



2025 BENEFITS GUIDE

An overview of the wide array of benefits provided by Talley Construction Company, Inc., to help you enjoy increased well-being and financial security



OVERVIEW OF BENEFITS

Talley Construction Company, Inc. provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

ELIGIBILITY

Employees:

- Regular, full-time employees working 30 hours per week or more

Dependents:

- *All Plans*: Spouse by legal marriage
- *All Plans except Voluntary Life*: Children, stepchildren, or legally adopted children under the age of 26 regardless of student, marital, or tax dependent status
- *Voluntary Life*: Children, stepchildren, or legally adopted children from the ages of 6 months to age 20, or 26 if a full-time student

ENROLLMENT INSTRUCTIONS

Once you have reviewed your options and decided, you may either log on to our online enrollment platform anytime, review your personal information, and make your elections or you may call a SunLife Enroller at 1800-818-7541 for assistance enrolling.

Go to <https://employeenavigator.com>.

STEP 1: Register by clicking Login and Register as a new user. Your Company identifier is **Talley2024**.

STEP 2: Once registered/logged in, you will be taken to the Employee Navigator Terms of Use & Privacy Policy. Scroll down to **Accept and Continue**. Please select **Continue** and then **Let's Begin**. Click **Sign Document** to agree to the electronic signature and consent. Click **Finish**. You will now be taken to the Homepage where you will select **Begin Enrollment** and then **Get Started**.

STEP 3 : Review your personal information for accuracy. To continue through the enrollment process, you will click **Save & Continue** at the bottom of each page.

STEP 4: On the Dependent Information screen add/review your dependents. If you need to add or remove any dependents it must be completed on this page. Once your dependents have been updated click on **Save & Continue**.

STEP 5: Now you are on the medical enrollment page. Select who will be covered under “**Who am I enrolling?**”. This will update the cost per pay period to the appropriate coverage level. Click **Select** in the plan box to enroll in the plan. You can view the plan information documents under Helpful Resources on the right side of the page. Click **Save & Continue** once your medical selection is complete. If you are declining coverage, click **Don't want this benefit?** and select the applicable reason. *****Make sure that all dependents that are to be enrolled in the coverage have a green check mark next to their name.*****

STEP 6: If enrolled in medical, please answer the Coordination of Benefits Form. Please add anyone that you are covering under medical that has other coverage with the appropriate information.

STEP 7: If enrolled in medical, you are eligible to enroll in the Direct Primary Care benefit. Repeat step 5.

STEP 8: If enrolled in medical, you are eligible to contribute towards a Health Savings Account (HSA). If you wish to elect, enter your amount per pay election. If you are declining coverage, click **Don't want this benefit?** and select the applicable reason.

STEP 9: Repeat step 5 for Dental and Vision.

STEP 10: Basic Life and AD&D is a company paid benefit. Review the benefit and CLICK ON SAVE & CONTINUE.

ENROLLMENT INSTRUCTIONS

STEP 11: Now you will list your beneficiaries for your Basic Life and AD&D policy. Begin by clicking add a beneficiary. If your beneficiary is also a dependent, select the drop-down box for Copy existing dependent. If you are not listing a dependent as a beneficiary, select the drop-down box for Beneficiary Type and choose Person. Review/complete the beneficiary information (relationship, first name, last name and allocation % are required fields). The allocation % for all beneficiaries must equal 100%. Click Save to return to the Beneficiaries Form. Click Continue to proceed with your enrollment.

STEP 12: The next benefit is Voluntary Life – this is the employee paid additional life insurance. If you would like to elect additional life insurance this is where you would choose your benefit level. Please note that if you want additional life insurance for a spouse or children you are required to elect coverage for yourself. You can view different coverage amounts by sliding the button on the slider bars. Click **Save & Continue** once your voluntary life selection is complete. If you are declining coverage, click **Don't want this benefit?** and select the applicable reason.

STEP 13: Repeat step 9 for assigning beneficiaries.

STEP 14: The next benefit is Voluntary Short-Term Disability. Your weekly benefit amount and Cost per pay period will be displayed. To enroll, click **Select**. If you wish to decline the benefit, click **Don't want this benefit?** and choose the applicable reason.

STEP 15: The next benefit is Voluntary Long-Term Disability. Your monthly benefit amount and Cost per pay period will be displayed. To enroll, click **Select**. If you wish to decline the benefit, click **Don't want this benefit?** and choose the applicable reason.

STEP 16: Now you will be able to elect Worksite Products (Accident, Critical Illness, and Hospital Indemnity). To enroll, click **Select**. If you wish to decline the benefit, click **Don't want this benefit?** and choose the applicable reason.

STEP 17: The final step is to apply your electronic signature. If you do not select **Click to Sign**, your enrollment will not be processed.

OVERVIEW OF BENEFITS

CHANGES AND QUALIFYING EVENTS

WHEN COVERAGE BEGINS AND ENDS

- Hourly / Nonexempt employees: Coverage begins on the first of the month following 60 days of full-time employment
- Salaried / Exempt employees: Coverage begins on the first day of full-time employment
- Your coverage under the benefits plans will end at midnight on the date your full-time employment ends



QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period, typically held in November / December of each year for January 1st renewal date. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents (Birth of a child, Death of a dependent)
- Reduction in hours resulting in loss of eligibility
- Gain or Loss of Other Coverage
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

Requested changes, other than newborns, are prospective (first of the month following) of the date requested.

WEEKLY COST SUMMARY

Medical Plan Options			
	Option A: Talley Base Plan	Option B: Talley Rx Co-Pay Plan	
Employee Only	\$35.81	\$68.32	
Employee + 1 Dependent	\$96.00	\$160.90	
Employee + 2 or More Dependents	\$142.00	\$250.67	

Dental Option			
	Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependent
Ameritas Dental	\$5.81	\$11.62	\$18.35

Vision Option			
	Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependent
Ameritas/VSP Vision	\$1.55	\$2.82	\$4.22

Voluntary Term Life										
Age:	>20	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Cost per \$10,000 Coverage Per Month	1.06	1.06	1.32	1.84	2.62	4.18	7.30	13.28	20.30	32.52

To Calculate Weekly Cost:

EE Coverage Amount:

\$ _____ /	\$ _____	X	Rate:	\$ _____	=	\$ _____	X 12 =	\$ _____	/ 52 Wks =	\$ _____
10,000=	_____			_____		_____		_____		_____
(Increments of \$10,000 only)			<i>Based on age as of coverage effective date</i>			Monthly Cost		Annual Cost		Weekly Cost

+ SP Coverage Amount:

\$ _____ / 5,000 =	\$ _____	X	Rate:	\$ _____	=	\$ _____		\$ _____	/ 52 Wks =	\$ _____
	_____			_____		_____		_____		_____
(Increments of \$5,000 only)			<i>Based on Spouse age as of coverage effective date</i>			Monthly Cost		Annual Cost		Weekly Cost

+Child Coverage Amount: Per \$2,000 (\$10,00 max) = \$0.09 (includes all eligible children, not per child) \$ _____

Total Voluntary Term Life: \$ _____

SunLife Worksite Plans				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Accident	\$3.73	\$5.99	\$7.98	\$10.24
Hospital Indemnity	\$3.30	\$5.69	\$4.77	\$7.16

WEEKLY COST SUMMARY

Voluntary Short Term Disability			
HOURLY/Non-Exempt Employees		SALARIED/ Exempt Employees	
\$ _____	X 40 Hrs =	\$ _____	/ 52 Weeks:
\$ hourly rate	Weekly Income	Base Annual Salary	Weekly Income
Weekly Income X 60% (.60) =	Weekly Benefit Amount	Weekly Income X 60% (.60) =	Weekly Benefit Amount
Weekly Benefit Amount X Rate: .0382 =	Monthly Cost	Weekly Benefit Amount X Rate: .0382 =	Monthly Cost
X 12 Months=	Annual Cost	X 12 Month =	Annual Cost
/ 52 Weeks =	Weekly Cost	/ 52 Weeks =	Weekly Cost

