2027

A GUIDE TO YOUR Benefits

JANUARY 1 – DECEMBER 31, 2027



RehabVisions

PHYSICAL, OCCUPATIONAL & SPEECH THERAPY

WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following a 30-day waiting period. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 – December 31, 2027.

Re-Hires: based on timelines below

- < 30 days: your previous enrollments will be reinstated. No changes are allowed.
- 31-90 days: will be eligible on the first of the month following rehire. *Elections must be made within 30 days.
- 91+ days: Same as a New Hire.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- Lost coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

HOW TO ENROLL

Enrolling in benefits is easy and available 24 hours a day, seven days a week, so you can visit the site anytime and anywhere you have computer access.

Option 1: How to Enroll Over the Phone

To ensure your benefit elections are accurate and processed correctly, enrollment will be completed exclusively by phone through our dedicated Benefits Call Center. A trained benefits representative will guide you step-by-step, enter your elections for you, and answer any questions.

Enrollment steps:

1) Review the provided benefit material.

2) When ready to make benefits elections, call the Benefits Call Center to enroll at 877-282-0808, Monday-Friday 7:00am-5:00pm CST

3) If possible, be in front of a computer or smart device when calling.

4) A benefits representative will enroll you over the phone or through a video call.

Option 2: Self-Enroll Online

- Go to www.rehabvisions-benefits.com
- Click "Enroll Online"

After You Enroll

Save or print a copy of your Enrollment Summary after making your coverage selections. Review it thoroughly to ensure that your benefit elections have been recorded correctly.

If there are any errors, contact the HR Department immediately at ltatten@rehabvisions.com so the necessary corrections can be made. Errors that are not reported by the communicated deadline cannot be corrected. Your next opportunity to correct any errors will be during the next annual Open Enrollment or within 31 days of experiencing a Qualifying Life Event.

Benefits Website

Our benefits website www.rehabvisions-benefits.com can be accessed anytime you want additional information on our benefit programs.

MEDICAL COVERAGE

PPO

The Preferred Provider Organization (PPO) plan, provided through Blue Cross Blue Shield of Nebraska, gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered "in-network." In general, you will pay less for in-network services than you would were you to seek care outside the network.

How You Pay for Services

- You pay a flat dollar amount–or copay–for covered health care treatments and services, such as doctor's office visits and prescription drugs.
- Once you satisfy your annual deductible, you will pay a percentage–or coinsurance–of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

Click here to watch a video about comparing medical plan types.



MEDICAL COVERAGE

HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through Blue Cross Blue Shield of Nebraska, is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit Publication 502.

For more information on the HSA, see pages 11-12 in this benefit guide.

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

How You Pay for Services

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes copays for prescription drugs only. You must meet the annual deductible before prescription copays apply.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.



MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per calendar year.

