INGENOVIS HEALTH

BENEFITS DESIGNED WITH YOU IN MIND



2027 EMPLOYEE BENEFITS

JAN. 1, 2027 – DEC. 31, 2027

Trustaff. Fastaff HealthCare Support USN VISTA STAFFING springboard HEALTHCARE STAFFING + EDUCATION VITAL SOLUTION CORAZON

TABLE OF CONENTS

ENROLLMENT EXPERIENCE

Welcome ----------3
What's New ----------4
Eligibility & Enrollment----------5
Making Changes----------7

YOUR BENEFIT OPTIONS

Medical----------8
Garner----------17
Virtual Visits----------19
Sword ----------20
Health Savings Account ----------21
Dental ----------22
Vision ----------24
Financial Protection----------26
Voluntary Benefits----------30
Disability Benefits ----------33
Employee Assistance Program -------34
Additional Benefits----------35
Open Enrollment Tools ----------37

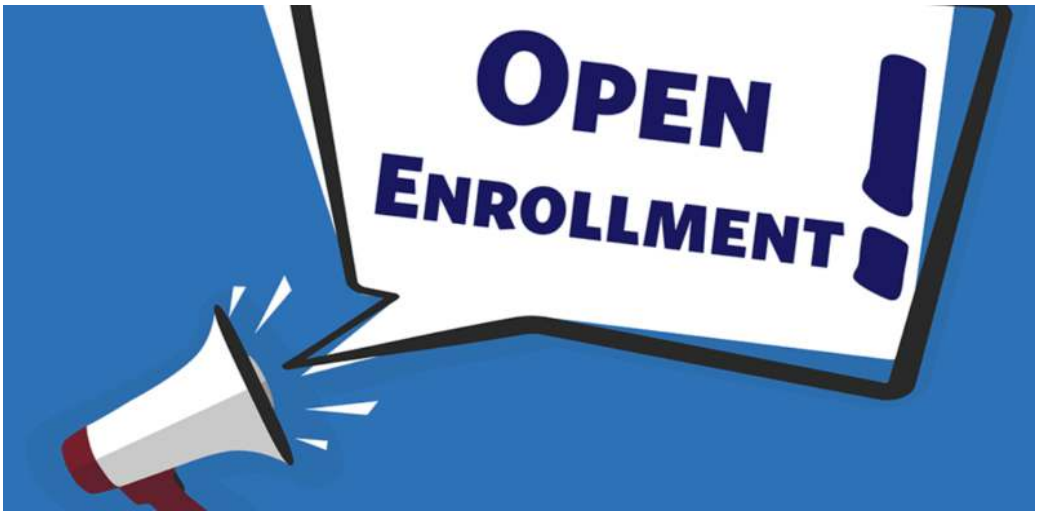
ADDITIONAL INFORMATION

Your Benefit Contacts----------38

Questions?

Contact the Benefits Resource Center (BRC) at 855-874-0829 or email BRCMidwest@usi.com.





WELCOME TO YOUR **INGENOVIS HEALTH** BENEFITS

Your 2027 Benefits, Built for the Way You Work

At Ingenovis Health, we know your work isn’t just a job, it’s a calling. Whether you're on the road, in a new facility, or between assignments, you deserve benefits that move with you and support your whole self. This guide is here to make things simple. Inside, you’ll find everything you need to make confident choices for your health, finances, and overall wellbeing in 2027. From coverage options to savings opportunities and extras that fit your lifestyle, we’ve got you covered so you can focus on what you do best: caring for others.

Please review the recorded open enrollment presentation to review the benefit changes for 2027.



WHAT'S NEW FOR 2027

We know how hard you're working, and we're focused on making your benefits work just as hard for you. This year, we've made practical updates to help streamline your experience and put more money back in your pocket. Here's what's new:

Continued Vendor Partnerships
Garner – Expert tools and insights to help you make informed decisions about your benefits and financial wellness.

eMed - Weight loss subscription program through the utilization of GLP-1s

Delta Dental – A third cleaning is now available at no additional cost

Amwins – Amwins will be transitioning to MedImpact starting 1/1/2027

Smarter Ways to Save
HSA option to help you set aside pre-tax dollars for healthcare and dependent care expenses.
Discount programs for everyday wellness services, including mental health, fitness, and nutrition.

Ongoing Support for Mental Wellbeing
Continued access to mental health resources like virtual counseling, stress management tools, and emotional support programs.
Enhanced offerings through our wellness partners to support your overall wellbeing—whether you're at home, on the road, or in the office**.**

Help When You Need It
Our dedicated Benefits Call Center and enrollment specialists are here to answer questions, walk you through your options, and make enrollment easier.
Join one of our informational sessions to learn more about your choices and get personalized guidance.





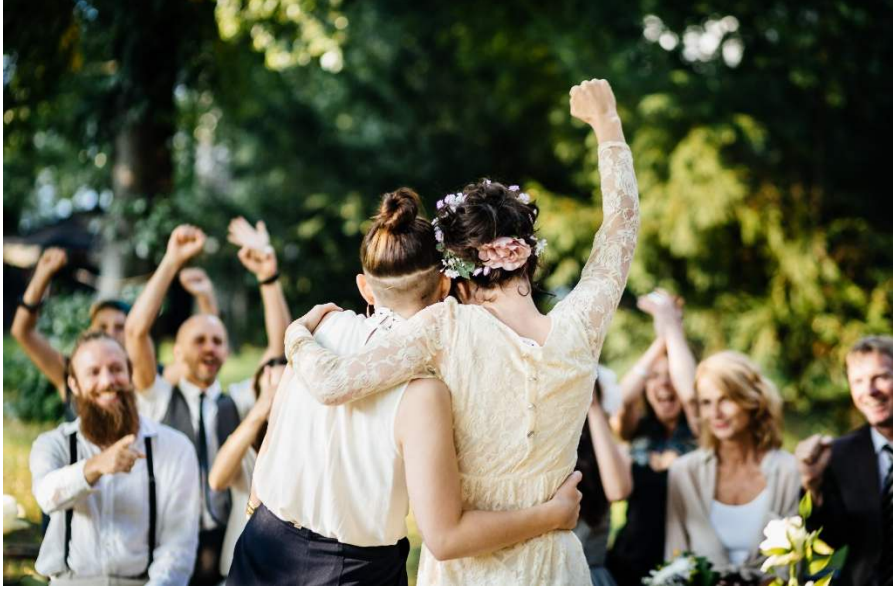






ELIGIBILITY

As an Ingenovis Health employee, you are eligible to participate in our benefits programs. As a new hire, benefits are effective the first of the month following date of hire.



As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse or partner:** This includes your legal spouse (if not legally separated) or domestic partner.*
  *Tax implications may apply for coverage of your domestic partner.
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.

WHO PAYS

Some benefits are 100% paid by Ingenovis Health, while others require that you contribute.