Voluntary Long Term Disability																									
<table border="1"> <thead> <tr> <th colspan="2">Monthly Rate per Age Band</th> </tr> </thead> <tbody> <tr><td><30</td><td>.00228</td></tr> <tr><td>30-34</td><td>.00251</td></tr> <tr><td>35-39</td><td>.00467</td></tr> <tr><td>40-44</td><td>.01094</td></tr> <tr><td>45-49</td><td>.01482</td></tr> <tr><td>50-54</td><td>.02002</td></tr> <tr><td>55-59</td><td>.02234</td></tr> <tr><td>60-64</td><td>.02098</td></tr> <tr><td>65-69</td><td>.01482</td></tr> <tr><td>70+</td><td>.01482</td></tr> </tbody> </table>		Monthly Rate per Age Band		<30	.00228	30-34	.00251	35-39	.00467	40-44	.01094	45-49	.01482	50-54	.02002	55-59	.02234	60-64	.02098	65-69	.01482	70+	.01482	<p>To calculate your weekly cost:</p> <p>Hourly employees start here—</p> <p>Hourly Rate: \$ _____</p> <p>X Hrs Per Year: 2,080</p> <p>= Annual Salary \$ _____</p> <p>/ 12 Months = \$ _____</p> <p>Monthly Gross Salary</p> <p>X Rate \$ _____</p> <p>based on age as of 1/1</p> <p>Monthly Cost: \$ _____</p> <p>X 12 Mths / 52 Weeks = \$ _____</p> <p>Total Weekly Cost</p>	
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SunLife Voluntary Critical Illness					
Employee & Spouse Weekly Cost			Child(ren) Weekly Cost		
	\$10,000	\$20,000	\$30,000	\$40,000	
<25	\$1.45	\$2.91	\$4.36	\$5.82	To Age
25-29	\$1.50	\$3.00	\$4.50	\$6.00	26
30-49	\$2.45	\$4.89	\$7.34	\$9.78	\$0.09
50-59	\$4.55	\$9.09	\$13.64	\$18.18	\$0.18
60-69	\$8.42	\$16.85	\$25.27	\$33.69	\$0.28
70+	\$11.08	\$22.15	\$33.23	\$44.31	\$0.37
*spouse rate based on employee age					
**rate increases with age					

MEDICAL PLAN

SUMMARY OF COVERAGE

Below are the medical plan options in 2025.

Plan Features	Plan A	Plan B
	Base Plan	Rx Copay Plan
IN NETWORK		
	Qualifying HDHP	
Calendar Year Deductibles (Indiv / Family)	\$3,300 / \$6,600	\$3,000 / \$6,000
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$4,500 / \$9,000	\$5,000 / \$10,000
Preventive Care	0% no deductible	0% no deductible
Primary Care Visit	30% after deductible	30% after deductible
Specialist Visit	30% after deductible	30% after deductible
Diagnostic Exam	30% after deductible	30% after deductible
X-Rays	30% after deductible	30% after deductible
Complex Images	30% after deductible	30% after deductible
Outpatient Procedure	30% after deductible	30% after deductible
Inpatient Visit	30% after deductible	30% after deductible
Emergency Room	30% after deductible	30% after deductible
Urgent Care	30% after deductible	30% after deductible
Rx Tier 1	30% after deductible	\$10 copay
Rx Tier 2	30% after deductible	\$35 copay
Rx Tier 3	30% after deductible	\$50 copay
Specialty Rx	30% after deductible	\$100 copay
Preventive Rx	\$3 / \$25 / \$50 copay	n/a
OUT OF NETWORK		
Calendar Year Deductibles (Indiv / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$9,000 / \$18,000	\$10,000 / \$20,000
Preventive Care	0% no deductible (subject to usual & customary charges)	0% no deductible (subject to usual & customary charges)
Primary Care Visit	40% after deductible	40% after deductible
Specialist Visit	40% after deductible	40% after deductible
Diagnostic Exam	40% after deductible	40% after deductible
X-Rays	40% after deductible	40% after deductible
Complex Images	40% after deductible	40% after deductible
Outpatient Procedure	40% after deductible	40% after deductible
Inpatient Visit	40% after deductible	40% after deductible
Emergency Room	30% after deductible	30% after deductible
Urgent Care	40% after deductible	40% after deductible
Pharmacy / RX (All tiers)	40% after deductible	40% after deductible
WEEKLY COSTS		
Employee	\$35.81	\$68.32
Employee + 1	\$96.00	\$160.90
Employee + Family	\$142.00	\$250.67

MEDICAL PLAN

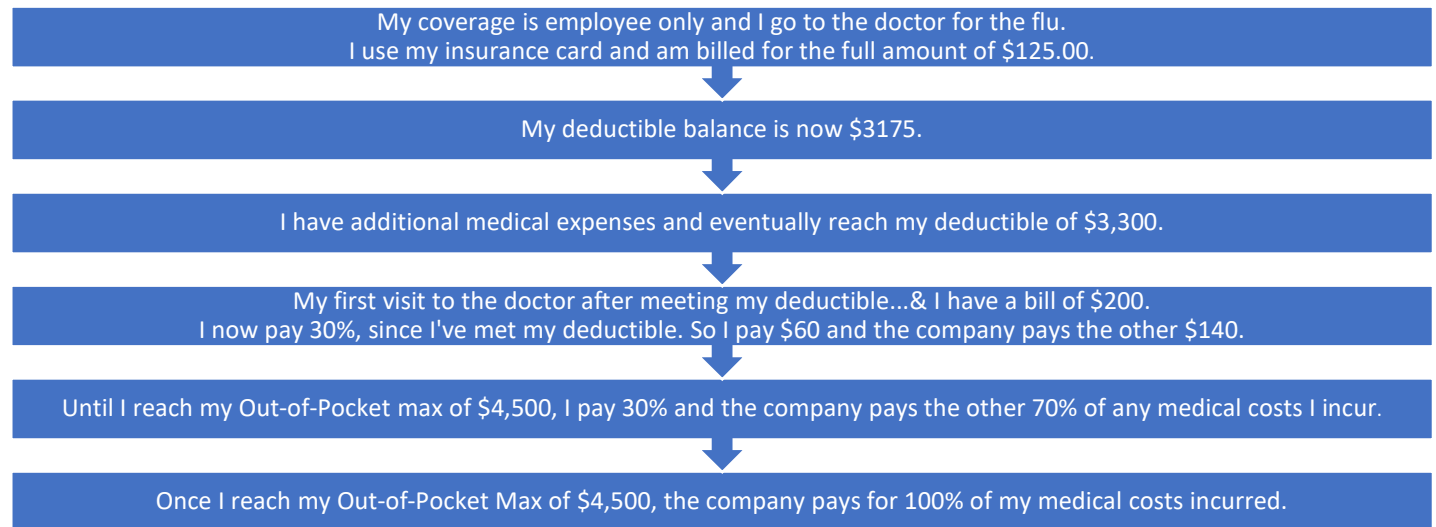
Understanding Deductibles and Maximum “Out-of-Pocket”

Understanding how your deductible and coinsurance works will help you know how much you’ll pay.

