2027
BENEFITS GUIDE

Making lives better starts with **YOU**.

TRILOGY
HEALTH SERVICES

Making Lives better starts with YOU!

Dear team,

You know, we talk a lot about our purpose at Trilogy, and for good reason. At the end of the day, we are all here to make lives better. And that starts with you.

That is why we put so much effort into creating programs and opportunities that help you thrive in every aspect of life. We are proud to offer an award-winning benefits package designed to meet you where you are and make caring for yourself and your family a little easier and more affordable.

Benefits are not one-size-fits-all, and your needs can change from year to year. As open enrollment approaches, take time to review this guide, visit the Thrive website and compare the health plans, coverage and programs available to you. Choose the options that work best for you and your family, then complete your enrollment by the deadline. If you have questions, the Benefit Resource Center is ready to help.

Thank you for everything you do for our residents, our customers and each other. We are glad you are part of the Trilogy team and look forward to a great 2027. Let's make it a great year together.

All the best,

David Davis
President
Trilogy Health Services

TRILOGY
HEALTH SERVICES

Discover more at Thrive.trilogyhs.com

CONTENTS

TABLE OF

ELIGIBILITY & ENROLLMENT

The chart below details who is eligible to participate in Trilogy's benefits and what benefits are available.

Additional requirements may apply for each program (tenure, age, condition specific).

	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
COMPANY BENEFITS (Trilogy Pays 100%)	First Stop Health Virtual Care* Hinge Health* Virta* Personify Health Well-being Platform Nicotine Cessation Basic Life and AD&D Insurance Lifestyle Spending Account Trilogy 401(k) Plan Match Health Savings Account Match Marketplace Chaplains Paid Parental Leave Trilogy Perks Transitions Benefit Group (Medicare Support) Will Preparation **Requires medical enrollment*	Personify Health Well-being Platform Nicotine Cessation Lifestyle Spending Account Marketplace Chaplains Paid Parental Leave Trilogy Perks Transitions Benefit Group (Medicare Support) Will Preparation *(Requires Voluntary Life Enrollment)*
VOLUNTARY BENEFITS (You and Trilogy share in the cost, or you pay the full cost)	Medical and Pharmacy Dental Vision Voluntary Life and AD&D Short and Long-Term Disability Voluntary Accident and Critical Illness Dependent Care FSA Purchasing Power Auto and Home Insurance Pet Insurance IDShield and LegalShield	Dental Vision Voluntary Life and AD&D Short and Long-Term Disability Voluntary Accident and Critical Illness Trilogy 401(k) Plan Match Dependent Care FSA Purchasing Power Auto and Home Insurance Pet Insurance IDShield and LegalShield

ENROLLMENT & ELIGIBILITY

You are allowed to make changes once a year during the Open Enrollment period, or when you are initially eligible for coverage. You cannot enroll, change, or terminate your coverage during the plan year unless you have a change in status. This is called a Qualified Life Event (QLE), as defined by the IRS. Election changes must be consistent with the status change. If you are unsure if you are experiencing a QLE, please refer to the plan document or contact the Benefit Resource Center at 888-350-0532.

NEW HIRES

You must enroll within 30 days from the date of hire or the effective date of gaining eligibility to a benefits-eligible position. If this date falls between October 1 and December 1, you will be required to complete an additional enrollment for your Annual Enrollment elections. Please contact the Benefit Resource Center and they will guide you through some additional steps you will need to follow. Your benefits will begin the first of the month following your date of hire or date of status change.

Dependents are eligible to stay on a parent's medical plan up to the age 26, regardless of student status, employment status, or marital status.

DEPENDENT VERIFICATION

You must provide documentation when initially adding any dependents to medical, dental or vision coverage. UKG will email you (to the email address you have on file), the deadline and type of documentation required. **You must provide supporting documentation within 30 days of the date of the qualifying life event.**

Eligible Dependents Include:

LEGAL SPOUSE

- Spouses are eligible to enroll in a medical plan if they do not have coverage available to them from their employer

CHILDREN

- Under the age of 26
- Over the age of 26 are eligible only if they are incapacitated due to a disability

YOU CAN MODIFY COVERAGE FOR

the following QLE's

- Marriage
- Birth or adoption of a child
- Loss of spouse's group health coverage
- You are no longer in an eligible class for coverage

You must notify the Benefit Resource Center at 888-350-0532 and provide proper documentation **within 30 days of the QLE** in order to obtain coverage.

KEEP UP TO DATE!

Take a moment to ensure your personal information is accurate in UKG, such as your home address, email and date of birth, to ensure you receive important communications. Simply log into UKG at Trilogyhs.ukg.net or download the UKG Mobile app.

CLICK HERE to log into UKG

FREE First Stop Health

VIRTUAL CARE

When you enroll in a Trilogy medical plan, your entire household gains access to First Stop Health services for **FREE!**

What Services Does First Stop Health Provide?

Primary Care Visits

24/7 urgent care or scheduled primary care visits with board-certified doctors. Get diagnosis & treatment, prescriptions, referrals and more!