100% EMPLOYER-PAID

- Employee Assistance Program
- Wellness Benefit
- Garner HRA

SHARED CONTRIBUTION

- Medical Insurance

100% EMPLOYEE-PAID

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Supplemental Life and AD&D Insurance
- Long-Term Disability Insurance
- Voluntary Short-Term Disability Insurance
- Pet Insurance
- Dental Insurance
- Vision Insurance

**Temporary employees are not eligible.*



ENROLLMENT

This year is a passive enrollment, meaning your current benefits roll over to 2027.

You can only sign up for benefits or change your benefits at the following times:

- Within the first 10 days of joining Ingenovis Health as a new employee.
- During the annual benefits enrollment period.
- Within 31 days of a qualifying life event.

The choices you make at this time will remain in place through Dec. 31, 2027, unless you experience a qualifying life event as described on page 7. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

Benefits are rolling over!

Call 4myBenefits at 800-528-4223.

Access PlanSource here : PlanSource Login
For help enrolling in your benefits, please contact the phone number listed above.

Self-enroll in your benefits with the QR code or by visiting this link:
https://thesource.plansource.com/IngenovisHealthBenefits

Click on "Enroll Now" and enter your username and password:

- **Username**: "IGH." + first 3 letters of first name+ full last name + last 4 digits of your SSN

Example: Name = John Smith; DOB = 5/1/1985; SSN = 123-45-6789
Username: IGH.JohSmith678

- **Initial password:** YYYYMMDD of date of birth

MAKING CHANGES

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change your benefit elections during the plan year if you have change in status including:

- Your marriage or divorce
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order

If such a change occurs, you must make the changes to your benefits within 31 days of the event date. Documentation may be required to verify your change of status.

Failure to request a change of status within 31 days of the event may result in your having to wait until the next open enrollment period to make your change.

WHEN DOES COVERAGE END?

- Coverage will run through the end of the month following termination / resignation
- Coverage for STD, LTD, life/AD&D end on the day your employment ends for any reason



MEDICAL INSURANCE

Providing three separate medical insurance coverage options to protect you and your family members with:

- No cost preventative care
- Routine care
- Pregnancy and newborn care
- Disease diagnosis and treatment
- Prescription coverage
- Urgent and emergency care
- Telehealth
- Rehabilitation therapy
- Substance abuse treatment
- Mental health care
- Specialist visits
- Vaccines
- Wellness support

MEDICAL BENEFITS



The table below summarizes the benefits of each medical plan.

Please refer to the official plan documents for additional information on coverage and exclusions.

Benefit Coverage	Anthem Base Narrow HPN HPN Network In-Network Benefits	Anthem Standard HDHP Blue Card Network In-Network Benefits	Anthem Choice PPO Blue Card Network In-Network Benefits
Annual Deductible			
Individual/Family	$7,000 / $14,000	$4,500 / $9,000	$2,500 / $6,500
Coinsurance	70%	80%	80%
Maximum Out-of-Pocket*			
Individual	$9,700	$6,000	$6,000
Family	$19,400	$12,000	$12,000
Physician Office Visit			
Primary Care	$30 copay	20% after ded.	$30 copay
Specialty Care	$90 copay	20% after ded.	$90 copay
Preventive Care			
Adult Periodic Exams Well-Child Care	100%	100%	100%
Diagnostic Services			
X-ray and Lab Tests	30% after ded.	20% after ded.	20% after ded.
Complex Radiology	30% after deductible	20% after ded.	20% after deductible
Urgent Care Facility	$90 copay	20% after ded.	$90 copay
Emergency Room Facility Charges*	30% after ded.	20% after ded.	$300 copay
Inpatient Facility Charges	30% after ded.	20% after ded.	20% after ded.
Outpatient Facility / Surgical Charges	30% after ded.	20% after ded.	20% after ded.
Prescription Drugs			
Tier 1	$10 copay	Ded., then $10 copay	$10 copay
Tier 2	$40 copay	Ded., then $35 copay	$40 copay
Tier 3	$70 copay	Ded., then $60 copay	$70 copay
Tier 4	25% up to $300	Ded., then 25% up to $200	25% up to $300
Mail Order *90-day supply*	2.5x retail copay	2.5x retail copay	2.5x retail copay

ARE YOU COVERING YOUR SPOUSE AND/OR CHILDREN?

If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

QUESTIONS?

Call customer service at 833-401-1573 or visit anthem.com

MEDICAL CONTRIBUTIONS

Listed below are the monthly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 48 pay periods for benefit deductions and for months where there are five paychecks, there are no benefit deductions from the fifth check.

Coverage Type	Anthem Base Narrow HPN	Anthem Standard HDHP	Anthem Choice PPO
Employee Only	$112.00	$341.00	$766.00
Employee + Spouse	$896.00	$1,062.00	$1,526.00
Employee + Child(ren)	$811.00	$962.00	$1,381.00
Employee + Family	$1,280.00	$1,517.00	$2,179.00



- Remember to review your contributions annually to ensure they align with your financial goals. Participating in our wellness program can also earn you a premium discount, adding even more value to your benefits!
- Don't forget! Contribution changes are allowed during open enrollment or after qualifying events.

Rx INFORMATION

Amwins Rx has partnered with MedImpact for the 2027 plan year. Amwins Rx will continue offering their regular services through 12/31/2026 and will transition to MedImpact starting 1/1/2027.

Amwins Rx provides superior pharmaceutical services along with innovative cost savings strategies built to save you time and money and these benefits will not change with their partnership with MedImpact.

All members who enroll in the benefits for 2027 will receive a new ID card. This new ID card will have Anthem and MedImpact's information included.

If you have questions, Amwins Rx Customer Care can be reached 24/7 at 925-278-5531 or you can visit https://amwinsrx.com/membercenter to access the member portal.

Processing Information (BIN/PCN) and Customer Service numbers will remain the same following 1/1/2027.

- Rx BIN: 025169
- Rx PCN: AMWINS
- Pharmacy Help Desk / Member Support Number: (800) 313-3701

You can also contact MedImpact at 800-788-2949, email customerservice@medimpact.com, or visit www.medimpact.com for more information.





BIRDI® MAIL PHARMACY

GET MEDICATIONS DELIVERED TO YOUR DOOR

Welcome to Birdi Mail Pharmacy for home delivery of your maintenance medication. These are drugs you take for conditions like high blood pressure and diabetes.

Convenient home delivery means no waiting in line at the pharmacy. You can get up to a 90-day supply of medication. Standard shipping is free. Automatic refill reminders help you have the right amount of medicine on hand.

Get Started with Birdi

Register online at www.medimpact.com or with the MedImpact mobile app or call 866-909-5170 (TTY dial 711).

Provide contact details, shipping address, and any allergies or medical conditions.

Once you register, review medication details, request new prescriptions or refills, and manage payment details. Opt in for phone, email, or text updates about your orders. Most orders are processed and shipped within 5 days from receipt of prescription.

Set Up New Prescriptions

Option 1: Your Doctor Sends Birdi Your Prescription

Your doctor sends your prescription to Birdi electronically or by fax to 877-395-4836. Birdi can only accept prescriptions from your doctor. Birdi will automatically fill and ship most new prescriptions sent from your doctor except for controlled substances.