Plan A: Base Plan

Employee Only: In-network \$3,300 deductible and 30% co-insurance with \$4,500 maximum out of pocket
Family: In-network \$6,600 deductible and 30% co-insurance with \$9,000 maximum out of pocket

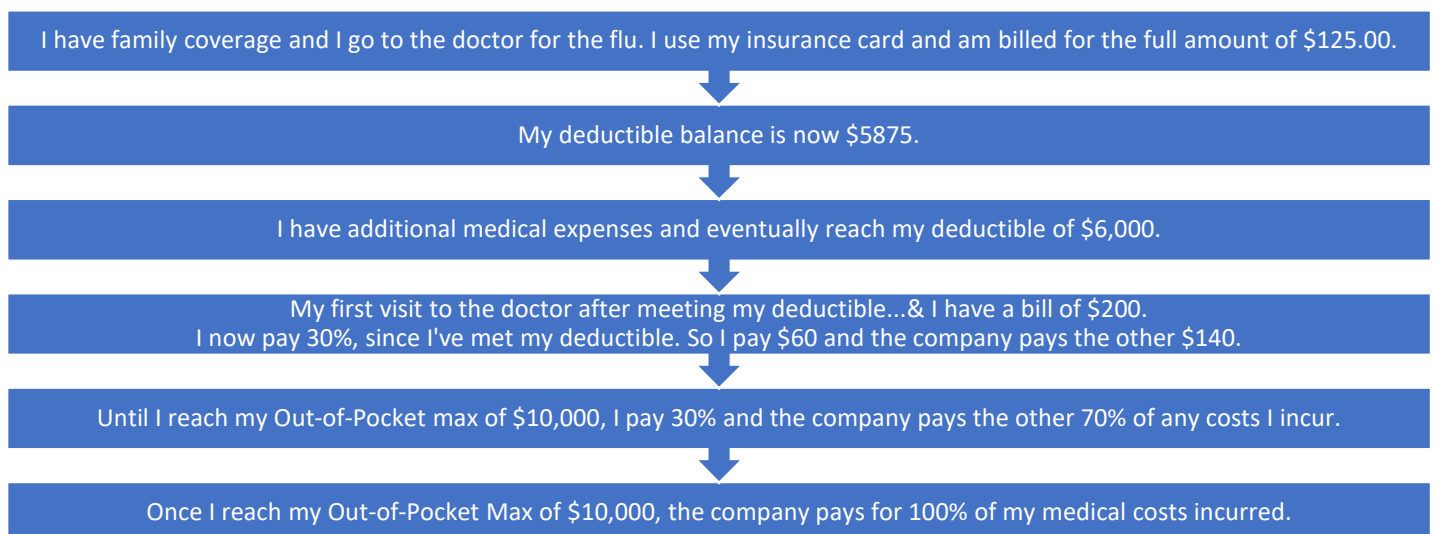
Out of network deductibles and co-insurance are separate from In-network deductibles and co-insurance.



Plan B: Rx Copay Plan

Employee Only: In-network \$3,000 deductible and 30% co-insurance with \$5,000 maximum out of pocket
Family: In-network \$6,000 deductible and 30% co-insurance with \$10,000 maximum out of pocket

Out of network deductibles and co-insurance are separate from In-network deductibles and co-insurance.



MEDICAL PLAN

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Talley Construction Company, Inc. , all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

Below is a list of common services that are included in the plans offered this year:

“AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE”

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Routine Digital Rectal Exam
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation Programs
- Testing for HPV and HIV
- Routine Colonoscopy

MEDICAL PLAN

Definitions

Allowed Amount: The maximum amount a plan will pay for a covered health care service. May also be called “eligible expense,” “payment allowance,” or “negotiated rate.”

Copayment: A fixed amount you pay for a covered health care service after you've paid your deductible. Copayments (sometimes called "copays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists. Generally plans with lower monthly premiums have higher copayments. Plans with higher monthly premiums usually have lower copayments.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay.

Coinsurance: The percentage of costs of a covered health care service you pay after you've paid your deductible.

Health Savings Account (HSA): A type of savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. A Health Savings Account can be used only if you have a High Deductible Health Plan (HDHP). High-deductible plans usually have lower monthly premiums than plans with lower deductibles. By using the untaxed funds in an HSA to pay for expenses before you reach your deductible and other out-of-pocket costs like copayments, you reduce your overall health care costs. HSA funds roll over year to year if you don't spend them. An HSA may earn interest.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. Receiving services from a network provider will cost less than utilizing a non-network provider.

Open Enrollment Period: The yearly period when people can enroll in a health insurance plan. Outside the Open Enrollment Period, you generally can enroll in a health insurance plan only if you qualify for a Special Enrollment Period. You're eligible if you have certain life events, like getting married, having a baby, or losing other health coverage.

Out of Pocket Maximum: The most the employee has to pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100% of the costs of covered benefits. NOTE: prescription co-pays do not count toward the Deductible or Max Out of Pocket limits.

Preventive Services: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. These are covered on your plan at 100%.

Direct Primary Care: Direct primary care is a healthcare model focused on putting the patient first. That means treating them when they need it, never rushing patients through appointments, and being proactive with healthcare treatment plans. The doctor-patient relationship is just as the name suggests – direct. Direct primary care clinics do not accept insurance, rather they choose to work directly with the patient providing wholesale labs and prescription prices along the way.

Beneficiary: A beneficiary is the person or entity entitled to receive the claim / benefit amount and other benefits upon the death of the insured person, typically the employee. The beneficiary is typically designated by you, the employee, at the time of enrollment, and can be changed at any time. Generally, it is not a good idea to name minors under the age of 18 as beneficiaries. Should you name a minor as a beneficiary, in the event a claim, the guardian of the minor will have access to the benefit. Instead, consider setting up a trust for the minor and naming the trust as the beneficiary or name an adult you trust to distribute the benefit to the minor according to your wishes.

MEDICAL PLAN



Meritain Health will be the new third party administrator handling all medical claims for Talley Construction's self-insured medical plan. When you receive service, your providers will need to contact Meritain Health to verify benefits. Below are instructions for registering as a member on the Meritain Health website to access your claims and eligibility information.

Access as easy as 1-2-3!

Step 1:

Open your web browser and go to www.meritain.com.

Step 2:

You'll need to register your account. Start by clicking *Register* and then clicking on the *Member tab*.

Your spouse and adult dependents will need to create their own accounts.

Step 3:

You'll need to fill in your:

- Group ID (you can find this on your ID card).
- Member ID (you can find this on your ID card, as well. You should enter it with no spaces or dashes).
- Date of birth.
- Name (as it appears on your ID card).
- ZIP code.

You will be prompted to enter an email address, create a username and password, and select a security question. Review the terms and conditions, and click *I agree to terms and conditions* and *Next*, or click *Cancel*.

The next time you log in, just use the same username and password from Step 3.

Did you know? You have access to a variety of online tools and resources through www.meritain.com!

Questions? Just give us Meritain Health Customer Service a call at the number on your ID card.

MEDICAL PLAN

Your plan will utilize the Aetna Choice POS II Network effective 1/1/2025.

Find Aetna providers online in just a few quick steps

You can use the directory anywhere you have internet access. Just:

1 Visit <https://www.aetna.com/dsepublic/#/mymeritain>.

2 Key in the ZIP code, city, county or state of the desired geographical area in the *Enter location here* field. Click *Search*.

3 Key in *Aetna Choice POS II (Open Access)* under *Select a Plan*. **Or** you can select *Aetna Choice POS II (Open Access)* from the list of plans. Click *Continue*.

4 There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow, choose and click on one of the categories under *Find what you need by category*. **Or see step five.**

5 Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. *What do you want to search for near* (will display your chosen location).

6 Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.

7 Narrow your search results by using the *Filter & Sort* option. Choices include *Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations* and *Provider Type*.

Meritain Health[®]
an  **aetna** company

Direct Primary Care

DEKALB MD – TAKE ADVANTAGE!

Talley Construction employees participating in the medical plan may enroll with DeKalb MD for Direct Primary Care. With Direct Primary Care, you pay a monthly subscription for yourself and each dependent, if you choose. Direct Primary Care provides a number of benefits including the following:

- Unlimited visits with no co-pays for you and your dependents (if subscribed)
- Same day or next day appointments. No long wait times
- Quality time with your doctor and longer visits for chronic problems
- Ability to call, text or email (telemedicine 24/7)
- Network of providers and clinics
- Personalized care tailored to each patient's comfort level
- Medications and lab work at pass through costs (see below)
- Discounted cash price for Imaging and Physical Therapy

Sample Medication & Lab Costs

Lab (Blood Work):

- Basic Metabolic Panel - \$2.74
- Complete Blood Count with Diff - \$1.50
- Complete Metabolic Panel - \$3.43
- CRP (Inflammatory Marker) - \$3.00
- A1C (Diabetes Mellitus) - \$2.00
- PAP Smear \$14.00
- PSA (prostate) - \$2.00
- Testosterone - \$4.00
- Thyroid Stimulating Hormone - \$1.50
- Lipid Panel - \$3.00

Medications (Top 10 in US) – per month:

- Atorvastatin (Lipitor) - \$3.21
- Levothyroxine (Synthroid) - \$7.91
- Lisinopril (Prinivil) - \$0.45
- Omeprazole (Prilosec) - \$2.34
- Metformin (Glucophage) - \$1.40
- Amlodipine (Norvasc) - \$0.45
- Simvastatin (Zocor) - \$0.90
- Hydrochlorothiazide (Microzide) - \$0.27
- Metoprolol Tartate - \$1.32
- Losartan (Cozaar) - \$2.70

Talley Construction employees participating in the medical plan may pay their monthly subscription for Direct Primary Care by convenient payroll deduction. Below are the costs per pay period, should you choose to take advantage of this program.