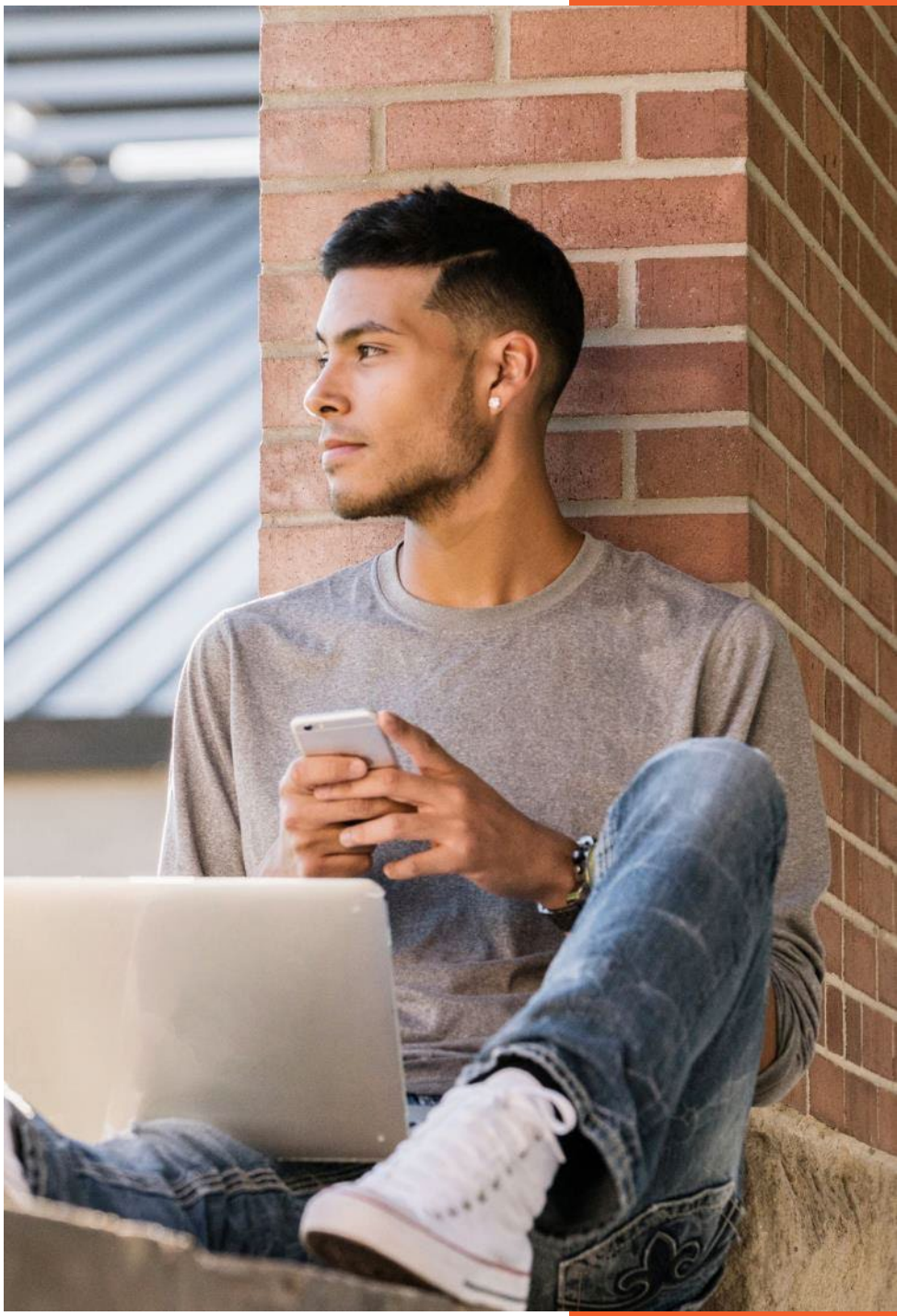
Key Benefits	$2,500 PPO		$3,500 QHDHP-HSA	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (Individual/Family)	$2,500 / $5,000	$5,000 / $10,000	$3,500 / $7,000	$7,000 / $14,000
Out-of-Pocket Max (Individual/Family)	$6,000 / $12,000	$8,150 / $16,300	$6,000 / $12,000	$11,200 / $22,400
Office Visits (physician/specialist)	$30 / $50 copay	35%*	25%*	35%*
Virtual Visits	$10 copay	Not covered	$10 copay	Not covered
Routine Preventive Care	No charge	35%*	No charge	35%*
Diagnostics (lab/X-ray)	25%*	35%*	25%*	35%*
Complex Imaging	25%*	35%*	25%*	35%*
Chiropractic	25%*	35%*	25%*	35%*
Ambulance	25%*		25%*	
Emergency Room	25%*		25%*	
Urgent Care Facility	25%*	35%*	25%*	35%*
Inpatient Hospital Stay	25%*	35%*	25%*	35%*
Outpatient Surgery	25%*	35%*	25%*	35%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

VITALITY HEALTH AND WELLNESS PROGRAM

Enrolling in a RehabVisions Medical Plan will give you access to Vitality, a Health and Wellness program where you can earn points to purchase over $175 in gift cards to your favorite retailer such as Amazon and Nike!

Scan the QR code to download the Power of Vitality mobile app.



PRESCRIPTION COVERAGE

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit NebraskaBlue.com/Pharmacy or call 877-800-0746.

Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. We use the Prime Therapeutics program to make these medications accessible and cost effective for plan members. It provides focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	$2,500 PPO		$3,500 QHDHP-HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy				
Generic	$30 copay or 30%, whichever is greater for Generic, Formulary and Specialty Drugs[1] $50 copay or 30%, whichever is greater for Non-Formulary Drugs.	50%* (Specialty Drugs not covered)	25%*	50%* (Specialty Drugs not covered)
Brand				
Non-Formulary				
Specialty				
Mail Order Pharmacy				
Generic	$30	Not covered	25%*	Not covered
Brand	$50			
Non-Formulary	$50			

1. Specialty Drugs are limited to a 30-day supply.

Click here to watch a video about prescription drug coverage.

DENTAL COVERAGE

PPO

The dental Preferred Provider Organization (PPO) plan, provided through Ameritas, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and annual benefit maximums are per calendar year.

Key Benefits	PPO	
	In-Network	Out-of-Network[1]
Deductible (Individual/Family)	$50 / $150	
Annual Benefit Maximum (per person)	$1,500	
Preventive Services Oral Examinations (up to 2 per year) Bite-Wing X-rays (one set of 4 per year), Prophylaxis (cleaning) (up to 4 per year – periodontal cleanings contribute to this limit), Fluoride (up to 2 per year, under age 16), Sealants (1 per tooth every 4 years, under age 16). Space Maintainers (under age 16)	No charge	
Basic Services Restorations (fillings), Endodontics (root canal), Periodontics (up to 4 cleanings per year – preventive cleanings contribute to this limit), Extractions, Oral Surgery, General Anesthesia, Palliative Treatment (pain relief), Recements (all), Repair of Dentures, Bridges and Crowns.	20%*	
Major Services Crowns, Fixed Bridges, Dentures (full and partial), Inlays and Onlays, Implants, Relining Dentures	50%*	
Orthodontic Services (Child & Adult)	50%	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

VISION COVERAGE

Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through Ameritas, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Ameritas (EyeMed Insight Network). If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Vision Plan 1	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10 copay	Up to $35
Frames (once every 24 months)	Covered up to $180	Up to $65
Lenses (once every 12 months)		
Single Vision	$25 copay	Up to $25
Bifocal		Up to $40
Trifocal		Up to $55
Contact Lenses (in lieu of glasses; once every 12 months)		
Medically Necessary	Covered up to $180	Up to $104

HEALTH SAVINGS ACCOUNT (HSA)

The HDHP features an HSA provided through UMB Healthcare Services. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