Option 2: Sign in to Website or Mobile App

Sign in to www.medimpact.com to request a new prescription or transfer from a retail pharmacy. Choose "Request a Prescription" at top of "My Prescriptions > Prescription List" page and follow instructions.

Option 3: Mail Birdi Your Prescription

Sign in to www.medimpact.com and choose "Documents > Medication Order Form." Print and send the form with your prescription(s) to:
Birdi
PO Box 8004
Novi, MI 48376-8004

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

MedImpact



BIRDI MAIL PHARMACY

FREQUENTLY ASKED QUESTIONS

How do I order refills?

Visit www.medimpact.com, use the mobile app, or call Birdi at 866-909-5170 (TTY dial 711) for the first fill of a medicine when it is time to refill. Birdi will send you a refill reminder if you have opted in to messages in your member profile. After the initial order, you can enroll eligible medicines in Auto Refill online at www.medimpact.com or via the app.
Note: Not all plans offer Auto Refill.

How do I transfer an existing prescription from another pharmacy?

You can request most new prescriptions after signing in to the website. Choose "Request a Prescription" at the top of "My Prescriptions > Prescription List" page and follow instructions. You will need to contact your doctor for a new prescription for controlled substances.

How do I check order status?

Sign in to www.medimpact.com or mobile app and select "My Prescriptions > Orders" to check your order status.

Questions?

Call Birdi Patient Care Center at:
866-909-5170 (TTY dial 711)

Patient Care Center Hours

Monday to Friday 8 am to 8 pm Eastern Time

Saturday 9 am to 5 pm Eastern Time

Email: **patientcare@birdirx.com**

For security and privacy, please do not include personal health information.

If you have a clinical need, Birdi pharmacists are available 24/7/365 at:
866-909-5170 (TTY dial 711)

Copyright © 2026 MedImpact Healthcare Systems, Inc. All rights reserved.

MedImpact



Benefits of 90-day Refills.

Easy. Convenient. Options. Affordable. Save.

Never be without your medication

Get prescription maintenance drugs in a 90-day supply (rather than a 30-day supply) and save on your drug copay. For maintenance medications, if you fill more than two 30-day supplies you will pay a 50% additional copay for your medication.

Maintenance medications treat long-term chronic conditions. If you're regularly taking maintenance medications, such as those for high blood pressure, cholesterol or diabetes, then 90-day supplies may be a convenient and cost-effective option for you.

We coordinate with your doctor to deliver comprehensive pharmacy services, ensuring you get the individual support you need.

Use an in-network pharmacy, including Birdi Mail Order Pharmacy

NABP Accredited Digital Pharmacy

Birdi is a fully accredited mail order pharmacy focused on customer care and service.

Remember, you can use your HSA or FSA funds to cover your medication costs!

Questions about your pharmacy benefits? Birdi is here to help! Call us at (866) 909-5170.

Change 30-day to 90-day refills

Ask your doctor to write a new 90-day prescription for any maintenance drugs, then decide to fill by mail order or at a Rx retail location.

Fill at a retail in-network pharmacy.
Find participating pharmacies at **Birdirx.com**

OR

Register for Birdi Pharmacy
using the consumer portal located at **Birdirx.com** or by calling the Birdi Patient Care Center at **(866) 909-5170 (TTY 711).**

Ask your doctor
to send a new prescription to Birdi using this number: **NCPDP 23-72528**

Call
our Patient Care Center at (866) 909-5170 (TTY 711).

Birdi Patient Care Center
Hours of Operation
Mon - Fri 8 am-8 pm ET
Saturday 9 am-5 pm ET
Sunday Closed

Copyright © 2026. All rights reserved.

eMed INGENOVIS HEALTH

Lose weight the right way with our proven GLP-1 Program

- 24/7 clinical care
- Discrete shipping & at-home convenience
- Side effect support
- Reminders & progress tracking
- Branded, FDA-approved medication**
- Lifestyle guidance through Thrive Digital



~~$149.99/month~~

20% OFF – Ingenovis Exclusive

$119.99/month

annual subscription model

Includes access to the **eMed GLP-1 Weight Loss Program + Thrive Digital****

01 Visit eMed.com/Ingenovis to sign up

02 Once you're signed up, you'll receive a test kit in the mail. Scan the QR code on the box to download the eMed app and follow guided steps for at-home blood collection

03 Return your blood collection sample with same day FedEx pickup using the pre-paid box included with your kit

04 Review your lab results in your eMed app



This is a voluntary, employee-paid program offered by eMed and is not sponsored, administered, or subsidized by Ingenovis.
**The $119.99 monthly fee covers access to the eMed GLP-1 Weight Loss Program only and does not include cost of prescription medication. Prescription medications are available only after an independent clinical evaluation by a licensed healthcare professional. Eligibility is not guaranteed. Participation in this program is confidential. Individual health information and participation data are not shared with your employer. For more information visit eMed.com

KNOW WHERE TO GO

VIRTUAL CARE	PRIMARY CARE DOCTOR	URGENT CARE	ER
Get care without leaving your house. An appointment is available from your phone or computer. Download the Syndey Health app to make an appointment.	The best place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have intended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room.

Take the first step to understanding your benefits by learning these four common terms.

TERMS TO KNOW

COPAYS
A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.

DEDUCIBLE
The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.

COINSURANCE
After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

OUT-OF-POCKET MAXIMUM
This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.



Garner, your free healthcare benefit

garner™

What is Garner?

Garner is a free healthcare benefit offered by your employer.
It's free to use at no cost to you.

Garner helps you find the best doctors near you

Get money back on your medical bills **up to your benefit amount** for you and your family

Follow the steps below to get reimbursed.

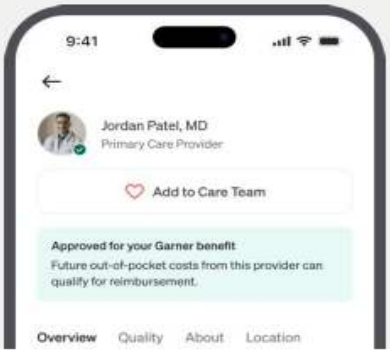
01

Search for top doctors in the Garner app



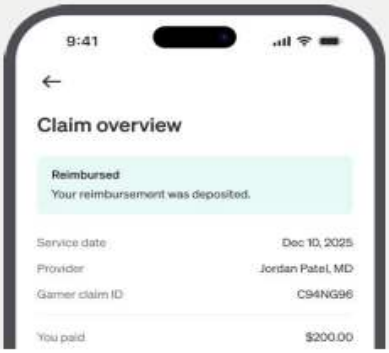
02

Add doctors to your Care Team before your visit



03

Get reimbursed for your out-of-pocket medical bills



Get reimbursed up to your benefit amount for you and your family.

Scan the QR code to create an account

garner.guide/create-my-account

Need our help?

You can contact our Concierge team via in-app chat or at concierge@getgarner.com after creating an account. Starting August 4, 2025, hours will extend to Mon–Fri, 8 a.m. –10 p.m. ET (previously 8 a.m.–8 p.m. ET).

