.40	$11.36
Employee + Child(ren)	$21.13	$12.44
Family	$33.26	$19.06

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.

Vision

Guardian Life

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):	
	In-Network	*Out-of-Network*
Eye Exams	$0	Amount over $39
Single Vision Lenses	$0	Amount over $23
Lined Bifocal Lenses	$0	Amount over $37
Lined Trifocal Lenses	$0	Amount over $49
Lenticular Lenses	$0	Amount over $64
Frames	Amount over $130 w/ 20% off balance	Amount over $46
Contacts Eval & Fitting (medical)	$0	Amount over $210
Contact Lenses (medical)	$0	Amount over $210
Contact Lenses Eval & Fitting (elective)	Up to $60 w/ 15% discount	Amount over contacts allowance
Contact Lenses (elective)	Amount over $130	Amount over $105

Service Frequencies	
Vision Exams	1 per calendar year
Lenses for Glasses	1 pair per calendar year
Frames	1 every other calendar year
Contact Lenses	1 per 12 months

Find an Eye Care Provider and Manage Your Benefits

Visit www.vsp.com/eye-doctor to find a VSP network participating provider. Access your ID card, manage your benefits, and check your claims by visiting www.guardiananytime.com and clicking “My Account”.

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

Critical Illness

Guardian Life

THIS IS AN OPEN ENROLLMENT

If you previously waived Critical Illness, you may elect coverage now without submitting a medical questionnaire. If you choose to waive coverage now, you will be required to submit a medical questionnaire for any future enrollments.

Benefit Options		
Employee: $10,000 or $20,000	Spouse: $5,000 or $10,000	Child: $2,500 or $5,000

Condition	Benefit Allowance
Cancer & Tumors	Up to 100% of elected benefit
Heart Conditions	Up to 100% of elected benefit
Stroke & Vascular Conditions	Up to 100% of elected benefit
Organ Failure	Up to 100% of elected benefit
Neurological Conditions	Up to 100% of elected benefit
Chronic Conditions	Up to 30% of elected benefit
Other Serious Conditions	Up to 100% of elected benefit
Covered Childhood Conditions	100% of elected benefit

Employee Critical Illness – Cost per Paycheck											
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$10,000 benefit	$0.42	$0.55	$0.85	$1.02	$1.41	$2.01	$3.07	$4.34	$6.35	$9.07	$13.06
$20,000 benefit	$0.83	$1.11	$1.71	$2.03	$2.82	$4.02	$6.14	$8.68	$12.69	$18.14	$26.12

Spouse Critical Illness – Cost per Paycheck											
Age*	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$10,000 benefit	$0.21	$0.28	$0.43	$0.51	$0.70	$1.00	$1.53	$2.17	$3.17	$4.53	$6.53
$20,000 benefit	$0.42	$0.55	$0.85	$1.02	$1.41	$2.01	$3.07	$4.34	$6.35	$9.07	$13.06

**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

THIS IS A HIGH-LEVEL SUMMARY OF THE BENEFITS AVAILBLE ON THIS PLAN

Benefits vary by condition. Some conditions may have different benefit percentages for first and subsequent occurrences, and certain conditions may have stage-based or severity-based benefits. Exclusions may apply. See the plan document and/or contact Guardian for complete coverage details, allowances, and benefit exclusions.

Additional Plan Provisions

Wellness Benefit	Receive a $50 per person/per year benefit for completing certain routine wellness screenings.

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.

Accident

Guardian Life

Accident Death & Dismemberment Benefits	
AD&D Benefit	Employee: $40,000 | Spouse: $20,000 | $10,000
Quadriplegia	100% of AD&D Benefit
Common Carrier	200% of AD&D Benefit
Common Disaster	200% of Spouse AD&D Benefit
Dismemberment	Hand, Foot, Sight – Single: 50% of AD&D Benefit / Multiple: 100% of AD&D Benefit
Dismemberment	Fingers, Toes – 25% of AD&D Benefit

Accident Benefits	
Emergency Room	$250
Initial Doctor Office Visit	$125
Urgent Care Visit	$125
Ambulance	Ground: $300/Air: $1,500
Hospital Admission	$1,500
Hospital Confinement	$300/day up to 1 year
Hospital ICU Admission	$3,000
Hospital ICU Confinement	$600/day up to 15 days
Fractures	Up to $8,000
Dislocations	Up to $7,000

Accident Benefits	
Concussions	$300
Traumatic Brain Injury	$5,000
Major Diagnostic Exam	$300
Surgery	Up to $1,500
Outpatient Therapies	$50/day, up to 10 days
Rehab Unit Confinement	$150/day, up to 15 days
Chiropractic Visits	$50/visit, up to 6 visits
Doctor Follow-Up Visits	$75/visit, up to 6 visits
Emergency Dental	$400/crown; $100/extraction
Child Organized Sports	25% increase to benefits

THIS IS A HIGH-LEVEL SUMMARY OF THE BENEFITS AVAILBLE ON THIS PLAN

Benefits vary by accident and condition. Not all benefits are listed on this page. Exclusions may apply. See the plan document and/or contact Guardian for complete coverage details, allowances, and benefit exclusions.