Disease Management Coaching

Ready to feel your best? Talk to a health coach, diabetes educator, or dietician to:

- Manage Weight
- Improve Heart Health
- Quit Nicotine Products
- Get Better Sleep
- Manage Diabetes
- And More

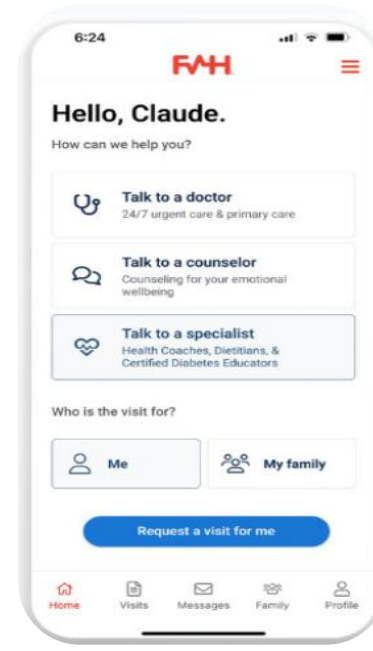
Well-being Coaching

Use counseling services for anxiety, depression, grief and more.

Activate Your First Stop Health Account

On the First Stop Health Mobile App:

1. Download the First Stop Health mobile app
2. Tap “Find My Account”
3. Set up your account with the following information:
   - Last 4-digits of SSN
   - Employee ID Name (legal name)
   - Date of Birth



On the First Stop Health Website:

1. Go to www.fshealth.com
2. Click “Login” in the upper right-hand corner
3. Select “Set up your account”
4. Claim your account using the following information:
   - Last 4-digits of SSN
   - Employee ID Name (legal name)
   - Date of Birth

Scan here to set up your account

Adding Dependents:

Once you activate your account make sure to add your dependents to your account. This will provide them access to services provided by First Stop Health. Your dependents do not need to be enrolled in your health plan to participate.

KNOW WHERE TO GO FOR CARE

First Stop Health

TRILOGY HEALTH SERVICES

CLICK HERE to schedule an appointment with First Stop Health

Choosing the right care setting can save you time, money, and help you get the **right care, right away**.

How Should I Decide Which Health Setting To Use?

	VIRTUAL PRIMARY CARE	VIRTUAL URGENT CARE	VIRTUAL BEHAVIORIAL HEALTH CARE	IN-PERSON PRIMARY CARE	IN-PERSON URGENT CARE	EMERGENCY CARE
Cost to You	FREE!	FREE!	FREE!	Meet deductible then 20% coinsurance *Preventive health Care is FREE	Meet deductible then 20% coinsurance	Meet deductible then 20% coinsurance
When Should I Go?	• Routine Check-Ups • Annual Physicals • Chronic Condition Management	• Cold & Flu Symptoms • Allergies • Sinus Infection • Pink Eye • Sprain or Strain • Earache • Stomach Virus	• Anxiety • Depression • Grief Counseling • Substance Abuse • *Thoughts of Suicide • Relationship Issues • Financial Worries	• Cold & Flu Symptoms • Routine Check-ups • Chronic Condition Management • Immunizations and Vaccines	• Cold & Flu Symptoms • Sinus Infection • Pink Eye • Sprain or Strain • Stomach Virus	• Heavy Bleeding • Chest Pain • Sudden Weakness • Broken Bone • Major Burns • Spinal or Head Injury • Problems Breathing • Labor or Pregnancy Complications
Typical Wait Time	Appointments are available as soon as same-day or next-day.	Available 24/7 (24 hours, 7 days a week). **Average of only a 7-minute wait time!**	Appointments are typically scheduled within 3 business days of request.	Often takes 2-weeks or longer to schedule an appointment. Appointments are not available on weekends.	Available at night and on weekends. It can take hours to receive care and is also costly.	

**If you're experiencing thoughts of suicide, please contact the suicide hotline at 988 immediately*

MEDICAL PLANS

TRILOGY HEALTH SERVICES

The tables below shows the weekly costs you share with Trilogy to participate in one of our medical plans.

GREEN PLAN (OPEN ACCESS)			
Coverage Level	**Deductible**	**Max Out-of-Pocket**	**Employee Premium**
Employee Only	$2,500	$5,000	$30
Employee + Child(ren)	$3,500/$5,000*	$7,500	$60
Employee + Spouse	$3,500/$5,000*	$7,500	$120
Family	$3,500/$5,000*	$7,500	$150

YELLOW PLAN			
Coverage Level	**Deductible**	**Max Out-of-Pocket**	**Employee Premium**
Employee Only	$3,500	$6,000	$50
Employee + Child(ren)	$6,000	$8,500	$99
Employee + Spouse	$6,000	$8,500	$197
Family	$6,000	$8,500	$253

BLUE PLAN			
Coverage Level	**Deductible**	**Max Out-of-Pocket**	**Employee Premium**
Employee Only	$4,500	$7,000	$40
Employee + Child(ren)	$7,000	$10,000	$81
Employee + Spouse	$7,000	$10,000	$178
Family	$7,000	$10,000	$222

ALL PLANS HAVE THESE BENEFITS

Preventive Care	**FREE**
Primary Care	**Option 1: FREE when using First Stop Health** Option 2: Meet deductible then 20% coinsurance
Specialist Care	
Urgent Care	
Emergency Room Care	Meet deductible then 20% coinsurance

EMBEDDED DEDUCTIBLE PLAN STRUCTURE

Each person *has their own individual deductible.* ***Individual deductibles*** *are tracked and applied to the individual and the family plan. Once an individual has met the individual deductible, their claims will be paid at the next level of benefits (20% coinsurance) even though the family deductible has not been met*

The ***IRS rule*** *is that the minimum deductible is $3,500 per individual for those with EE+SP, EE+CH or Family coverage. This applies to the Green Plan.*