Weekly Cost – Employees Participating in Medical

- Employee: \$6.92
- Spouse: \$6.92
- Each Child: \$1.15

An employee must subscribe in order for dependents to subscribe. To enroll, you must complete the Direct Primary Care Enrollment Form. You cannot enroll online.

Direct Primary Care

DEKALB MD – TAKE ADVANTAGE!

DeKalb MD Network of Clinics

Fort Payne Clinic

617 Gault Avenue North

Fort Payne, AL 35967

Phone: (256) 979-1MED (1633)

fortpayne@dekalbmd.com

Mon/Wed/Fri 8AM-4PM Tues/Thurs 10AM-6PM

(closed daily 12PM-12:30PM for lunch)

Chattanooga, Shallowford Clinic

6150 Shallowford Road Suite 104

Chattanooga, TN 37421

Phone: (423) 551-6538

shallowford@dekalbmd.com

Mon/Wed 10AM-6PM, Tues/Thurs/Fri 8AM-4PM

(closed daily 12PM-12:30PM for lunch)

Chattanooga, Southside Clinic

1848 Rossville Ave

Chattanooga, TN 37408

Phone: (423) 551-6555

info@dekalbmd.com

Mon/Wed/Fri 8AM-4PM, Tues/Thurs 10AM-6PM,

(closed daily 12PM-12:30PM for lunch)

Interested in exploring the Direct Primary Care model without Talley Construction medical insurance? If so, please visit www.dekalbmd.com for more information.

HealthJoy

All employees will have access to the **free benefits concierge app HealthJoy**, for important benefit information including medical and dental ID cards, a healthcare concierge, online doctor consultations, Rx Savings, provider recommendations, etc. Below is additional information. *Use the convenient “Talk To a Doctor” feature AND get an electronic copy of your ID cards through the free HealthJoy app!*

Healthcare is Complicated. HealthJoy Makes it Simple.

HealthJoy is the first stop for all your healthcare needs. We make healthcare and employee benefits simple, quick and painless. Our easy-to-use mobile app uses modern technologies to deliver a seamless experience. We'll save you time, money and a ton of aggravation.

The Experts Are In.

Don't try and navigate your healthcare alone, our experts are here to help. HealthJoy believes that healthcare is best delivered through a conversation so that's why you'll have access to online doctors, healthcare concierges, billing specialist and more. HealthJoy is always available to you - 24/7/365 and is FREE to you and your family.



BENEFITS WALLET – ELECTRONIC ID CARDS

Need to know all your employee benefits in an instant? Don't go digging in your stack of paper benefits booklets. Check out the HealthJoy digital benefits wallet within our app to access your most up to date benefit cards. You'll have access to your health insurance, dental, vision, HSA, gym information, wellness programs, prescription programs and whatever your company provides. The HealthJoy benefits wallet is your single source for all your benefits that's always accessible from your smartphone.



MEDICAL BILL REVIEW

When a member receives a medical bill that's either confusing or higher than expected, they can turn to HealthJoy for support. All they need to do is take a picture within our app to get the process started. After reviewing the submitted information, our concierge will set up a time to speak with the member to understand the situation and collect additional information (if needed). When it looks like a billing error occurred, our concierge begins the negotiation process. They don't stop until they have a revised bill or a clear explanation of charges. This process includes calling the carrier, the provider, and the central billing office. Oftentimes, multiple calls to each of these parties is required. We review bills all the time with CPT codes that have higher reimbursement rates than a code that is equally, if not more applicable.

HealthJoy



WELLNESS PROGRAM

Benefits consultants and HR teams work hard to create great programs to keep employees healthy and happy. Unfortunately, employees struggle to pay attention. Let JOY help you get the word out through the most engaging communication channel, HealthJoy. We will create an engagement strategy based on the group's goals and set up ongoing campaigns to promote wellness programs, provide reminders on events, fairs, offerings and incentives. Messages can get even more personalized, sent only to members who match certain criteria (on a HDHP or at only one of the offices, for example). Our engagement/outreach will be reported back to consultant and group highlighting the success of our strategy



TALK TO A DOCTOR

We've partnered with MeMD for our telemedicine offering. They are one of only three provider networks that have received certification from the National Committee for Quality Assurance (NQCA), having passed their rigorous, comprehensive review. Their service is seamlessly integrated into our platform with a simple member intake process within the HealthJoy app. The average wait time for a phone or video call is less than 10 minutes for members. HealthJoy takes the process a step further by delivering a post-consult review within a member's inbox that contains detailed information about their visit, care instructions and prescription details. We'll also follow up with members to ensure their complete satisfaction with the experience.



FIND A PROVIDER

To begin, we perform a needs assessment to better understand the member's situation. Members often believe they need to visit a specialist or even urgent care when a primary care provider is more appropriate. We'll also educate the member on the best course of action, which could include an immediate (and free) online doctor consultation. The majority of medical visits can be handled with telemedicine. This care redirection is a huge cost saver for companies and just one of the ways we achieve the highest utilization in the industry.

Our concierge will begin a provider search by gathering a member's preferences. These include gender, languages spoken, parking, office hours, and distance. Concierge will then confirm a provider's network status via phone because carrier directories are often not up to date. We'll verify that the doctor is accepting new patients in addition to learning availability so that we can schedule an appointment for that member. Part of our process is to provide cost options that benefit both the employee and the employer. Employees are given quality measurements for a provider to help in their selection



FIND A FACILITY

We will start with a complete assessment of a member's needs and preferences. After confirming need - you might be surprised at how many members ask for an MRI before they have even seen a physician - we will begin our search by travel preferences, quality ratings (CMS plus public and private information) and more. Our concierge will compare in-network and self-pay facilities when making a recommendation. In many situations it's actually less expensive for all parties to pay cash than go through insurance. We'll call the facility to confirm pricing and understand availability. After reviewing all options, we provide the best recommendation back to the member and schedule an appointment on their behalf.



JOY will guide members through a series of questions to gather prescription related information: brand vs. generic, dosage, frequency, and form (ex. tablet, capsule). Our healthcare concierge then input the medication within our doctor developed prescription algorithm looking for ways to save money while retaining efficacy. Our algorithm matches the member's plan formulary with potential saving opportunities. We'll do research on 10 key areas, including:

- Therapeutic alternatives
- Rx Savings Programs
- Pharmacy optimization
- Manufacturer coupons
- International mail order for certain high tier drugs
- Dosage optimization
- Rx assistance programs
- Mail order options
- Generic alternatives
- Alternative formularies

Our recommended Rx Savings plan is then provided to the member, and our concierges will help get them set up so minimum work is needed to be done by the member.

Chat with us today by logging into the HealthJoy app or call (855) 947-6900



HealthJoy

Musculoskeletal Virtual Therapy

Address Back Pain with Free Virtual Exercise Therapy

HealthJoy's Virtual Back Pain Care is an effective exercise therapy program for individuals struggling with back pain. With guidance and support from a personal coach, you can significantly reduce pain and improve functional abilities in just 15 minutes per day. Better yet, this program is completely free for you to use!

82% Pain Reduction

95% Member Satisfaction

85% Function Improvement

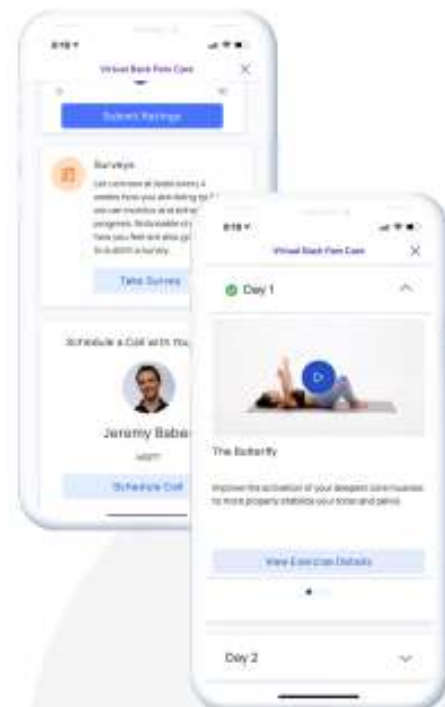
*Results based on a sample size of about 50 program participants.