Other Plan Provisions	
Wellness Benefit	Receive a $50 per person/per year benefit for completing certain routine wellness screenings.

Cost per Paycheck (52 pays per year)	
Employee Only	$2.76
Employee + Spouse	$4.59
Employee + Child(ren)	$4.77
Family	$6.60

GuidanceResources®

Your Life. Your Work. Your Best.®

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

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Confidential Emotional Support
3 face-to-face or virtual sessions per person, per issue, per year

- Anxiety, depression, stress
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- Relationship/marital conflicts

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- Moving and relocation
- Shelter and government assistance

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- Divorce, adoption and family law
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Financial Resources

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- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

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- Quickly and easily complete a will on your computer with EstateGuidance®
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

Wellness Support
Flexible 3-5 coaching session model

- Make positive lifestyle changes with health coaching
- Improve your nutrition, exercise habits, weight loss efforts
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Call: (855) 239.0743
TRS: Dial 711

Online: guidanceresources.com
App: GuidanceNow℠
Web ID: Guardian

When calling ComPsych, reference this policy name and number:

[Group Name]/
[Group Number]

Notice of Portal Posting

www.benefiti.com

Your benefit plan is legally required 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 BENEFTS

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		*Medical Plan Administrator*
ID cards, coverage info, check claims, HRA, FSA	800-903-4360	https://mibenefits.imagine360.com
Imagine360 Balance Bill Team		*Balance Bill Support*
Submit balance bills, check status of open cases	800-903-4360	bb@imagine360.com
Toni Ocampo – Imagine360		*Support Associate*
Help with complex problems or escalated issues	610-249-9457	tocampo@imagine360.com
Recuro Care		*Virtual and Telehealth Services*
Urgent care and primary care virtual services	844-715-1724	*Download the Recuro Care mobile app*
US-Rx Care		*Pharmacy Benefits Manager*
Filling prescriptions at a pharmacy	877-200-5533	www.usrxcare.com/member
Prescription Mart		*Mail Order Prescription Service*
Prescription delivery by mail	800-630-3206	www.presmartinc.com
ScriptSourcing		*Specialty and High-Cost Drug Sourcing*
Obtain high-cost prescriptions for $0	410-902-8811	www.scriptsourcing.com
Regenexx		*Alternative Orthopedic Treatment*
**Contact Regenexx before orthopedic procedures*	866-780-5911	www.regenexxbenefits.com/hornerelectric
Dental		*Guardian Dental Coverage*
DentalGuard Preferred Network	888-482-7342	www.guardiananytime.com/fpapp/search
Vision		*Guardian Vision Coverage*
VSP Vision Network	800-877-7195	www.vsp.com/eye-doctor
Basic Life and Voluntary Life		*Guardian Life*
Basic and Voluntary Life through Guardian	800-245-1522	www.guardiananytime.com
Short Term and Long Term Disability		*Guardian Life*
STD and LTD through Guardian	800-245-1522	www.guardiananytime.com
Personal Accident, Critical Illness		*Guardian Life*
Other benefits through Guardian	800-245-1522	www.guardiananytime.com
ComPsych – EAP		*Employee Assistance Program*
Enter Web ID: Guardian	855-239-0743	www.guidanceresources.com
PlanSource		*Benefits Enrollment System*
Assistance with benefits enrollment	866-575-5089	https://benefits.plansource.com

Benefit Innovations			
Hannah Pipes	Client Services Consultant	317-663-4046	hannahp@benefiti.com
Amber Blevins	Director of Client Services	317-663-4044	amberb@benefiti.com
Wanza Schweiger	Managing Partner	317-663-4041	wanzas@benefiti.com

Benefit Innovations
9755 Randall Drive, Suite 101 | Carmel, IN 46280

Wanza Schweiger
Managing Partner
317-663-4041
wanzas@benefiti.com

Amber Blevins
Director of Client Services
317-663-4044
amberb@benefiti.com

Hannah Pipes
Client Services Consultant
317-663-4046
hannahp@benefiti.com