When a combination of two or more family members claims ***meet the Family Deductible****, the 20% coinsurance kicks in for all family members on the plan.*

Your Deductible at a Glance

How the Deductible Works on Trilogy Medical Plans

Green Plan Example: Employee + Child

Individual Deductible Each Person	Family Deductible
$3,500	**$5,000**

February > **Employee** *Surgery*		**$3,500**	Employee receives coinsurance
June > **Child** *ER*		**$1,500**	Family receives coinsurance

Family Total *Deductible Reached!* ✓ **$5,000**

Yellow Plan Example: Employee + Child

Individual Deductible Each Person	Family Deductible
$3,500	**$6,000**

February > **Employee** *Surgery*		**$3,500**	Employee receives coinsurance
June > **Child** *ER*		**$1,500**	

Family Total *Deductible Not Reached!* **$6,000**

Blue Plan Example: Employee + Child

Individual Deductible Each Person	Family Deductible
$4,500	**$7,000**

February > **Employee** *Surgery*		**$3,500**
June> **Child** *ER*		**$1,500**

Family Total *Deductible Not Reached!* **$7,000**

Coinsurance

20% coinsurance starts when an individual meets their deductible.

Once the **Family Deductible** is met, 20% coinsurance applies to everyone in the family plan.

PLAN COMPARISONS

GREEN PLAN

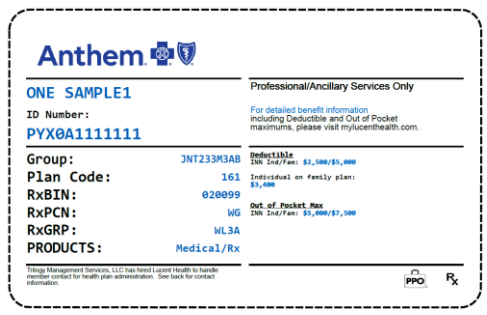
The Green Plan has Open Access. This allows you to receive care from any provider (doctor or specialist), facility or hospital you choose.

- You can continue seeing your current Anthem providers, and/or
- You can also seek care with non-Anthem providers

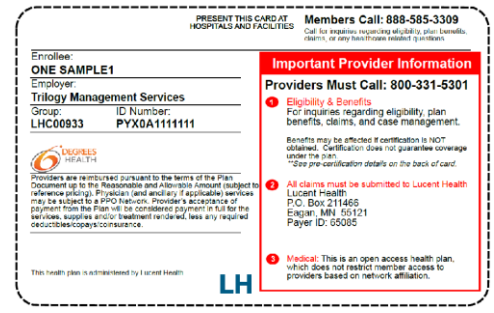
Green Plan Provides:

- Lower Costs – making it more affordable
- Lower Deductible
- The cost for care is lower, and the providers are paid sooner
- More Access options – making it easier for you to find care
- Support Services for when you have questions on charges
- You will have 2 different medical ID cards on the Green Plan:
  - One Card will be used for Physician Only Offices
  - One Card will be used for Hospitals & Facilities

Physician Only Visits



Hospital/Facility Visits



YELLOW & BLUE PLANS

- Both the Yellow Plan and the Blue Plan provide the same access with the Anthem in-network providers. These are traditional plans.
- To keep cost as low as possible, seek care with in-network providers, facility or hospital. Costs will be higher if you seek care with an out-of-network provider, facility or hospital.
- Your weekly premiums are higher than the Green plan.
- You will have one medical ID card under these plans.

HOW TO MAKE AN APPOINTMENT

How to confirm if a Provider accepts your insurance:

- Reach out to your provider to make an appointment, like normal, and provide your insurance information from your *new* ID cards.
- If they have questions, they can call the number on the back of your ID card.

Member Services-Lucent Health*	1-877-214-2102
Pharmacy Member Services	1-855-350-1244
Help for Pharmacists	1-833-296-5039
Carelon Precert, Med Ben Mgmt	1-888-240-5057
Coverage While Traveling	1-800-810-2583
Professional Provider Inquiries	1-833-835-2714
Benefit Resource Center	1-888-350-0532
Facility Provider Inquiries - Lucent Health*	1-800-331-5301
Pre-Auth Review-Lucent Health*	1-877-499-1774
SynchronyRx@Home Pharmacy*	1-866-290-1480

- For non-emergency visits (only under the Green Plan), please contact the hospital or facility prior to your visit.
- If you have questions, contact the Benefit Resource Center at **888-350-0532.**

Partners in Your Health Plan

TRILOGY HEALTH SERVICES

Benefits Resource Center

Lucent Health
DATA DRIVEN + HUMAN FOCUSED

The administrator that manages the day-to-day operations of your healthcare benefits.

GREEN PLAN (OPEN ACCESS)

Anthem
Use any provider (Anthem preferred) & any hospital or facility

6 DEGREES HEALTH
They work behind the scenes to get you the lowest price

YELLOW PLAN

Anthem
Use Anthem's **In-Network** providers & hospitals

BLUE PLAN

Anthem
Use Anthem's **In-Network** providers & hospitals

In the **GREEN PLAN**, Lucent Health is the administrator and partners with 6 Degrees Health to process your health care claims accurately, promptly and at the lowest price.