HOW DOES IT WORK?

- Access the program through the HealthJoy app by clicking on "Virtual Back Pain Care" from the menu
- Complete a 15-minute intake survey so we can better understand your unique situation
- Get assigned a personal coach, who reaches out to schedule an introductory phone call
- Your coach designs a care plan with up to 12 weeks of exercises that can be done at home and supports you throughout the duration of the program
- Your coach provides a maintenance program that you can follow once you've completed the program

What are you waiting for? Take control of your back pain.

To get started, click on "Virtual Back Pain Care" from the menu of your HealthJoy app.



KisX Card / Valenz Health

KISx Card is Vālenz[®] Health

Imaging & Surgery Simplified: Simply call (877) 438-5479

Get common imaging and surgical procedures at no cost* with our benefits. Take advantage today!

Before seeking in-network providers through your health plan, call us! By choosing one of our providers, you will always pay \$0*.

Common Procedures:

- Ankle & Foot
- Arthroscopy
- Colonoscopy
- ENT
- Elbow
- Gastroenterology
- General Surgery
- Hernia Repair
- Hip
- Imaging
- Knee
- Shoulder
- Spine
- Urology
- Wrist & Hand
- And More

*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.



HEALTH SAVINGS ACCOUNT (HSA)

FOR 2025 TALLEY CONSTRUCTION COMPANY, INC. IS OFFERING A HEALTH SAVINGS ACCOUNT (HSA). THIS IS HOW AN HSA WORKS:



A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses – those you and your tax dependents may have now, in the future, and during your retirement.



This is a “portable” account. You own your HSA! It’s included in your employee benefits package, but after you set up your account, it’s yours to keep, even if you change jobs or retire.



Once your HSA is established, money is contributed to your account by you, Talley Construction Company, Inc. or friends and family, and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you’re already paying for, like doctors’ office visits, prescription drugs, and much more. Best of all, you decide how and when to use your HSA dollars.

WHY IS IT A GOOD IDEA TO HAVE AN HSA?

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

Tax-free deposits

The money you contribute to your HSA isn’t taxed (up to the IRS annual limit)

Tax-free earnings

Your interest and any investment earnings grow tax-free

Tax-free withdrawals

Money used toward eligible health care expenses isn’t taxed – now or in the future

Setting aside pre-tax dollars into your HSA you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no “use-it-or-lose-it” rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

HEALTH SAVINGS ACCOUNT (HSA)

If you choose to participate in Option A (Base Plan), a qualified high deductible health plan, you have the opportunity to open a Health Savings Account (H.S.A.). Following are the maximum amounts that can be contributed annually to your account, according to IRS guidelines:

Individual: 2025 - \$4,300 / **Family:** 2025 - \$ 8,550

If you are older than age 55, you may contribute an additional \$1,000 per year.

Not only can your health savings account be used to pay for direct medical expenses, you may also pay for other health-related expenses from this tax-free account as well. This list is not all inclusive, and the IRS may modify eligible expenses from time to time. **Please note, common drug store items such as band-aids, ointments, cough suppressants, and other OTC medications are not eligible to be purchased using your health savings account dollars unless a written prescription is provided by your physician.**

- Acupuncture
- Ambulance
- Annual Physical Examination
- Artificial Limb
- Artificial Teeth
- Bandages
- Birth Control Pills
- Body Scan
- Braille Books and Magazines
- Breast Pumps and Supplies
- Breast Reconstruction Surgery
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Crutches
- Dental Treatment
- Diagnostic Devices
- Disabled Dependent Care Expenses
- Drug Addiction
- Eye Exam
- Eyeglasses
- Eye Surgery
- Fertility Enhancement
- Guide Dog or Other Service Animal
- Hearing Aids
- Home Care
- Hospital Services
- Laboratory Fees
- Lactation Expenses
- Learning Disability
- Lifetime Care—Advance Payments
- Lodging
- Long-Term Care
- Medical Conferences
- Medicines
- Nursing Home
- Nursing Services
- Optometrist
- Organ Donors
- Osteopath
- Oxygen
- Physical Examination
- Pregnancy Test Kit
- Prosthesis
- Psychiatric Care
- Psychoanalysis
- Psychologist
- Special Education
- Sterilization
- Stop-Smoking Programs
- Surgery
- Therapy
- Transplants
- Vasectomy
- Vision Correction Surgery
- Weight-Loss Program
- Wheelchair
- Wig
- X-ray

\$FREE MONEY\$ - Check it out!

If you choose option A and choose to contribute to a health savings account, Talley Construction will match your contribution dollar for dollar up to \$9.62 per week/\$500 annually (individual) or \$19.23 per week/ \$1,000 annually (with dependents). Employees may stop, start or change their H.S.A. contribution amount at any time.

Health Equity is the custodial bank for your Health Savings Account. Contact them directly at 1-866-346-5800 or at www.healthequity.com to make a name or address change, request a new debit card, balance inquiry, etc.

If you are enrolled in other coverage in addition to your qualifying HDHP with Talley Construction, you may NOT contribute to an H.S.A. if that plan is not a qualifying HDHP. This includes enrollment in Medicare, Medicaid, TriCare, any government sponsored coverage, or your spouse's plan.

DENTAL PLAN

SUMMARY OF COVERAGE

Below is the dental plan available to you through Ameritas on a voluntary basis..

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,250 per calendar year
Preventive PlusSM	Included
Allowance	90th U&C
Waiting Period	None
Annual Open Enrollment	Included

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Sealants (age 16 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Weekly Rates

Employee Only (EE)	\$5.81
EE + 1 Dependent	\$11.62
EE + 2 or more Dependents	\$18.35

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Talley Construction. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Preventive PlusSM

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

DENTAL PLAN

SUMMARY OF COVERAGE

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

VISION PLAN

Below is the vision plan available to you through Ameritas on a voluntary basis.

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
Annual Eye Exam	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
Solid Plastic Dye	\$33 adults	No benefit
	\$15	No benefit
	(except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Weekly Rates

Employee Only (EE)	\$1.55
EE + 1 Dependent	\$2.82
EE + 2 or more Dependents	\$4.22

VISION PLAN

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Retail Chain Affiliate Providers Available With Focus Plans

Retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com
View plan benefit information at: vsp.com

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

BASIC LIFE AND AD&D

SUMMARY OF COVERAGE

Talley Construction provides basic life and accidental death and dismemberment coverage to all benefit eligible employees at no cost through SunLife Financial.

Coverage amounts

For you

\$15,000 with no medical questions asked.¹

Benefits are reduced to 67% at age 65, to 42% at age 70 and to 22% at age 75.

Coverage is discontinued at termination of employment or retirement.

- The policy includes an equal amount of AD&D insurance, which provides a benefit if you suffer a covered accidental injury or die from a covered accident.

More about Sun Life's Life and AD&D insurance

Take comfort in knowing that Life and AD&D insurance can provide the people you love with financial support when you can't be there—and they need it most.

- Apply to take your coverage with you if you retire or change employers.²
- Apply to receive a portion of your death benefit to help cover medical and living expenses if you become terminally ill.
- Take advantage of professional counseling and/or information from clinicians, attorneys, accountants, and other specialists, with Claimant Support Services.³
- Create a will, name an executor, and designate a guardian(s) for your children with Online Will Preparation.³

How Life and AD&D insurance can help

Life and AD&D insurance may provide additional financial support by:

- covering household expenses,
- relieving debt (e.g., mortgage or student loans) you might leave behind,
- allowing your family members to hire someone if they need help when you are gone,
- leaving an inheritance for your loved ones or even for an organization you are passionate about, and
- assisting your family with the cost of your funeral or medical bills.