MEDICAL PLANS WITH GARNER

The table below summarizes the Garner HRA plans. If you use a Garner provider, you have the opportunity to get reimbursements towards your deductible of $2,000 single / $4,000 family.

The program helps you find top-rated doctors, which can lead to improved health results.

Garner simplifies the process of choosing a provider by offering personalized recommendations.

See below of an example of the reimbursements you could receive.

Standard HDHP	
$2,000 Second Dollar Garner HRA	
Base (Single / Family)	Members Using Garner
D&C	D&C
$4,500 / $9,000	$2,500 / $5,000*
20%	20%
$6,000 / $12,000	$4,000 / $8,000*

Choice PPO	
$2,000 First Dollar Garner HRA	
Base (Single / Family)	Members Using Garner
$30 / $75	$0 / $0
$2,500 / $6,500	$500 / $2,500
20%	20%
$6,000 / $12,000	$4,000 / $8,000

Base HPN EPO	
$2,000 First Dollar Garner HRA	
Base (Single / Family)	Members Using Garner
$30 / $75	$0 / $0
$7,000 / $14,000	$5,000 / $10,000
30%	30%
$9,700 / $19,400	$7,700 / $15,400



VIRTUAL VISITS

You have access to virtual care through Anthem. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.

Get care for non-emergency conditions.

Virtual care can connect you to a doctor without an appointment. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, rashes, and much more.

Your virtual doctor can provide a treatment plan to support your health.

As part of your treatment plan, your virtual doctor can also prescribe certain medications, recommend specialists, order lab tests, or tell you if it’s time to seek care in person.

See a doctor anytime, anywhere.

Download the Sydney Health app to request a virtual visit with a doctor 24/7. The app allows you to video call, text, or chat with a doctor who can help you feel better—no appointment required.

SYDNEY HEALTH APP

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, member services, virtual care, and wellness resources.

Use the app anytime to:

- Find care and compare costs.
- See what’s covered and check claims.
- View and use digital ID cards.
- Chat with an Anthem representative.
- Request a virtual care visit with a doctor 24/7.

Download the free Sydney mobile app and select "Register" or visit anthem.com/register.

Scan the QR code to the left to download the Sydney Health app.

ANTHEM SWORD

Relieve pain from the comfort of home

SWORD Thrive: Digital Physical Pain Care from Anywhere

Sword Thrive is a digital physical therapy program that helps members prevent and treat acute chronic and post-surgical pain for the lower back, shoulder neck, hip, knee , elbow , ankle, and wrist.

Sword Health Overview - Access short video for a deeper understanding on Sword Health

SWORD Bloom: Digital Pelvic Care for Women in Every Life Stage

Bloom Is a pelvic therapy solution designed for individuals with vaginal anatomy. Bloom provides clinical grade care for pelvic health and addresses issues such as bladder leakage, bowel disorders, pelvic pain, prolapse, or discomfort. Programs are designed by Pelvic Health Specialist, all of whom have doctors of Physical Therapy degrees.

Bloom Explainer Video - Access short video for a deeper understanding on Bloom

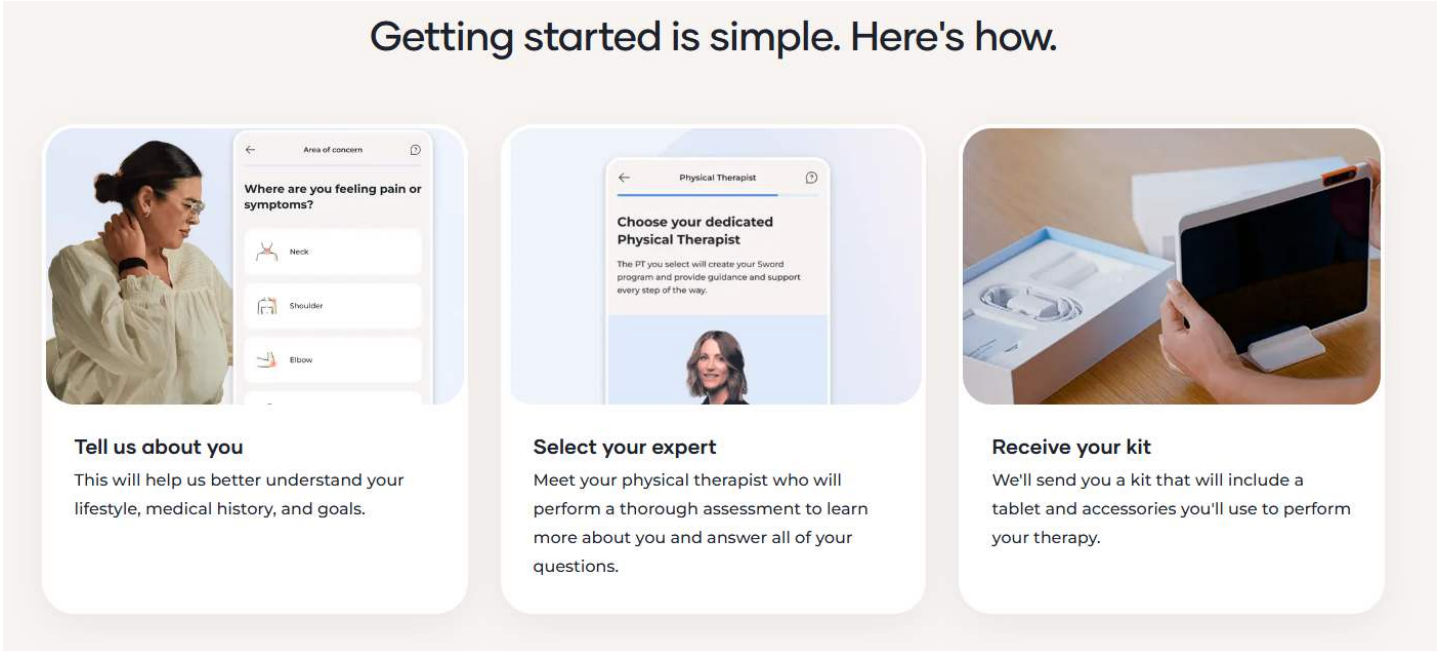
Sword can help when you overcome both chronic and post surgical pain in the areas where it happens most.

- Low back pain
- Shoulder Pain
- Knee Pain
- Ankle/Foot pain
- Neck pain
- Wrist/Hand/ Elbow pain
- Hip pain

Digital Therapist
The Digital Therapist uses advanced algorithms and motion tracking technology to guide you through the process.

Licensed Doctors of Physical Therapy
Our technology makes physical therapy easy and convenient, while our team of physical therapists provide the expertise and human connection your members need.

Personalized Member Experience
Physical therapists adjust the program after every session by continuously reviewing member progress and connecting with members an average of three times per week.



HEALTH SAVINGS ACCOUNT

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA

If you enroll in the Anthem Standard HDHP, you may be eligible to open and fund a health savings account (HSA) through WealthCare.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. You can Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact the Benefits Department.

HSA ELIGIBILITY

You are eligible to fund an HSA if:

- You are enrolled in the Anthem Standard HDHP.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.