If your provider does not accept your insurance, call the BRC. If they do, your Dr. sends the bill to Lucent Health

Lucent Health
DATA DRIVEN + HUMAN FOCUSED

6 DEGREES HEALTH

Lucent Health confirms accuracy and works with 6 Degrees Health to obtain lowest price

Lucent Health remits payment to the Dr.

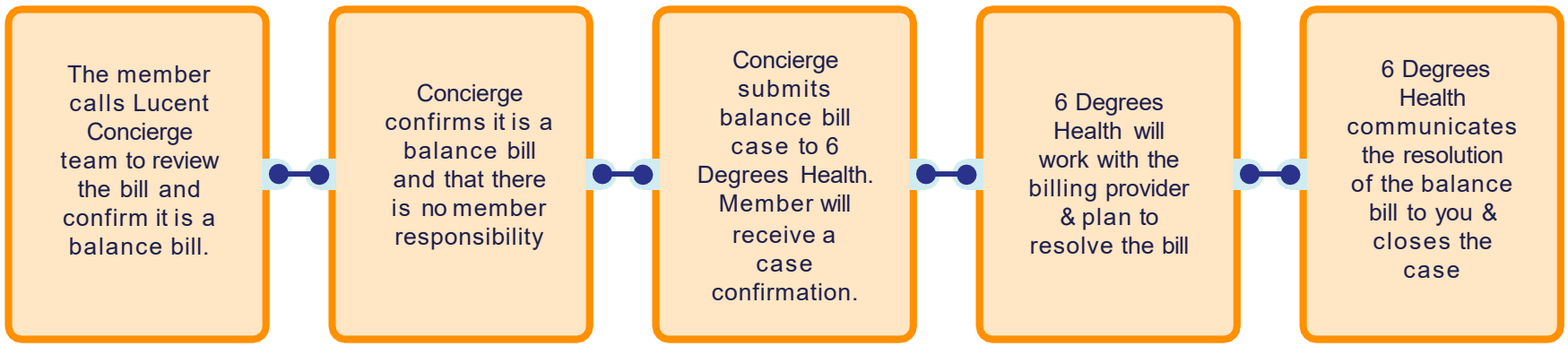
You receive an Explanation of Benefits (EOB) with the processed claim noting your portion of the bill

Helpful Tips for the Green Plan

What is Balance Billing?

with 6 Degrees Health

Balance billing occurs when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. Lucent Health and 6 Degrees Health are here to resolve the issue should it arise.



Frequently Asked Questions

I received a bill in the mail from my provider. What should I do?

If you receive a bill, compare it to the Explanation of Benefits (EOB) that you previously received from Lucent Health. If you are being asked to pay more than what is shown as patient responsibility, you are being balance billed and should call Lucent Health's Concierge team. Concierge will confirm that it is a balance bill and make sure there is no member responsibility.

What happens when I contact Lucent Health about a bill I received?

Your case will be submitted to 6 Degrees Health and an assigned team member will walk you through the process, collect any additional information, and then keep you updated until the case is closed. You will be asked to complete a Release of Information form so that we can communicate with the provider on your behalf. If you would like to authorize another family member to receive updates or communicate with 6 Degrees Health, you will need to complete an additional release as well.

What information should I provide with my balance bill?

- A copy of any documents received from the provider
- Daytime telephone number and email address for us to contact you
- Any additional payments (Co-pay, member responsibility etc.)
- Any additional communication from the provider

Lucent Health Tips:

Your Guide to Smarter Health Benefits

TRILOGY HEALTH SERVICES

Remember to register on the MyLucentHealth.com member portal!

The MyLucentHealth portal allows members to view and maintain health plan information*. With the MyLucentHealth member portal, members can…

- View claims
- View Explanation of Benefits
- View and print your ID card information
- Access plan forms and documents
- Search for a provider

**Please note, spouses and dependents over the age of 18 must create their own logins.*

Concierge Care

Concierge Care helps members navigate the complexities of healthcare, all through one number. Think of us as your support system, here to coordinate your care with providers, caregivers and pharmacists answer any and all healthcare questions, including:

- Finding a doctor, specialist, or facility
- Working with providers to educate, verify coverage, and resolve care and billing concerns
- Requesting a new/replacement ID card
- Reviewing a claim, bill or explanation of benefits (EOB)

For inquiries regarding eligibility, plan benefits, claims, or any healthcare related questions, members should contact the Concierge team at the number on your ID Card or by emailing concierge@lucenthealth.com.

The Concierge team is available Monday-Friday from 7 am-7pm CST.
1-877.214.2102

Lucent Health
DATA DRIVEN + HUMAN FOCUSED

About the Lucent Health App

The Lucent Health app simplifies managing your health insurance by providing easy access to benefits information and detailed insights into your healthcare expenses.

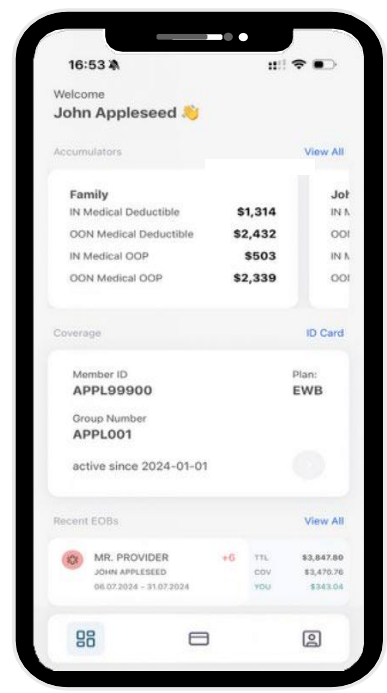
This app is available for **all three medical plans (Green, Yellow & Blue)**

- Access your digital ID card
- Manage all health plan details in one place
- Track claims, accumulators, family coverage, and all other insurance details
- View your Explanation of Benefits (EOBs) and other plan documents

Scan the QR code to download the Lucent Health app in the Apple App Store or Google Play Store!