BASIC LIFE AND AD&D

Limitations and exclusions

No AD&D benefit will be paid for a loss which is due to or results from:*

- suicide while sane or insane
- intentionally self-inflicted injuries
- bodily or mental infirmity or disease of any kind, or infection unless due to an accidental cut or wound
- committing or attempting to commit an assault, felony, or other criminal act
- active participation in a war (declared or undeclared) or active duty in any armed service during a time of war
- active participation in a riot, rebellion, or insurrection
- injury sustained from any aviation activities, other than riding as a fare-paying passenger
- the employee's voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician
- the employee's operation of any motorized vehicle while intoxicated.
 - Intoxicated means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred.
 - For the purposes of this exclusion, "Motorized Vehicle" includes, but is not limited to, automobiles, motorcycles, boats, and snowmobiles.

*Subject to state law variations.



VOLUNTARY TERM LIFE

SUMMARY OF COVERAGE

Additional life insurance is available on a voluntary basis through SunLife Financial for yourself, your spouse, and children.

Available coverage amounts

- Choose the benefit amounts that best meet your needs and your budget:

For you	For your spouse	For your child(ren)
You can elect \$10,000 to \$500,000—in \$10,000 increments—not to exceed 5 times your Basic Annual Earnings with no medical questions asked up to \$100,000. ¹	If you elect coverage for yourself, you can sign up for \$5,000 to \$150,000—in \$5,000 increments—with no medical questions asked up to \$50,000. ¹ (Not to exceed 100% of your elected amount.)	If you elect coverage for yourself, you can choose up to a \$10,000 benefit amount in increments of \$2,000.
Benefits are reduced to 60% at age 75, to 35% at age 80, to 27.5% at age 85, to 20% at age 90, to 7.5% at age 95 and to 5% at age 100. Coverage is discontinued at termination of employment or retirement.	Coverage terminates when your spouse turns 75 years old.	A full benefit is payable for a dependent child who is 6 months to 20 years old or to 26 years old if a full-time student. A reduced benefit is payable for a child from 14 days to 6 months.

- The cost for Sun Life's Life insurance depends on the benefit amount you choose and your age.

Voluntary Life coverage is guarantee issue (no medical questions) only when first eligible as a new hire. Requests for coverage or increases to coverage at subsequent annual enrollments require underwriting approval and an evidence of insurability (EOI) form must be submitted to Sunlife.



VOLUNTARY TERM LIFE

More about Sun Life's Life insurance

Take comfort in knowing that Life insurance can provide the people you love with financial support when you can't be there—and they need it most.

- Consider supplementing your employer-paid Life insurance if your income is needed to cover household or day-to-day expenses, or if you share responsibility for a significant debt with someone else.
- Enroll when you are first eligible, and you do not have to provide proof of good health.¹
- Adjust your coverage as your needs change (e.g., you get married or have a baby), since you are covered for a year at a time.¹
- Apply to take your coverage with you if you retire or change employers.²
- Apply to receive a portion of your death benefit to help cover medical and living expenses if you become terminally ill.

How Sun Life's Life insurance can help

Life insurance may provide additional financial support by:

- covering household expenses,
- relieving debt (e.g., mortgage or student loans) you might leave behind,
- allowing your family members to hire someone if they need help when you are gone,
- leaving an inheritance for your loved ones or even for an organization you are passionate about, and
- assisting your family with the cost of your funeral or medical bills.

Limitations and exclusions

If the employee's cause of death is suicide:*

- No amount of Life or Dependent Life insurance is payable if the suicide occurs within 24 months after the employee's insurance is effective.
- No increased or additional amount of Life insurance is payable if the suicide occurs within 24 months after the increased or additional amount of Life insurance is effective.
- No amount of Life insurance in excess of the Guaranteed Issue amount is payable if the suicide occurs within 24 months after the amount in excess of the Guaranteed Issue amount is effective.

*Subject to state law variations.



VOLUNTARY TERM LIFE

Weekly Cost

Age:	>20	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Cost per \$10,000 Coverage Per Month	1.06	1.06	1.32	1.84	2.62	4.18	7.30	13.28	20.30	32.52

To Calculate Weekly Cost:

EE Coverage

Amount:

$$\begin{array}{ccccccc}
 \$ & & \times & \text{Rate: } \$ & = & \$ & \times 12 = \$ & / 52 \text{ Wks } \$ \\
 \$ \underline{\hspace{2cm}} / & & & & & & & = & \\
 10,000 = & & & & & & & &
 \end{array}$$

(Increments of \$10,000 only)

Based on age as of coverage effective date

Monthly Cost

Annual Cost

Weekly Cost

+ SP Coverage

Amount:

$$\begin{array}{ccccccc}
 \$ & & \times & \text{Rate: } \$ & = & \$ & & \$ & / 52 \text{ Wks } \$ \\
 \$ \underline{\hspace{2cm}} / & & & & & & & & = & \\
 \$5,000 = & & & & & & & & &
 \end{array}$$

(Increments of \$5,000 only)

Based on Spouse age as coverage effective date

Monthly Cost

Annual Cost

Weekly Cost

+Child Coverage Per \$2,000 = \$0.09 (includes all eligible children, not per child)
 Amount: (\$10,000 max)

\$

Total Voluntary Term Life Weekly Cost:

\$



DISABILITY PLAN SHORT TERM

SUMMARY OF COVERAGE

Short Term Disability insurance is available to you on a voluntary basis through SunLife Financial.

Make sure your paycheck is protected during a short-term disability.

Coverage amount

- Get a weekly check—after your claim is approved—that replaces 60% of your income, up to \$1,000.
- Keep in mind that other sources of income could impact your benefit amount.
- Your cost depends on factors such as your age and weekly earnings.

More about Sun Life's Short-Term Disability insurance¹

Short-Term Disability insurance provides you with a weekly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if you are unable to work for a short time due to a covered disability (e.g., back injuries, recovery from surgery, or even maternity leave).

- Begin receiving benefits—after your claim is approved—in as soon as 15 days from the date you are unable to work due to an injury and 15 days due to an illness (these durations are referred to as "elimination periods").
- Receive a weekly check (after your claim is approved) for up to 11 weeks—as long as you are still unable to work due to a covered disability.

Short Term Disability coverage is guarantee issue (no medical questions) only when first eligible as a new hire. Requests for coverage or increases to coverage at subsequent annual enrollments require underwriting approval and an evidence of insurability (EOI) form must be submitted to Sunlife.



DISABILITY PLAN

SHORT TERM

What are the exclusions?

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-Existing Condition, except:
 - if your Disability begins later than 12 months after your effective date or later than 12 months after the effective date of any increase in your amount of insurance;
 - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
 - sought medical treatment, consultation, advice, care, or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
 - took prescribed drugs or medicines for the condition.
- your active Participation in a Riot, Rebellion, or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- an Accident or Sickness for which you are entitled to benefits under any Workers' Compensation, Occupational Disease, or similar law; or
- an Accident or Sickness sustained while you are doing any act or thing pertaining to any occupation or employment for wage or profit.

What are the limitations?

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us.

DISABILITY PLAN LONG TERM

SUMMARY OF COVERAGE

Long Term Disability insurance is available to you on a voluntary basis through SunLife Financial.

Safeguard your finances so you can focus on your health during a long-term disability.

Coverage amount

- Get a monthly check—after your claim is approved—that replaces 60% of your income, up to \$7,500.
- Keep in mind that other sources of income could impact your benefit amount.
- Your cost depends on factors such as your age and monthly earnings.

More about Sun Life's Long-Term Disability insurance

Long-Term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if a covered disability (e.g., back injuries and some chronic illnesses such as heart attack, cancer, or stroke) takes you away from work for an extended time.

- Begin receiving benefits—after your claim is approved—in as soon as 90 days (this duration is referred to as "elimination periods").
- Receive a monthly benefit—after your claim is approved—for as long as you are still unable to work due to a covered disability—until you reach the Social Security Normal Retirement Age.
- Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- Work with a certified rehabilitation specialist, when appropriate, to create a return-to-work plan that's right for you and that may include trial work days, partial disability benefits, or rehabilitation programs to help you get back to work and back on your feet.