SAFETY NET

HSAs are highly effective savings vehicle for individuals and families of all income levels. They offer "rainy day" medical savings that reduce the financial impact of medical bills.

Contributions to an HSA (including the Ingenovis Health contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** $4,500
- **All other coverage levels:** $9,000



HSA INVESTMENTS

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

If you are age 55+ by Dec. 31, 2027, you may contribute an additional $1,000.



LONG-TERM SAVINGS

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.

*Temporary employees are not eligible for the Ingenovis Health contribution.

DENTAL INSURANCE

Ingenovis Health offers a dental PPO plan through Delta Dental of Colorado. The dental plan provides in-and out-of-network benefits, allowing you the freedom to choose any dentist. The amount you pay varies based on whether you see a Delta Dental PPO dentist, Delta Dental Premier dentist, or out-of-network (non-participating) dentist.

- You will pay less out of your pocket when you see a Delta Dental PPO dentist.
- Delta Dental PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full for covered services. When you see a PPO or Premier dentist, you will only be responsible for your deductible and coinsurance for covered services. Non-covered services are subject to balance billing.
- If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (balance billing).
- When you see a Delta Dental PPO or Premier dentist, you are protected from balance billing for covered services.



DENTAL BENEFITS



Ingenovis Health offers a dental insurance plan through Delta Dental of Colorado.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Delta Dental PPO		
	PPO Dentist	Premier Dentist	Non-Participating
Plan Year Deductible Individual/Family	$50 / $150	$50 / $150	$50 / $150
Plan Year Benefit Maximum	$1,500	$1,000	$1,000
Preventive Care – 3x / year (Oral exams, cleanings, x-rays)	Plan pays 100%	20% (ded. waived)	20% (ded. waived)
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% (ded. waived)	40% (ded. waived)	40% (ded. waived)
Major Services (Bridges, crowns,[inlays/onlays], dentures [fill/partial])	50% (ded. waived)	60% (ded. waived)	60% (ded. waived)
Orthodontia Services (children up to age 19)	50%	50%	50%
Orthodontia Lifetime Maximum		$1,000	

DENTAL COSTS

Listed below are the monthly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 48 pay periods for benefit deductions and for months where there are five paychecks, there are no benefit deductions from the fifth check.

Level of Coverage	Delta Dental
Employee Only	$30.20
Employee + Spouse	$60.39
Employee + Child(ren)	$72.13
Employee + Family	$107.92



VISION INSURANCE

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

Locate an EyeMed network provider at eyemed.com.

VISION BENEFITS

Ingenovis Health offers a vision insurance plan through EyeMed.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.



Summary of Covered Benefits	EyeMed Vision Plan	
Eye Exam (Every 12 months)	$10 copay	Reimbursement up to $40
Standard Plastic Lenses (Every 12 months) Single/Bifocal/ Trifocal	$10 copay	Reimbursement up to $30 / $50 / $70
Frames (Every 24 months)	$130 allowance, 20% off remaining balance	Reimbursement up to $91
Contact Lenses (Every 12 months in lieu of standard plastic lenses)	$110 allowance	Reimbursement up to $77
Medically Necessary	Plan pays 100%	Reimbursement up to $300
Laser Vision Correction	15% of retail price of 5% off promotional price	

QUESTIONS?

Call customer service at 866-723-0513 or visit www.eyemed.com

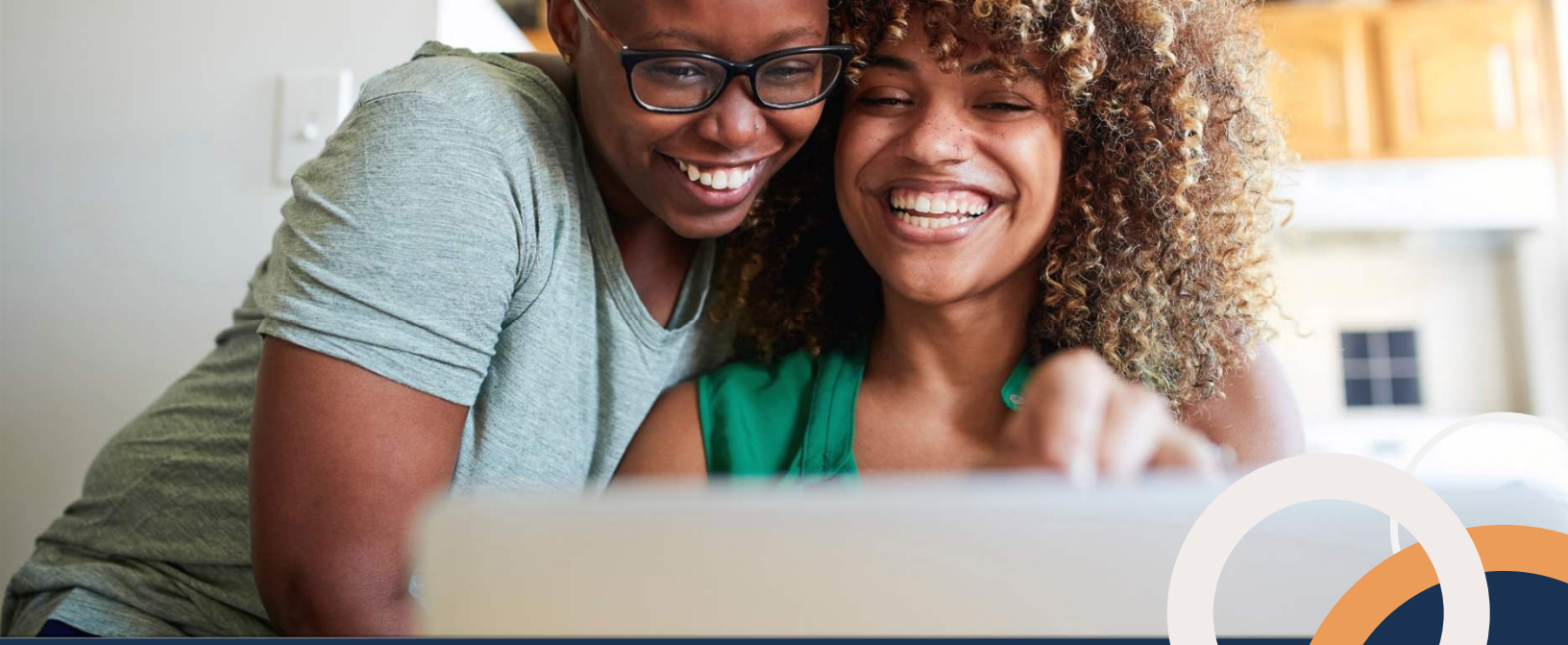
DID YOU KNOW?

Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

VISION COSTS

Listed below are the monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 48 pay periods for benefit deductions and for months where there are five paychecks, there are no benefit deductions from the fifth check.

Level of Coverage	EyeMed Vision
Employee Only	$6.77
Employee + Spouse	$16.40
Employee + Child(ren)	$17.16
Employee + Family	$22.58



FINANCIAL PROTECTION

Financial protection is a crucial component of your overall well-being, providing a safety net for you and your loved ones in times of need. The following sections will guide you through the key options like life, disability, and worksite insurances.