Download on the App Store

GET IT ON Google Play



PHARMACY

Prescription drug coverage is available with all Trilogy medical plans via CarelonRx and SynchronyRx@Home.

Managing Your Medications Just Got Easier!

You must complete a separate enrollment with SynchronyRx@HOME
To begin receiving mail order prescriptions.

Contact Synchrony at: **866-290-1480 or visit** wellness.synchronyhs.com/login

	30-Day Supply	90-Day Supply
Preventive Medications		
Tier 1	$10	$30
Tier 2	$45	$135
Tier 3	$60	$180
Generic	20% after deductible	
Preferred Brand	20% after deductible	
Non-Preferred Brand	20% after deductible	
Specialty*	20% after deductible	Not available

Synchrony RX @HOME

For ongoing maintenance and specialty medications like blood pressure, asthma or cholesterol medications. You can elect a 30- or 90-day supply mailed directly to your home with the ability to pay through your HSA, LSA or payroll deduction.

carelon

For short-term prescriptions, such as antibiotics, find an in-network retail pharmacy near you by visiting www.anthem.com.

*If your specialty medication is not available through SynchronyRx@HOME, you can fill your prescription at a CarelonRx retail pharmacy.

Continuous Glucose Monitor Sensors, Receivers & Transmitters
Deductible is waived and 30% copay applies

Personalized Specialty Infusion Care

Quantify if a national infusion provider that offers local and home-based infusion services. Quantify provides a specialty patient assistance program to reduce the total cost for members accessing their services. They will provide several options to help with the high-cost burden that is often associated with specialty therapies.

- **Expert care wherever you are:** 80%+ therapies available in-home. Calm, private clinics with free transportation. Always 1:1 support.
- **24/7 clinical support and real-time health insights**: You're never alone. Your dedicated care team is always available, and a wearable device allows their nursing team to proactively respond to your unique health needs.
- **Precision treatment and medication**: Personalized therapies, continuous medication monitoring, and optimized dosing-ensuring your treatment is always safe, effective, and aligned with your health goals.

Learn more at QuantifySpecialtyCare.com

Quantify

HEALTH SAVINGS ACCOUNT (HSA)

BANK OF AMERICA

An HSA (Health Savings Account) is a personal, tax-advantaged savings account used to pay for qualified medical expenses.

BENEFITS OF AN HSA

- ✓ Your contributions are deducted before taxes from your pay.
- ✓ Your withdrawals for allowed expenses are tax free.
- ✓ Your balance rolls over year-to-year.
- ✓ If you leave the company your balance goes with you.
- ✓ Trilogy can contribute to an HSA.
- ✓ The contribution limits for an HSA are higher.
- ✓ You gain interest tax free.

See how an HSA account can benefit you HERE

GETTING STARTED WITH YOUR HSA

- ❖ Identification may be required to open an HSA.
- ❖ If so, you must provide the required verification within 90 days of becoming eligible. If not, your account will be closed, contributions returned to you and company match forfeited.
- ❖ Once confirmed, you will receive a debit card that is also used for Dependent Care FSA expenses (if applicable). Use this card to make eligible purchases.
- ❖ Eligible HSA expenses include medical, dental, vision and pharmacy expenses for you and your dependents.
- ❖ Keep your receipts because you may be asked to submit them to Bank of America for your transactions.

Per the IRS, you are not eligible to participate in an HSA if you are:

- ➢ A participant in a healthcare flexible spending account, including your spouse's
- ➢ Covered under Medicare, Medicaid, or Tricare
- ➢ Claimed on someone else's tax return as a dependent

TRILOGY CONTRIBUTIONS

Trilogy supports your **security** with company matching contributions.

Trilogy HSA Match				
Time Period	**Employee Only**	**Employee + Children**	**Employee + Spouse**	**Family**
Annual Max	Up to $500	Up to $1,200	Up to $500	Up to $1,200

Trilogy matches $1 for $1 up to the limit noted above based on coverage level and is spread evenly across all pay periods throughout the year.

Per the IRS, you and Trilogy combined may contribute up to the following amounts in 2027:

- $4,500 for Employee Only coverage
- $9,000 for Employee + Child(ren), Employee + Spouse, or Family coverages
- If you are age 55 or older during 2027, you may contribute an additional $1,000

CLICK HERE to register or log into your HSA account

DEPENDENT CARE FLEXIBLE SAVINGS ACCOUNT (FSA)

BANK OF AMERICA

What is a Dependent Care FSA?

The Dependent Care FSA, administered by Bank of America, allows you to pay for elder care or day care, in-home childcare and before or after school care for dependents under age 13. A Dependent Care FSA does not cover medical, dental, vision or pharmacy expenses.

Dependent Care FSA Contribution Limits

- $7,500 per family
- $3,750 if married and filing separately
- Elections cannot be changed throughout the year unless you experience a qualifying life event.

Your FSA will automatically be opened on your behalf by Bank of America. Once your enrollment has been successfully processed, a welcome kit including step-by-step instructions on how to maximize the benefits of your account will be emailed to you.