Long Term Disability coverage is guarantee issue (no medical questions) only when first eligible as a new hire. Requests for coverage or increases to coverage at subsequent annual enrollments require underwriting approval and an evidence of insurability (EOI) form must be submitted to Sunlife.



DISABILITY PLAN LONG TERM

What are the exclusions?

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-Existing Condition, except:
 - if your Disability begins later than 12 months after your effective date or later than 12 months after the effective date of any increase in your amount of insurance;
 - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
 - sought medical treatment, consultation, advice, care, or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
 - took prescribed drugs or medicines for the condition.
- your active Participation in a Riot, Rebellion, or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

What are the limitations?

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.



DISABILITY PLANS

Calculate your weekly costs for Short and Long Term Disability using the below chart.

Voluntary Short Term Disability																																													
HOURLY/Non-Exempt Employees		SALARIED/ Exempt Employees																																											
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VOLUNTARY ACCIDENT PLAN

The following group Accident plan is available on a voluntary basis through SunLife Financial.

You can purchase this coverage for you and your family. Child coverage is available to age 26.

➤ **HELPS YOUR FINANCES AFTER A MISHAP.**

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

➤ **HELPS COVER RELATED EXPENSES.**

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

➤ **PAYS CASH BENEFITS DIRECTLY TO YOU.**

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What’s more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan’s effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here.

DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$4,000	\$2,000
Knee, ankle, or bones of the foot	\$2,000	\$1,000
Elbow, wrist or Lower jaw	\$800	\$400
Shoulder	\$1,000	\$500
Collarbone or bones of the hand	\$1,600	\$800
Finger(s) or toe(s)	\$200	\$100
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$4,000	\$2,000
Skull-depressed	\$6,000	\$3,000
Skull-simple	\$3,000	\$1,500
Vertebral processes, Bones of the face or Nose	\$700	\$350
Leg	\$2,000	\$1,000
Vertebrae, Sternum or Pelvis	\$1,600	\$800
Upper jaw or upper arm	\$750	\$375
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$650	\$325
Rib, Finger, Toe or Coccyx	\$350	\$175
Multiple ribs	\$1,000	\$500

VOLUNTARY ACCIDENT PLAN

ADDITIONAL INJURIES		
Eye Injury - surgical repair		\$250
Eye Injury - object remove		\$250
Gunshot wound		\$500
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$10,000
Concussion		\$300
BURNS		
	2ND DEGREE	3RD DEGREE
20-40 square centimeters	\$400	\$1,000
41-65 square centimeters	\$800	\$2,000
66-160 square centimeters	\$1,200	\$6,000
161-225 square centimeters	\$1,600	\$14,000
More than 225 square centimeters	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit	
LACERATIONS		
No sutures and treated by doctor		\$35
Single laceration under 5 cm with sutures		\$65
5-15 cm with sutures (total of all lacerations)		\$250
Greater than 15 cm with sutures (total of all lacerations)		\$700
MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)		\$200
Diagnostic Exam - X-ray (1 time per covered accident)		\$50
Accident Emergency Treatment, non-emergency room (once per covered accident)		\$50
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)		\$100
Physical Therapy (per visit up to 10 visits per covered accident)		\$25
Medical Devices		\$125
Epidural Pain Management (up to 2 times per covered accident)		\$100
Prescription drug		\$25
Prosthesis (one)		\$500
Prosthesis (two)		\$1,000
Blood, Plasma, or Platelet Transfusion		\$200
HOSPITAL		
Hospital Admission (once per benefit year)		\$1,000
Hospital Confinement (per day up to 365 days per covered accident)		\$500
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)		\$1,500
Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)		\$500
Ambulance (Ground)		\$400
Ambulance (Air)		\$1,500
Emergency Room Admission		\$200
Family Lodging (per day up to 30 days per benefit year)		\$100
Transportation (100 or more miles up to 3 times per covered accident)		\$500
Rehabilitation Unit (per day up to 30 days per covered accident)		\$100
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)		\$300
Open Surgery		\$1,250
Exploratory Surgery or Debridement		\$250
Tendon/Ligament/Rotator Cuff Tear		\$625
Torn Knee Cartilage		\$625
Ruptured/Herniated Disc		\$625

VOLUNTARY ACCIDENT PLAN

EMERGENCY DENTAL	
Emergency Dental extraction	\$50
Emergency Dental crown	\$200
WELLNESS	
Wellness Screening Benefit (once per benefit year)	\$50

LIFE AND DISMEMBERMENT LOSSES*	
Accidental Death	\$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$15,000
Loss of one hand, foot, leg, or arm	\$7,500
Loss of sight of one eye or loss of one eye	\$7,500
Two or more fingers or toes	\$1,500
One finger or one toe	\$750

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger;

work-related illness or injuries unless you are enrolled in 24-hour coverage.

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Coverage	Cost per pay period*
Employee	\$3.73
Employee + Spouse	\$5.99
Employee + Child(ren)	\$7.99
Employee + Family	\$10.25

VOLUNTARY CRITICAL ILLNESS PLAN

The following group Critical Illness plan is available on a voluntary basis through SunLife Financial.

▶ **HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.**

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

▶ **HELPS COVER RELATED EXPENSES.**

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

▶ **PAYS A CASH BENEFIT DIRECTLY TO YOU.**

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

With Critical Illness Insurance, you also get access to health care support services. You can talk with medical and claims experts about your medical coverage, benefits, diagnosis and treatment options.

BENEFITS (You can purchase this coverage at a group rate.)

For you	You can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000. No medical questions asked. Not to exceed 100% of your coverage amount.
For your child(ren)	If you elect coverage for yourself, you can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.

TALLEY CONSTRUCTION COMPANY, INC.

All Eligible Employees

POLICY #: 942977

VOLUNTARY CRITICAL ILLNESS PLAN

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date. Below is the full list of conditions.

COVERED CONDITIONS – The plan pays 100% of the benefit amount unless stated otherwise.

Core Conditions	Heart Attack ^R	Stroke ^R
	End-Stage Kidney Disease ^R	Coronary Artery Bypass Graft ^R (Pays 25%)
	Occupational HIV/Hepatitis B, C, or D	Angioplasty ^R (Pays 5%)
	Major Organ Failure ^R	
Cancer Conditions	Invasive Cancer ^R	
	Noninvasive Cancer ^R (Pays 25%)	
	Skin Cancer ^R (Pays 5%)	

^R = Recurrence Benefit available

When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that critical illness.

The chart below shows possible coverage amounts and their **weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Employee Critical Illness - Choice 1 | Age and cost - pay period (weekly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
10000	\$1.45	\$1.50	\$2.45	\$2.45	\$2.45	\$2.45	\$4.55	\$4.55	\$8.42	\$8.42	\$11.08	\$11.08
20000	\$2.91	\$3.00	\$4.89	\$4.89	\$4.89	\$4.89	\$9.09	\$9.09	\$16.85	\$16.85	\$22.15	\$22.15
30000	\$4.36	\$4.50	\$7.34	\$7.34	\$7.34	\$7.34	\$13.64	\$13.64	\$25.27	\$25.27	\$33.23	\$33.23
40000	\$5.82	\$6.00	\$9.78	\$9.78	\$9.78	\$9.78	\$18.18	\$18.18	\$33.69	\$33.69	\$44.31	\$44.31

Spouse Critical Illness - Choice 1 | Age and cost - pay period (weekly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
10000	\$1.45	\$1.50	\$2.45	\$2.45	\$2.45	\$2.45	\$4.55	\$4.55	\$8.42	\$8.42	\$11.08	\$11.08
20000	\$2.91	\$3.00	\$4.89	\$4.89	\$4.89	\$4.89	\$9.09	\$9.09	\$16.85	\$16.85	\$22.15	\$22.15
30000	\$4.36	\$4.50	\$7.34	\$7.34	\$7.34	\$7.34	\$13.64	\$13.64	\$25.27	\$25.27	\$33.23	\$33.23
40000	\$5.82	\$6.00	\$9.78	\$9.78	\$9.78	\$9.78	\$18.18	\$18.18	\$33.69	\$33.69	\$44.31	\$44.31

Child(ren) Critical Illness - Choice 1

Coverage amounts	Cost - pay period (weekly) premium
5000	\$0.09
10000	\$0.18
15000	\$0.28
20000	\$0.37

VOLUNTARY CRITICAL ILLNESS PLAN

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

What if I have a pre-existing condition?