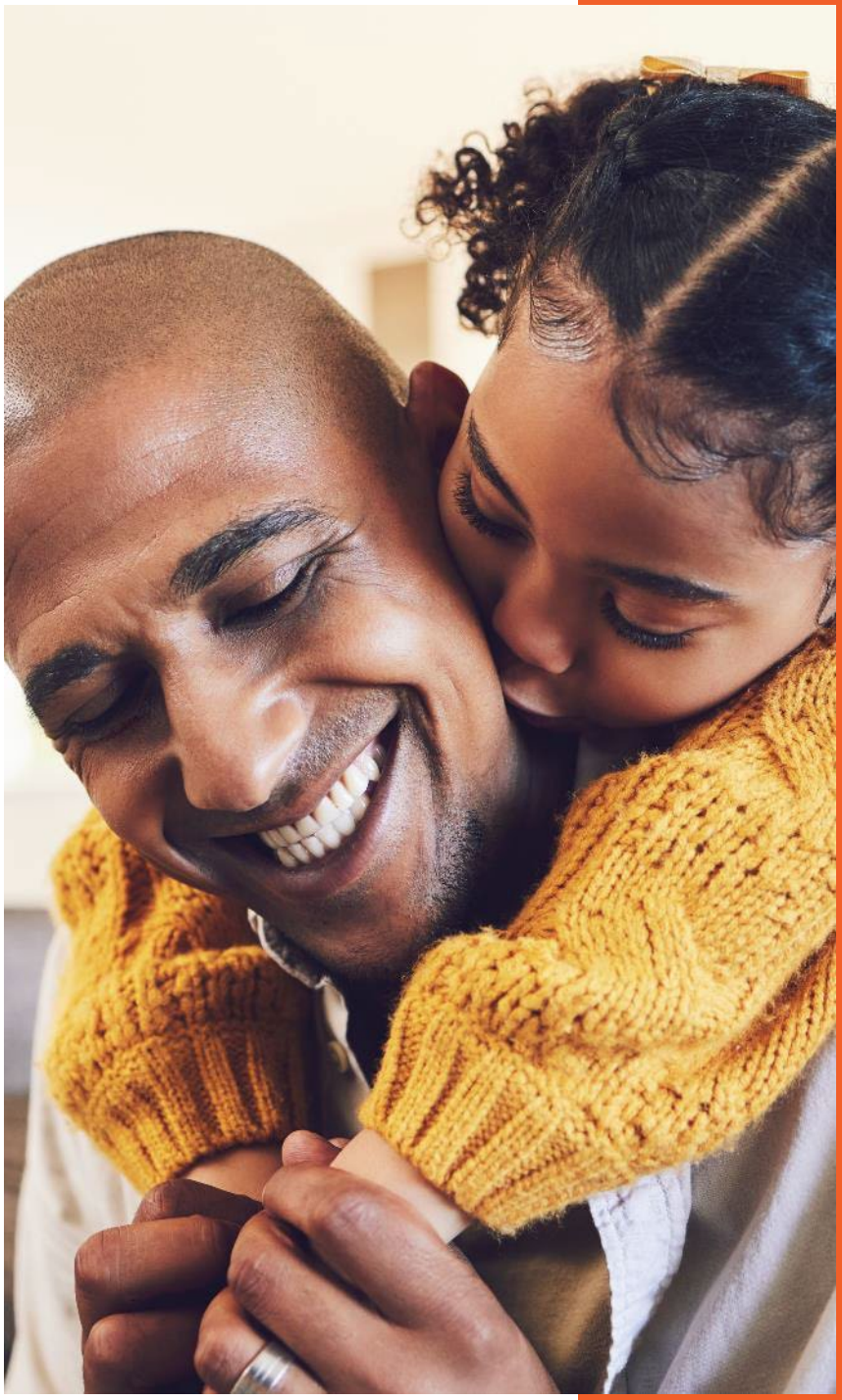
How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- RehabVisions will make a $100 monthly contribution to your HSA if you make a $50 monthly contribution to your HSA when you enroll in the HDHP Medical Plan.
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Contribution Limits

Coverage Tier	2027
Individual	$4,500
Family	$9,000
Catch-up Contributions	$1,000

Click here to watch a video about HSA limits. *(ER cont.)*



HEALTH SAVINGS ACCOUNT (HSA)

Key Features of the HSA

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a "health care 401(k)." There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,[1] retire or leave the organization.

Preventive Medications List

If you are enrolled in an HSA-compatible medical plan, you may be able to access a range of preventive medications for a copay or coinsurance before meeting your deductible. These medications are contained in the HSA Preventive Drug List provided by your employer.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.

Click here to watch a video about how an HSA works.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through WEX Health, Inc., are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA (HCFSA)	Limited-Purpose FSA (LPFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions	You must be benefits eligible; most employers also require enrollment in a qualified high-deductible health plan	Available to all eligible employees
Examples of Qualified Expenses	• Coinsurance • Copayments • Deductibles • Dental treatment • Eye exams/eyeglasses • LASIK eye surgery • Orthodontia • Prescriptions	• Dental and vision coinsurance only • Dental and vision deductibles only • Dental treatment • Eye exams/eyeglasses • LASIK eye surgery • Orthodontia	• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers • Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	IRS Limit	IRS Limit	$7,500 per family (or $3,750 each if you are married and file separate tax returns)

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **You must enroll each year to participate.**
- **LPFSA:** This type of account can be used toward eligible dental and vision expenses only.
- **FSA/DCFSA/LPFSA:** Unused funds will NOT be returned to you or carried over to the following year, and claims must be filed within 90 days following the end of the plan year.

Click here to watch a video about how an FSA works.

Click here to watch a video comparing an HSA and an FSA.