GETTING STARTED WITH YOUR DEPENDENT CARE FSA

A debit card will be sent to your home around the same time the welcome kit is emailed to you. This debit card will also be used for any eligible HSA expenses (if applicable). You can use the debit card to pay for eligible expenses at the point of service, or you can pay for expenses up front and submit the claim to Bank of America for reimbursement.

IMPORTANT PLAN DEADLINES

Please keep in mind the following deadlines as you decide on the amount you will contribute to your Dependent Care FSA this plan year:

Trilogy's Dependent Care FSA includes a grace period, which means the funds contributed to your FSA during the January 1, 2027 plan year are available to use for expenses incurred through March 15, 2028.

Use it our Lose It: You have until March 31, 2028 to submit claims incurred during the 2027 plan year and grace period – any remaining funds will be forfeited.

CLICK HERE to register or log into your FSA account

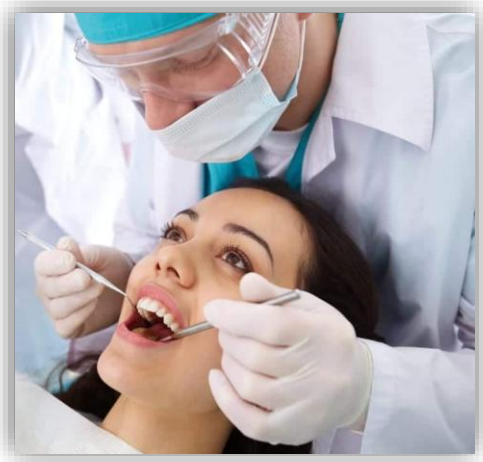
DENTAL

VISION

Guardian

You can see any licensed dentist and receive discounts, but you'll save the most when using an in-network provider.

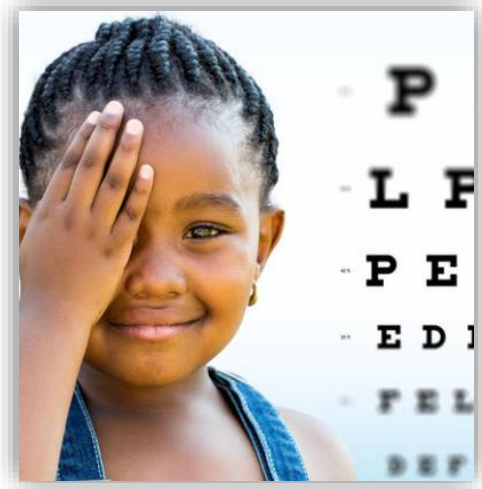
Visit guardianlife.com or your Guardian app to find a dentist, check claims & coverage, view your ID cards, and more.



	In-Network	Out-of-Network
Individual Deductible	$50	$100
Family Deductible	$150	$300
Annual Maximum	$2,000	$2,000
Services		
Diagnostic & Preventive	No charge	No Charge
Basic Services	20% after deductible	50% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontia	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum	$1,000	$1,000

Dental Premium Rates	
Employee Only	$4.80
Employee + One	$9.27
Family	$15.09

CLICK HERE to view Dental Benefit Summary



Regular vision care is an important part of your overall health. Visit guardianlife.com or your Guardian app to find an in-network provider, check claims & coverage, view your ID cards, and more.

	VSP Network		Davis Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Exam	$10 Copay	Amount over $39	$10 Copay	Amount over $50
Lenses	$20 Copay	Amount over $23 for single vision lenses	$20 Copay	Amount over $48 for single vision lenses
Frames	$130 Retail Max + 20% off remaining balance	Amount over $46	$130 Retail Max + 20% off remaining balance	Amount over $48
Contact Lenses				
Elective	$130 max, copay waived	Amount over $100	$130 Retail Max + 15% off remaining balance	Amount over $105
Non-Elective	Covered at 100% after $20 Copay	Amount over $210	Covered at 100%, Copay waived	Amount over $210

Vision Premium Rates	
Employee Only	$1.00
Family	$2.50

CLICK HERE to view Vision Benefit Summary

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Trilogy provides all eligible full-time employees Basic Life and AD&D insurance, at 1X base annual earnings up to a maximum of $100,000 at no cost to you. Your total benefit is reduced by 35% at age 65, 60% at age 70, 75% at age 75, and 85% at age 80.

VOLUNTARY LIFE INSURANCE

Voluntary coverage can be purchased for you and your eligible dependents without answering medical questions up to the Guaranteed Issue amount IF elected upon hire or upon gaining eligibility. Your cost for coverage under the Voluntary Insurance plans can be found in Trilogyhs.ukg.net.

CLICK HERE to view Voluntary Life Benefit Summary

	Benefit	Coverage Amount	Maximum Coverage	Guaranteed Issue Amount
Employee	Supplemental Life & AD&D	1-5x's the basic annual earnings, in increments of $1,000	$250,000	$250,000
Spouse	Life Insurance	Up to 50% of the employee's Supplemental Life benefit, in increments of $5,000	$50,000	$50,000
Children (at birth)	Life Insurance	$10,000 per child	$10,000 per child	$10,000 per child

GUARANTEED ISSUE

If you purchase Voluntary Insurance during your new hire enrollment, you are guaranteed coverage of up to $250,000 for yourself and $50,000 for your spouse.

If you apply for coverage after your new hire enrollment period, you will be required to answer medical questions before Guardian will approve your requested coverage amount. Guardian will review your request and will notify you of approval or denial.