Each of these play a vital role in securing your financial future, offering a peace of mind and support during unforeseen circumstance.

Whether it's safeguarding against loss of income, covering unexpected medical expenses, or ensuring your family's financial stability, these protections are designed to help you navigate life's uncertainties with confidence.

Take the time to explore these options and make informed decisions that will protect your financial future.

VOLUNTARY LIFE AND AD&D

Ingenovis Health offers employees the option to purchase additional life insurance. This coverage is offered on a voluntary basis through Lincoln Financial Group. If you purchase voluntary life insurance for yourself, you can purchase voluntary life insurance for your spouse and/or child(ren).

During your newly eligible window, you may elect coverage up to the guaranteed issue amount without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Lincoln Financial Group.

During the annual enrollment period, you may increase your coverage by two increments up to the guaranteed issue amount without completing evidence of insurability (EOI) even if you have previously waived coverage.

EMPLOYEE

How much life insurance can I purchase?

You may purchase a benefit in increments of **$10,000, a minimum of $10,000** up to a maximum of **$500,000**, or 5x your annual salary (whichever is less).

What's guarantee issue?

Guarantee issue (GI) is the amount you can purchase as a newly eligible employee without having to provide evidence of insurability (EOI). The **GI is $200,000**.

SPOUSE

How much life insurance can I purchase for my spouse?

You may purchase a benefit in increments of **$5,000, a minimum of $5,000** up to a maximum of **$100,000**, not to exceed 50% of employee voluntary life benefit.

What's guarantee issue?

Guarantee issue (GI) is the amount you can purchase as a newly eligible employee without having to provide evidence of insurability (EOI). The **GI is $30,000, not to exceed 100% of the employee's voluntary life benefit amount**.

CHILD(REN)

How much life insurance can I purchase for my child(ren)?

You may purchase a benefit of $10,000. Lincoln Financial Group does not require EOI for child(ren), the cost for the **$10,000** benefit is the same for one or multiple children.

VOLUNTARY LIFE

VOLUNTARY LIFE MONTHLY RATES

Listed below are the monthly rates for supplemental life and AD&D insurance. The amount you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse Life rates are based on the spouse's age.

Age	**Employee Rate** Per $1,000 of coverage	**Spouse Rate** Per $1,000 of coverage	**Child Rate** Per $1,000 of coverage
<20	$0.059	$0.059	
20-24	$0.059	$0.059	
25-29	$0.059	$0.059	
30-34	$0.072	$0.072	
35-39	$0.087	$0.087	
40-44	$0.113	$0.113	
45-49	$0.162	$0.162	$0.22
50-54	$0.239	$0.239	
55-59	$0.390	$0.390	
60-64	$0.578	$0.578	
65-69	$1.071	$1.071	
70-74	$1.935	$1.935	
75*	$1.935	$1.935	

Rate is the same for all children under age 19.

WHOLE LIFE WITH LONG TERM CARE

Whole Life Benefit

Chubb's Workplace Benefits are designed to empower you with the innovative and flexible benefits solutions to better meet your customer needs. As Life Insurance Lifetime Benefit Term protects families with money that can be used any way they need. Often it is used to pay for mortgage or rent, education for children and grandchildren, family debt and final expenses. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home and waives life insurance premiums. And with Extension of Long-Term Care, benefits can last for more than 6 years, in essence, tripling the policy value. Even after the age of 70, the full death benefit is designed to last though age 99 for nontobacco users and age 95 for tobacco users based on the current interest rate. Regardless of interest rates, the death benefit after age 70 is guaranteed to always be at least 50% of the initial benefit and will likely be more given the current interest rate.

How Does It Work?

As Life Insurance

Lifetime Benefit Term protects families with money that can be used any way they need. Often it is used to pay for mortgage or rent, education for children and grandchildren, family debt and final expenses

For Long-term Care

Long-term Care is expensive, and Lifetime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home and waived life insurance premium. And with Extension of Long-Term Care, benefits can last more than 6 years, in essence, tripling the policy value.

VOLUNTARY BENEFITS

Accident & Injury

Accident insurance offered through Lincoln Financial Group helps deliver financial security for the unexpected – allowing you to protect your budget against unforeseen expenses if you suffer an accidental injury. You can use cash benefits from this coverage to help meet copayments and other expenses while you recover, or any other way you see fit.

Employee Only
$13.81
Employee + Spouse
$22.89
Employee + Child(ren)
$24.87
Employee + Family
$33.60

Hospital Indemnity

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses—anything from deductibles to childcare to everyday bills.

- Hospital admissions: $1,000 (1 admission/year)
- Hospital confinement: $100 per day up to 60 days
- Intensive care unit admission: $2,000 (1 admission/year)
- Intensive care unit confinement: $200 per day for 15 days.

Employee Only
$18.78
Employee + Spouse
$40.43
Employee + Child(ren)
$29.65
Employee + Family
$53.61



EARN A WELLNESS REWARD

You receive a $50 cash benefit every year you and any of your covered family members complete a single covered health assessment. This reward applies to all insurance options listed on this page, including Accident & Injury, Critical Illness, and Hospital Indemnity coverage.

VOLUNTARY BENEFITS

Critical Illness

Critical illness with ongoing support through Chubb is an innovative approach to Critical Illness that combines ongoing benefit solutions to loosen the financial impact of serious illnesses along with advocacy packages to help employees manage diabetes, change their behavior, promote recovery and wellness. With a focus on health and wellness, Chubb promotes the value of prevention care including a variety of health screening tests and physician exams. The Wellness Benefit is paid once per year for each covered person who undergoes one of more of the applicable screening and tests.

Cancer Advocate Plus – Cancer Management

A first-of-its-kind cancer-specific, genetics-based insurance program that provides tools and resources for an individual to proactively understand their risk of cancer, more effectively manage a cancer diagnosis, and offer insurance protection to help with the potential financial impact of a cancer diagnosis.

With Cancer Advocate Plus, employees will receive proactive, personal and precise cancer guidance based on their DNA and the genetic makeup of their cancer.

Employees don't have to settle for one size fits all. With Cancer Advocate Plus, employees receive tests for inherited genetic mutations

and pharmacogenomic testing to indicate how they are likely to respond to medications and identify optimal drugs and dosage to help avoid adverse medical trial and error.

And if an employee does get cancer, Cancer Advocate Plus offers an expert medical review by a molecular pathologist to provide the individual's physician with a Precision Treatment Report and enrollment in clinical trials by an Oncology Nurse Navigator.

Different features that Cancer Advocate Plus offers, includes Oncology Nurse Advocate , Genetic Tumor Testing, Expert Medical Review, Clinical Trial Identification and Enrollment and Precision Treatment Recommendation Report

Scan this QR code or access https://www.chubb.com/content/chubb-sites/chubb-com/na/cica-cwb/ingenovis.html for more Chubb benefit and claim information.