401(K) RETIREMENT SAVINGS ACCOUNT

Below is a summary of the more important provisions of your plan with Principal:

Eligibility and Plan Entry*

- You must complete 83 hours of service within 30 days
- You must be 18 years old
- You will enter the plan on the first day of the month following completion of eligibility requirements

Employee Deferrals

- Regular payroll contributions per pay period
- You may defer up to 92% of your annual compensation – not to exceed the annual IRS limits
- You may terminate or change your deferrals at any time
- Automatic Increase annually, up to 15%

Employer Contributions

- Participants will receive a match of 50% of the first 2% of their monthly gross salary

Vesting

- You will be 100% vested upon entering the plan

Rollover Contributions

- Money distributed to you from another plan can be added to the Plan
- IRA funds may be added to the Plan if the IRA consists of a distribution from a prior plan

Retirement

- Normal Retirement Date is the date you attain age 65

Note: This outline is a highlight of the more important provisions of the RehabVisions 401(k) Plan. If there is a conflict between a statement in this outline and in the plan document, the terms of the plan document control.

Contact your employer if you do not have a copy of the Summary Plan Description. A copy of this document will be provided to you as required by Federal law at no cost.



Click here to watch a video about how a retirement plan works.

Participant Loans

- No loans for less than $1,000 will be granted
- Loans may be made up to ½ of your vested balance, for example:

Participant A	Account Balance	Vested %	Vested Amount	Amount Available
Employee Deferral	$4,000	100%	$4,000	$2,000
Employer Match	$2,000	100%	$2,000	$1,000

- Loans must be repaid within 5 years by payroll deduction

Distributions Before Termination of Employment

- There will be no distributions from your account while you are employed except: Your account may be distributed to you after age 59 ½, if you are 100% vested Financial Hardship distributions are permitted as defined by the IRS

Financial Hardship Provisions

- The IRS requires an immediate and heavy financial need
- Hardships relate to medical expenses, secondary education tuition, foreclosure of home, or purchase of primary residence
- The IRS will assess a 10% penalty for early withdrawal
- You must pay income tax on the distribution
- You will be suspended from deferring for six months

Distributions After Termination of Employment

- Your distribution is made as soon as administratively feasible following your date of termination

Participant Statements

- Your statements are available approximately 30 days following each quarter end (March 31, June 30, September 30 and December 31)

MANAGING YOUR 401(K) RETIREMENT GOALS

Principal 401k

Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals. And since your life is busy enough, we've made getting to your information simple and convenient. Use these resources to access your account when and how you want.

Online – First-Time Users

- Go to principal.com/welcome
- Select **Get Started**
- Enter your first name, last name, date of birth, mobile phone number (this is the quickest way to verify your identity), and your ID number (this is either your Social Security number or a specific ID provided by your employer), or ZIP code
- Agree to do business electronically and click **Continue**
- A security code will be sent to your phone. You can choose to receive it by text or by call. Enter the code when you receive it
- If Principal is unable to send a code to your phone, you will need to upload a photo of your ID and a selfie to confirm it's really you
- Create a **unique username**, set a secure **password**, and add your **email address**
- Select and answer three security questions to use if you need to call us
- You now have access to your online account, and you'll get a confirmation email within a few minutes!

Online – Ongoing Account Access

- Go to principal.com
- Select **Log In**
- Enter your **username** and **password** (click **Forgot username** or **Forgot password** if you need to reset) and click **Verify**
- If you're logging in from a new device, resetting your username and password, or you've opted to use verification codes every time you log in, you'll receive a security code via text message, voice call, or authentication app
- Enter the security code and click **Verify**

Mobile

Check your account on the go.

- Principal app: Available for iPhone and Android
- Visit principal.com/OnTheGo

Phone – First-Time Users

- Call 800-547-7754; you may be asked to provide some personal information like your date of birth or Social Security number, to verify your identity
- Listen to the menu and select an option
- When prompted, establish your **personal identification number (PIN)** using your **Account/Contract Number**

Phone – Ongoing Account Access

- Call 800-547-7754; listen to the menu and select an option
- If prompted, enter your PIN

LIFE INSURANCE

Life insurance, provided through Lincoln Financial Group, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Basic Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Employee	1 times annual earnings to a maximum of $50,000



Click here to watch a video about how life insurance works.

Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	Lesser of 5 times annual earnings or $500,000, in $10,000 increments (Maximum of $50,000 at age 70+)	$300,000
Spouse	Lesser of 1 times employee's benefit up to $500,000, in $5,000 increments (up to employee age of 70 or retirement)	$50,000
Child(ren)	Birth to 14 days: $1,000 15 days to age 26: $2,000 increments up to $10,000	$10,000

Note: During your initial eligibility period, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier. Late entrants and amounts requested over the Guaranteed Issue amount require EOI and approval by the insurance carrier. Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Annual Limited Enrollment: You may increase Supplemental Life for yourself up to two increments ($10,000 or $20,000) and/or your spouse up to two increments ($5,000 or $10,000) each year during open enrollment without providing evidence of insurability as long as you have not been previously declined.

DISABILITY INSURANCE

Disability insurance, provided through Lincoln Financial Group, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

Voluntary Short-Term Disability

Provided at an affordable group rate.	
Benefit	60% of base salary
Maximum weekly benefit	$1,200
When benefit begins	After the 14th day of disability
When benefit ends	11 weeks

Annual Limited Enrollment: Each year during open enrollment, you may elect Voluntary Short-Term Disability coverage with no health questions or exams. Coverage is subject to preexisting condition exclusions/limitations.

Voluntary Long-Term Disability

Provided at an affordable group rate.	
Benefit	60% of base salary
Maximum monthly benefit	$10,000
When benefit begins	After 90th day of disability
When benefit ends	Reduced Benefit Duration to SSNRA

Click here to watch a video about how disability insurance works.





VOLUNTARY BENEFITS

Accident Insurance

Accident insurance, provided through Lincoln Financial Group, can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions

Click here to watch a video about how an accident plan works.

VOLUNTARY BENEFITS

Critical Illness Insurance

About half of U.S. adults report being unable to pay an unexpected medical bill of $500 without going into debt.[1] With critical illness insurance provided through Lincoln Financial Group, you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

1. Kaiser Family Foundation. "Americans' Challenges with Health Care Costs." Kaiser Family Foundation, kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs.

Click here to watch a video about how a critical illness plan works.





VOLUNTARY BENEFITS

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of a stint at the hospital, which can cost an average of $3,025 per inpatient day.[1] Hospital indemnity, provided through Lincoln Financial Group, pays a fixed cash benefit directly to you when you experience:

- Hospital admissions
- Hospital stays
- Intensive care unit stays

1. Kaiser Family Foundation. “Expenses per Inpatient Day." Kaiser Family Foundation, kff.org/health-costs/state-indicator/expenses-per-inpatient-day.

Click here to watch a video about how a hospital indemnity plan works.



VOLUNTARY BENEFITS

Legal Assistance Through MetLife

Dealing with legal issues can be daunting, but thanks to the legal assistance plan provided through MetLife, you don't have to waste time looking for the right attorney or spend a fortune on legal fees.

The legal plan provides you, your spouse and eligible dependents with fully covered legal services from experienced attorneys. Receive legal services for a wide range of personal matters such as:

- Criminal matters
- Debt
- Divorce
- Estate planning
- Family
- Real estate
- Small claims court
- Taxes

Features

- **In-Office Services –** You will receive access to a nationwide network of credentialed attorneys who can advise and represent you.
- **Telephone Advice –** You can call a network attorney for unlimited legal advice to help prepare documents, letters or a will.
- **Online Resources –** Turn to online tools and useful information to learn more about legal issues and create legally valid documents on your own.

Click here to watch a video about how legal assistance works.

QUESTIONS?

To learn more, visit www.Members.legalplans.com

For questions, contact MetLife at 800-821-6400.

VOLUNTARY BENEFITS

Identity Theft Protection Through Aura

Your identity is made up of more than your Social Security number and credit score. It includes the trial of data you leave behind from financial transactions, as well as what you share on social media. That's why we offer identity theft protection, provided through Aura for you and your family members.