Guardian

DISABILITY INSURANCE

You can purchase Short-Term (STD) and/or Long-Term Disability (LTD) coverages through Guardian. Disability insurance is designed to provide you with continued income while you are out of work due to an illness, accident, or a life event. Your cost for disability coverage can be found in Trilogyhs.ukg.net.

SHORT-TERM DISABILITY

STD insurance provides a benefit amount of 60% of your weekly pre-disability earnings, up to a weekly maximum benefit of $750, for as long as you remain disabled (up to 24 weeks). Benefits begin following a 14 calendar day waiting period from your first date of absence.

You can use PTO during your 14-day waiting period

CLICK HERE to view STD Benefit Summary

LONG-TERM DISABILITY

The LTD plan pays a benefit of 60% of your monthly income up to a maximum of $10,000. Benefits begin on the 181st calendar day of absence and may last for up to five years for non-work-related accident/illness.

CLICK HERE to view LTD Benefit Summary

IMPORTANT!
If you choose to waive long-term disability coverage during your new hire enrollment period and decide to enroll at a later date, you will be required to answer medical questions before Guardian will review your request and will notify you of approval or denial.

ACCIDENT INSURANCE

Guardian

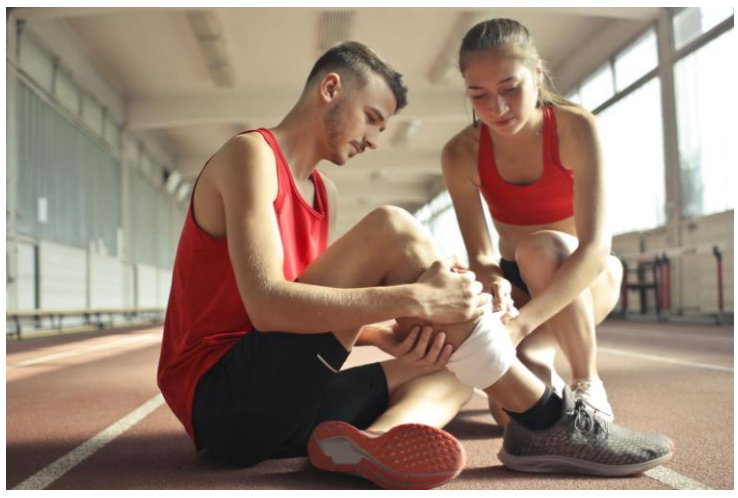
CRITICAL ILLNESS

Voluntary Accident and Critical Illness Insurance coverage is available to you at discounted group rates through Guardian. The benefits are paid directly to you and can be used to pay for medical plan deductibles and copays, out-of-network treatments, and your family's everyday living expenses. Your cost for coverage can be found at Trilogyhs.ukg.net

Accident insurance provides a lump-sum payment in the event you or your covered dependents experience a covered accident or related medical treatment and service. The chart provides a summary of the Group Accident policy benefits.

	Accident Benefit
Emergency Room Visit	$75
Doctor's Visit	$50
Ambulance (Ground/Air)	$200/$750
Fractures	Up to $3,000

CLICK HERE
to view Accident Benefit Summary



Critical Illness insurance pays a lump sum benefit to you if you or your eligible dependents are diagnosed with a covered illness or condition such as cancer, heart attack or stroke. The following chart provides a summary of benefits under the Group Critical Illness policy. If you purchase Critical Illness Insurance for yourself, your child(ren) will automatically have coverage as well.

	Benefit	Guaranteed Amount
Employee	$10,000 $20,000 $30,000	$30,000
Spouse	$5,000 $10,000 $15,000	$15,000
Children	Benefit amount is equal to employee's election amount	Full amount

CLICK HERE
to view Critical Illness Benefit Summary

DON'T FORGET!

If you complete certain health screenings and preventive measures, the Voluntary Accident plan will pay you a **$50 benefit per calendar year**. The Critical Illness insurance plan will also pay you, your covered Spouse and covered child **$50 each for completing certain health screenings** as well!

LEGAL PROTECTION

If you answered YES to one or more of the below questions, you may benefit from a LegalShield Legal Protection Plan and IDShield Identity Theft Protection Plan

LegalShield

Have you EVER?

- ❑ Needed to have your Will prepared?
- ❑ Received a speeding ticket?
- ❑ Signed a lease or rental agreement?

Premiums per pay period		
	Employee Only	Family Plan
Legal Protection	$3.45	$3.68
Identity Theft Protection	$1.95	$3.68
Legal + Identity	$5.40	$7.36

IDShield

Have you EVER?

- ❑ Worried about becoming a victim of identity theft?
- ❑ Lost your wallet?
- ❑ Used public Wi-fi?
- ❑ Shared your child's location on social media?
- ❑ Entered personal information online?
- ❑ Feared the security of your medical information?
- ❑ Been mistakenly pursued by a collection agency?