VOLUNTARY BENEFITS

CRITICAL ILLNESS THROUGH CHUBB MONTHLY RATES

Listed below are the monthly rates for critical illness insurance. Employee's can elect up to $30,000. The amount you pay for critical illness insurance is deducted from your paycheck on a post-tax basis. You can elect up to 50% of the employee benefit amount for Spouse and Children.

Age	Employee	Employee & Spouse	Employee & Children	Family
<24	$2.29	$3.44	$4.25	$5.39
25-29	$3.64	$5.46	$5.60	$7.42
30-34	$5.08	$7.62	$7.04	$9.58
35-39	$6.86	$10.29	$8.82	$12.25
40-44	$10.25	$15.38	$12.21	$17.33
45-49	$14.15	$21.23	$16.11	$23.18
50-54	$20.50	$30.75	$22.46	$32.71
55-59	$28.61	$42.92	$30.57	$44.87
60-64	$41.08	$61.62	$43.04	$63.58
65-69	$57.47	$86.21	$59.43	$88.16
70+	$58.38	$87.57	$60.34	$89.53



DISABILITY BENEFITS

Ingenovis Health offers Voluntary Disability Insurance, with Lincoln Financial Group. Please review the charts below, for a brief overview of the plan detail.

Short-Term Disability Insurance*

Ingenovis Health offers a short-term disability option through Lincoln Financial Group. This benefit covers 60% of your weekly base salary up to $2,000/week. The benefit begins after 14 days of injury or illness and lasts up to 13 weeks. Please see the summary plan description for complete plan details.

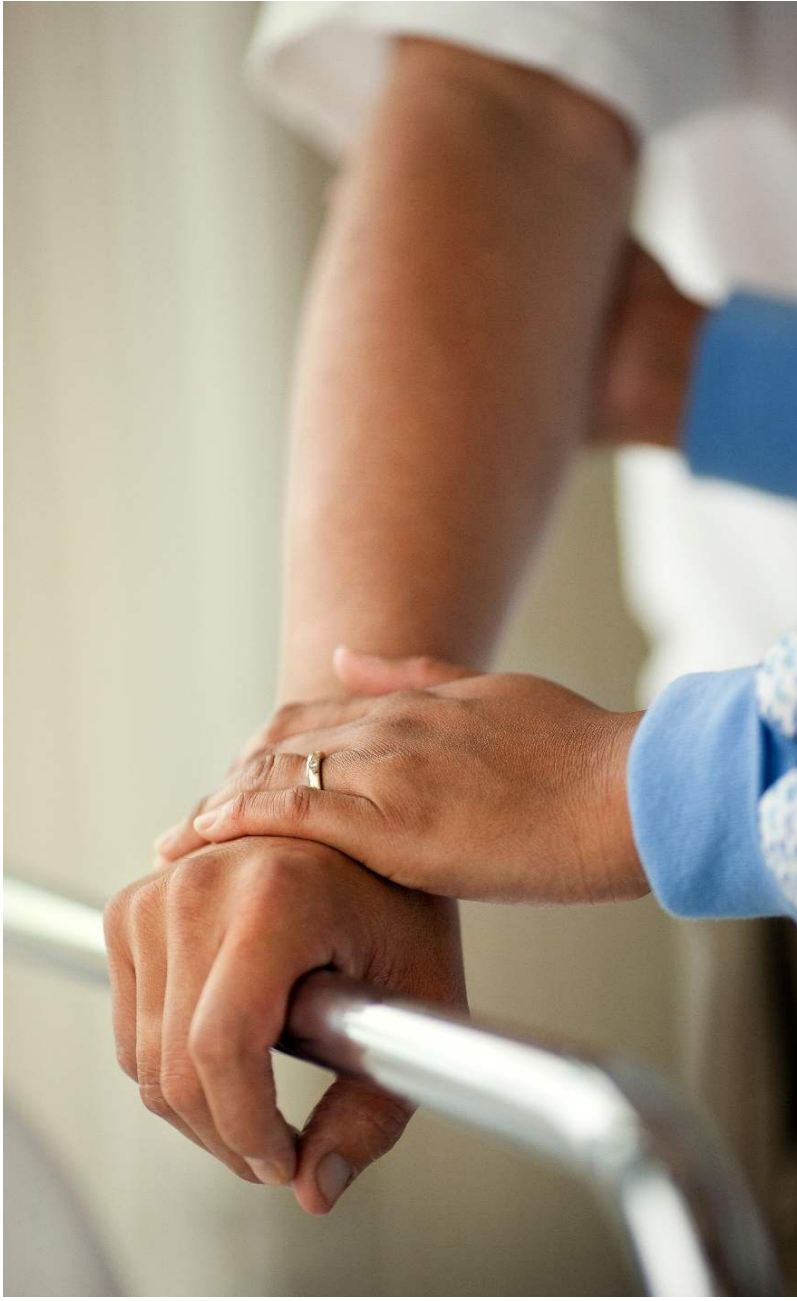
Plan Features	Short-Term Disability
Elimination Period	14 days
Maximum Weekly Benefit	$2,000
Percentage of Income Replaced	60% of salary
Maximum Benefit Period	24 weeks

Long-Term Disability Insurance*

Ingenovis Health offers long-term income protection through Lincoln Financial Group in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $6,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Plan Features	Long-Term Disability
Elimination Period	180 days
Maximum Benefit Payable	$14,000 per month
Percentage of Income Replaced	60% of salary
Maximum Benefit Period	SSNRA

*Temporary employees are not eligible.



Monthly Rates

Short-Term Disability Per $10 of weekly benefit	
Age	
0-54	$1.180
55-59	$1.310
60-64	$1.530
65-99	$1.680

Long-Term Disability Per $10 of weekly benefit	
Age	
0-29	$0.099
30-34	$0.243
35-39	$0.380
40-44	$0.568
45-49	$0.765
50-54	$1.060
55-59	$1.124
60-64	$1.186
65-69	$1.233
70+	$1.264

EMPLOYEE ASSISTANCE PROGRAM



TOOLS AND RESOURCES

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



CARE OPTIONS

Find child and elder care to support you and your family's day-to-day needs.



LEGAL AND FINANCIAL GUIDANCE

Receive guidance for buying a home, planning for retirement, budgeting, and more.



SUPPORT ALL YEAR

Connect with a mental health professional about addiction, family, and individual counseling.

Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through EmployeeConnect.

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **five free face-to-face** visits per person, per issue, per year with a licensed counselor.

When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Ingenovis Health and access to the EAP is completely confidential.



Access your EAP by calling 888-628-4824 or visiting **guidanceresources.com** and use the following login credentials:

- **Username:** LFGSupport
- **Password:** LFGSupport1

ADDITIONAL BENEFITS

PET INSURANCE

Ingenovis Health provides you the option to purchase voluntary pet insurance through the ASPCA. Customize your plan by choosing your deductible, reimbursement percentage, and maximum annual benefit. Coverage includes:

- Accidents and illnesses
- Dental disease
- Hereditary conditions
- Behavioral issues
- Acupuncture
- Advanced treatments

Contact 877-343-5314 or visit aspcapetinsurance.com/Ingenovishealth and use code: EB22Ingenovis for your custom quote. Rates vary by pet and level of coverage to fit your budget.