Features

- $5 million ID theft insurance
- Dark web monitoring
- High-risk transaction monitoring
- Social media monitoring
- IP address monitoring
- Lost wallet protection
- Solicitation reduction
- Credit monitoring and alerts
- Data breach notifications
- Stolen 401(k) and HSA funds reimbursement

QUESTIONS?

To learn more, visit www.My.aura.com

For questions, contact Aura at 844-931-2872.

Click here to watch a video about how identity theft protection works.





EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Employee Connect (through Lincoln Financial Group).

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to 5 in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

QUESTIONS?

To learn more, visit www.guidanceresources.com

For questions, contact Employee Connect (through Lincoln Financial Group at 888-628-4824.

Click here to watch a video about how an EAP works.

COST OF BENEFITS

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Medical

Coverage	Semi-Monthly Employee Contribution	
	$2,500 PPO	$3,500 QHDHP – HSA
Employee Only	$137.00	$78.00
Employee + Spouse	$353.00	$217.00
Employee + 1 (one) Child	$318.00	$194.50
Family (Employee +2 or more dependents)	$520.50	$313.50

Dental

Coverage	Semi-Monthly Employee Contribution
	DPPO
Employee Only	$25.75
Employee + Spouse	$52.25
Employee + 1 (one) Child	$47.03
Family (Employee +2 or more dependents)	$77.07

Vision

Coverage	Semi-Monthly Employee Contribution
	Ameritas (EyeMed Network) Vision Coverage
Employee Only	$4.66
Employee + 1	$8.88
Family	$12.94

COST OF BENEFITS (CONT'D)

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members.

Accident Insurance

Coverage	Semimonthly Contributions
Employee Only	$5.81
Employee + Spouse	$9.72
Employee + Child(ren)	$10.79
Employee + Family	$14.60

Critical Illness Insurance

Age Range	Semimonthly Contributions			
	Employee $10,000 Coverage	Employee $20,000 Coverage	Spouse $10,000 Coverage	Spouse $20,000 Coverage
Under 24	$2.10	$4.20	$2.10	$4.20
25 – 29	$2.10	$4.20	$2.10	$4.20
30 – 34	$3.50	$7.00	$3.50	$7.00
35 – 39	$4.55	$9.10	$4.55	$9.10
40 – 44	$6.30	$12.60	$6.30	$12.60
45 – 49	$9.85	$19.70	$9.85	$19.70
50 – 54	$13.40	$26.80	$13.40	$26.80
55 – 59	$17.45	$34.90	$17.45	$34.90
60 – 64	$26.65	$53.30	$26.65	$53.30
65 – 69	$39.35	$78.70	$39.35	$78.70
Above 70	$58.10	$116.20	$58.10	$116.20

A penny rounding difference per pay period may occur.

COST OF BENEFITS (CONT'D)

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members.

Hospital Indemnity Insurance

Coverage	Semimonthly Contributions
Employee Only	$7.89
Employee + Spouse	$17.06
Employee + Child(ren)	$12.02
Employee + Family	$22.08

Legal Assistance

Coverage	Semimonthly Contributions
Employee + Family	$9.75

Identity Theft Protection

Coverage	Cost Per Pay Period	
	Protection Plan	Protection Plus
Employee	$3.98	$5.98
Family	$6.48	$8.98

IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical	Blue Cross Blue Shield of Nebraska	833-513-5607	https://www.nebraskablue.com/
Health Savings Account (HSA)	UMB Healthcare Services	866-520-4472	https://hsa.umb.com
Dental	Ameritas	800-487-5553	www.ameritas.com
Vision	Ameritas (EyeMed Insight Network)	866-289-0614	www.eyemedvisioncare.com
Flexible Spending Accounts (FSAs)	WEX Health, Inc.	866-451-3399	www.wexinc.com
Life/AD&D & Supplemental Life	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Employee Assistance Program (EAP)	Employee Connect (through Lincoln Financial Group)	888-628-4824	www.guidanceresources.com
401(k)	Principal	800-986-3343	www.principal.com
Accident, Critical Illness, Hospital Indemnity	Lincoln Financial Group	888-408-7300	www.lincolnfinancial.com
ID Theft Protection	Aura	844-931-2872	www.My.aura.com
Legal Assistance	MetLife	800-821-6400	www.Members.legalplans.com