For more information, scan the QR code or visit:
shieldbenefits.com/tmservices

LEGAL NOTICES

*CLICK on boxes below to go to specific legal notice related to your health plans.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS & YOUR HEALTH COVERAGE

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

"NO SURPRISE" BILLING INFORMATION

PRESCRIPTION DRUG COVERAGE AND MEDICARE CREDITABLE COVERAGE

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

WELLNESS PROGRAM – NOTICE OF REASONABLE ALTERNATIVES

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

BENEFIT RESOURCE CENTER

You can reach the BRC by:
calling (888) 350-0532 or
via email: benefits@trilogyhs.com

Monday – Friday
9:00 AM – 5:00 PM EST

The Benefit Resource Center is confidential and available to you and your covered dependents as part of your benefits program to help you:

- ✓ Understand and use of your benefits
- ✓ Assist with filing for a leave of absence (FMLA, Disability, Paid Parental Leave, etc.)
- ✓ Answer questions about your benefit options as you evaluate the best choice for you and your family
- ✓ Explaining the Qualified Life Event process for birth of a child, marriage, etc.
- ✓ Resolve claims and billing issues
- ✓ Request a copy of your medical / pharmacy ID card

FOLLOW THESE STEPS FOR ENROLLMENT:

1. Log into Trilogyhs.ukg.net or use the UKG mobile app.
2. Select "**Benefits**" on the left-hand side.
3. Select "**Manage My Benefits**"
4. You must review and confirm your elections by clicking the button labeled "**CHECKOUT**" at the end of the process.
5. Your elections and/or changes will not be received unless you do this.
6. Once confirmed, you have completed your enrollment.

CLICK HERE to log Into UKG

IMPORTANT CONTACTS

VENDOR	BENEFIT	CONTACT INFORMATION
Benefit Resource Center	Benefits, Enrollment and Leave Questions	**Phone**: 888-350-0532 **Email**: Benefits@Trilogyhs.com
First Stop Health	Virtual Primary Care	**Phone**: 888-691-7867 **Website**: fshealth.com
	Virtual Urgent Care	
	Virtual Behavioral Health Care	
	Health Coaching (Nutrition, Nicotine Cessation, Weight Loss and more)	
Lucent	Concierge Services – Lucent Health	**Phone**: 877-214-2102 **Website:** mylucenthealth.com
Guardian	Dental	**Phone**: 800-541-7846 **Website**: guardianlife.com
	Voluntary Group Accident and Critical Illness	**Phone**: 800-541-7846 **Website**: guardianlife.com
	VSP Vision	**Phone**: 800-877-7195 **Website**: guardianlife.com
	Davis Vision	**Phone**: 877-393-7363 **Website**: guardianlife.com
	Basic & Voluntary Life and AD&D	**Phone:** 800-525-4542 **Website**: guardianlife.com
	Short-Term Disability	**Phone**: 800-268-2525 **Website**: guardianlife.com
	Long-Term Disability	**Phone**: 800-538-4583 **Website**: guardianlife.com
	Will Preparation	**Phone:** 877-433-6789 **Website**: estateguidance.com
SynchronyRx@HOME	Mail Order Pharmacy	**Phone**: 866-290-1480 **Website**: wellness.synchronyhs.com/login
CarelonRx	Pharmacy	**Phone**: 888-240-5057 **Website**: www.carelonrx.com
Bank of America	HSA & FSA Spending & Savings Accounts	**Phone**: 866-791-0250 **Website**: myhealth.bankofamerica.com
UKG		**Website**: Trilogyhs.ukg.net

DEFINITIONS

AUTHORIZATION: Obtaining approval from the primary care physician as well as health plan (depending on the plan's specifications) prior to receiving health care services, such as visiting specialists, obtaining radiology scans and undergoing surgical procedures.

BALANCE BILL: Balance billing is when a healthcare provider bills you for the difference between their total charge and the amount that your health insurance approves or pays.

CLAIM: is a formal request sent to your insurance provider to pay for or reimburse medical services

COINSURANCE: Your share of the costs of a medical service, calculated as a percent.

COPAY: is a fixed flat fee you pay out of pocket for a specific healthcare service or prescription medication at the time you receive care.

DEDUCTIBLE: The amount of money you must pay out of your own pocket for medical care before your insurance starts chipping in.

DEPENDENT CARE FSA: The Dependent Care FSA, administered by Bank of America, allows you to pay for elder care or day care, in-home childcare and before or after school care for dependents under age 13.

EOB (Explanation of Benefits): a statement sent by your health insurance company to explain how they processed a claim for medical services you received.

HEALTH SAVINGS ACCOUNT (HSA): a special type of personal savings account that lets you set aside pre-tax money to pay for qualified medical expenses.

HIGH-DEDUCTIBLE HEALTH PLAN: You pay a smaller monthly fee for your insurance than you would with a traditional plan. You must pay for most medical care and prescriptions using your own money before the insurance company starts to pay. Preventive services, like annual check-ups and vaccines, are usually covered even before you meet your deductible.

NETWORK: A group of doctors, clinics, and hospitals that have agreed to work with your insurance company for lower rates. You save more money by staying "in-network".

OUT OF POCKET MAX: An out-of-pocket maximum is the absolute most you will have to pay for covered health care services in a plan year. Once you reach this financial limit, your insurance plan pays 100% of your covered medical costs for the rest of that year.

PREMIUM: The regular amount you pay each month to keep your insurance active, whether you see a doctor or not.

PREVENTIVE CARE: Routine check-ups, shots, and wellness screenings are often covered 100% even before you meet your deductible.

Making Lives Better Starts with YOU!

We hope this guide has helped you better understand the benefits available to you and how to make the most of them. If you have any questions or need additional support, please don’t hesitate to reach out to the

The Benefit Resource Center
(888) 350-0532
email: benefits@trilogyhs.com

Thank you for being a valued part of the Trilogy Team.