PERKSPOT

Ingenovis Health provides you with access to PerkSpot—a discounts platform that allows you to find everyday deals and discounts on all the products you love like, AMC theater movie tickets, Target, Enterprise car rentals, Disney Parks and Resorts, Apple products, gym memberships, and much more. Register online at ingenovis.perkspot.com and use access code: myperks. Then, download the PerkSpot mobile app via the App Store or Google Play.

401(k) Plan

You are eligible to participate in the salary deferral feature of the 401(k) retirement savings plan on the first day of the month following date of hire following attainment of age 21. You may contribute up to 86% of your compensation (not to exceed the maximum calendar year dollar amount set by federal regulations).

For additional information, to enroll, or change deferrals, please refer to:
Visit mykplan.com or call ADP Retirement at 800-929-2170.

Love & Asana

Ingenovis Health provides access to virtual health and wellness sessions to address mental, physical and emotional wellbeing. These virtual sessions and workshops inspire employees to connect, learn and take action towards stress management and improved mobility in a fun, supportive environment. Please check your MyBenefits app for information on our Love & Asana sessions.
You can visit https://www.loveandasana.com/pages/corporate-member-benefits to take advantage of additional offerings through Love & Asana.

ADDITIONAL BENEFITS (Cont.)

The ACT Program

The ACT program (Advocacy, Career, Tools) is an innovative initiative launched by Ingenovis Health as part of our clinician-first movement.

Based on direct feedback from healthcare providers in the field, the ACT program goes above and beyond the traditional offerings of the past by supporting and enhancing the personal well-being and career advancement of healthcare professionals within the Ingenovis Health family of brands.

The ACT program curates diverse resources from across the healthcare industry to identify what will benefit you most. With a strong focus on service excellence, quality patient care, and continuous improvement, we take full ownership of these offerings to better serve our valued patients and clients.

Please visit https://www.ingenovishealth.com/ACTprogram for more information.

2027 Wellness Program

No matter where you are in your journey to wellness, we are by your side every step of the way. With the Ingenovis Wellness Program you have the ability to access OnDemand Yoga, Meditation and Grief Resources. The 2027 Wellness Program gives you access to the below:

- On Demand Access to Yoga
- Meditation
- Grief Resources
- Weekly Stress Management Sessions
- Access to 24/7, confidential counseling
- Employee Assistance Program
- Health Talks: Featuring Women's Health, Men's Health, and Heart Health
- Monthly Social Wellness Activities
- Financial Wellness Education
- Prizes for Wellness Contests and Practicing Health Habits

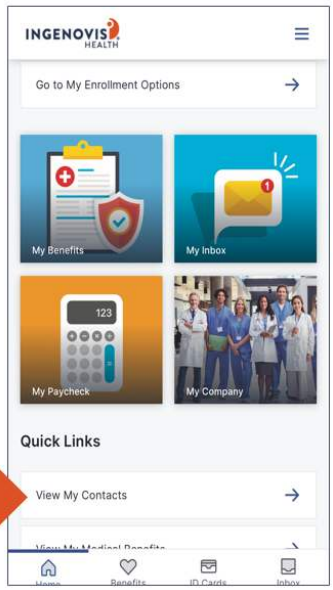
INGENOVIS WELL

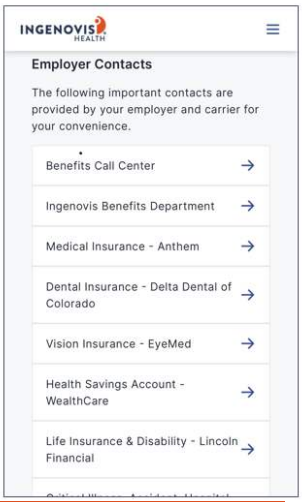
OPEN ENROLLMENT TOOLS & SUPPORT

MyBenefits, an employee benefits and engagement tool will provide easy access to all benefits information and wellness news in a single location. With this tool employees will be able to:

- Receive up-to-date benefits and wellness announcements from HR and The ACT Program
- Review and edit benefit elections and make open enrollment benefit elections
- Locate insurance carrier resources and contact information to locate a provider or reviews claims
- Access PerkSpot for discounts on popular items
- Link to The Work Number for Wage and Employment Verifications

Locating a provider has never been easier!





Your **login** to the **MyBenefits** app is the same username and password you used when logging into PlanSource.

Username: "IGH." + first 3 letters of first name + full last name + last 4 digits of your SSN

Forgot password? You can reset through the App

Your homepage includes:

- Open Enrollment Video
- Benefits Guide
- Scheduling Tool
- Link to self-enrollment portal
- Educational Videos

SCAN ME

YOUR BENEFIT CONTACTS

PROVIDER/PLAN	Group Number	Phone	Website
Medical - Anthem	174314	(833) 401-1573	Anthem.com
SWORD – Anthem	N/A	1-888-492-1860	Swordhealth.com
eMed	N/A	866-955-1173	eMed.com/Ingenovis
Garner	N/A	1-866-761-9586	Garner Health App
Health Savings Account - WealthCare	N/A	(833) 401-1573	Anthem.com
RX Prescriptions – Amwins	N/A	(925) 278-5531	Amwinsrx.com
Dental - Delta Dental	DD000001331	(800) 610-0201	www.deltadentalco.com
Vision - EyeMed	1041805	(866) 723-0513	www.eyemed.com
Supplemental Life and Disability – Lincoln Financial Group	400001000-25699	(800) 423-2765	www.lfg.com
Critical Illness – CHUBB	N/A	1-833-542-2013	Chubb.com/workplacebenefitsclaims
Cancer Care Management – CHUBB	N/A	1-833-542-2013	Chubb.com/workplacebenefitsclaims
Whole Life with Long Term Care – CHUBB	N/A	1-833-542-2013	Chubb.com/workplacebenefitsclaims
Hospitalization Indemnity – Lincoln Financial Group	BLUELF0820	(800) 423-2765	www.lfg.com
Accident Insurance – Lincoln Financial Group	BLUELF0820	(800) 423-2765	www.lfg.com
401(k) Retirement Plan ADP Retirement	N/A	(800)695-7526	Mykplan.com
Employee Assistance Program	N/A	(888) 628-4824	guidanceresources.com
Pet Insurance - ASPCA	EB221ngenovis	(877) 343-5314	Aspcapetinsurnace.com/ingenovishealth

QUESTIONS?

Please call the USI Benefit Resource Center (BRC) if you have any questions or issues with your Benefits. The BRC is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries.

Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

BRCMidwest@USI.com | 855-874-0829
Monday through Friday, 8:00AM to 5:00PM EST.



INGENOVIS HEALTH

Questions About Your Benefits?
You can also contact your Human Resources Department.

About This Guide. This brochure summarizes the benefit plans that are available to Ingenovis Health's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits. Information provided by USI Insurance Services.

© 2027 USI Insurance Services. All rights reserved.