If you are diagnosed with a covered critical illness within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How do I file a critical illness claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about your medical condition.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of insurance. The cost is included in the total amount billed. HealthChampionSM (a health care support service) is not insurance and is provided by ComPsych[®]. ComPsych[®] is a registered trademark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

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Can I receive benefits for more than one critical illness?

Yes. In order to receive benefits for more than one critical illness, there must be at least 1 month between each diagnosis date. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

How is my benefit taxed?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your options.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Critical Illness

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic, unless taken on the advice of a physician and taken as prescribed.

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

VOLUNTARY HOSPITAL INDEMNITY

The following group voluntary Hospital Indemnity plan is available on a voluntary basis through SunLife Financial.

What's covered

This plan offers hospitalization benefits for you, your spouse, and/or your child(ren). An eligible child is defined as your child from birth to age 26. Once your Hospital Indemnity coverage goes into effect, you can file a claim for hospital stays occurring after your plan's effective date.

Benefits are payable for hospital stays due to:

- Sickness
- Accidents*
- Routine pregnancy**
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

HELPS PROTECT YOUR FINANCES

When you are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your health plan.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

Benefit Schedule	
First day hospital confinement – 1 day per year This benefit pays the first day you stay in a regular hospital bed or ICU bed.	\$500
Daily hospital confinement – Up to 30 days per year This benefit pays for a hospital stay in a standard room and is paid in addition to the First day hospital confinement benefit.	\$100 per day
Intensive Care Unit (ICU) confinement – Up to 10 days per year This benefit pays for an ICU stay and is paid in addition to the First day hospital confinement benefit and the Daily hospital confinement benefit.	\$100 per day

Coverage and **weekly (52)** rate for Hospital Indemnity Insurance.

Hospital Indemnity coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Weekly (52) Cost*
Employee	\$3.30
Employee + Spouse	\$5.68
Employee + Child(ren)	\$4.77
Employee + Family	\$7.15

VOLUNTARY HOSPITAL INDEMNITY

Helpful definitions

Confinement means resident inpatient stay in a hospital or rehabilitation Unit for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital. Hours spent in an observation unit are not eligible for the first day hospital confinement benefit. However, an observation unit stay of 20 hours or more will be covered under the daily hospital confinement benefit.

Confinement does not include the period of time in a hospital emergency room, a freestanding surgical facility or an outpatient facility.

Hospital means a licensed facility that provides inpatient medical care and treatment to sick and injured persons with 24-hour nursing service under the supervision of a Physician. Hospital does not include a rest home; a skilled nursing facility; an extended care facility; a place of convalescence; a rehabilitation unit; a hospice facility; a place providing custodial care; a mental and nervous disorder facility or a substance abuse facility.

Intensive Care Unit (ICU) means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an observation unit.

Inpatient or Inpatient Treatment means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital or rehabilitation unit. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.

Rehabilitation Unit means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a Skilled Nursing Facility; a rest home or home for the aged; a Hospice Facility; a facility for the Treatment of alcoholism or drug addiction or an assisted living facility.

Exclusions

The exclusions listed below may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Hospital Indemnity

- No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada. No benefits will be payable for any loss that is caused or contributed to by: war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism); active military duty; riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated; committing of or attempting to commit an assault, felony or other criminal act; active Participation in a Riot, Rebellion or Insurrection; committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally; incarceration in a penal institution of any kind; elective abortion or complications thereof; elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a Dependent Child which has resulted in a defect; artificial insemination, in vitro fertilization, test tube fertilization; sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a Physician; or gender change, unless recommended by a Physician.

Employee Assistance Program

Included in your employer provided benefits is an Employee Assistance Program with the below resources. These resources are available at no cost to you.

An Overview of Your GuidanceResources® Program EAP Business ClassSM for Employees

Call: 877.595.5281
TDD: 800.697.0353
Go online: guidanceresources.com
Your company Web ID: EAPBusiness

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources® provides support, resources and information for personal and work-life issues. GuidanceResources is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

Someone to talk to.

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other local resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

If you should require additional guidance, we can refer you to a financial professional for an initial one-hour in-person consult at no cost to you.

Free Online Will Preparation

Get peace of mind.

Preparing for the future through a will or estate plan is important, but too often employees and their family members postpone or avoid these seemingly daunting tasks. EstateGuidance® can take the stress, attorney and cost out of that process. To access your free, customized online will, go to guidanceresources.com and click on EstateGuidance. Simply complete an easy-to-understand will questionnaire then print and review your will, which is created in real time using our advanced technology. EstateGuidance can also print and mail a hard copy of your will for \$14.99, or you can purchase a Living Will for \$19.99. It’s fast, convenient and gives your family the peace of mind it deserves.

Work-Life Solutions

Delegate your “to-do” list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

GuidanceResources® Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
- › “Ask the Expert” personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we’ll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Help for New Parents

Balance work and family life.

ParentGuidanceSM supports you through the process of becoming a biological or adoptive parent, and helps you balance the demands of work and parenthood. ParentGuidance specialists provide information and assistance with the top issues that new and expectant parents confront:

- › Preparing for the baby
- › Emotional concerns
- › Finding child care
- › Wills and estate planning
- › Financial issues
- › Planning for back-to-work

Will Preparation & Bereavement Counseling

The following will preparation and bereavement counseling services are available to you at no cost.

Online Will Preparation

A will is the cornerstone of any estate plan and can protect your assets and loved ones. Through an easy-to-use secure website, you and your spouse can now create and download a will in about 20 minutes. This service includes the following:

- step-by-step guidance and customization for your unique situation,
- glossary of legal definitions,
- ability to name an executor to carry out your wishes and a guardian(s) to care for your children, and
- ability to create a living will (for an additional fee).

Claimant Support Services

Losing a loved one or becoming disabled can be overwhelming to say the least. With Claimant Support Services, you have access to no-cost, objective financial planning, legal information, and emotional support, if you or your family member has filed a claim with us.

You can receive the following:

- up to five telephonic professional counseling sessions per claim for legal, financial, and emotional assistance,
- 24x7 access to counseling provided by ComPsych's on-staff professionals, including clinicians, licensed attorneys, CPAs, CFPs, and other financial experts,
- assistance with topics such as inheritance taxes, loss of income, creditors, and probate, and
- support dealing with trauma, loss, and adjusting to a reduced quality of life, and other concerns.

ComPsych's professionals do not sell financial products and do not receive commissions, so you can rest assured that you will receive the information you need to help during a difficult time.

Getting the help you need to face life's challenges and planning ahead to protect your loved ones can go a long way.

Remove and keep this reference card handy so you can take advantage of these services if or when you need to.



Online Will Preparation

To protect your assets and loved ones, you can go online to create and download a will at:

www.EstateGuidance.com

SLFVAS
Promotional code

Online Will Preparation provided by ComPsych to active employees enrolled in Sun Life's Life insurance. This service is not insurance.

Claimant Support Services

If you need to talk to a counselor or need legal or financial information because of a Life or Disability insurance claim with Sun Life, you can call ComPsych for no-cost, objective assistance.

888-475-3827

Claimant Support Services provided by ComPsych to Sun Life's Life insurance claimants and beneficiaries. Up to five counseling sessions per claim. This service is not insurance.

COMPSYCH
THE GUIDANCE RESOURCE COMPANY

 **Sun Life Financial**®

LEGAL NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

LEGAL NOTICES

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/df/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

LEGAL NOTICES

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

LEGAL NOTICES

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

LEGAL NOTICES

Medicare Part D Creditable Coverage Notice

Important Notice from Talley Construction Company, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Talley Construction Company, Inc.** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Talley Construction Company, Inc.** has determined that the prescription drug coverage offered by the **Talley Construction Company, Inc.** Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Talley Construction Company, Inc.** coverage may be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current **Talley Construction Company, Inc.** coverage, be aware that you and your dependents will be able to get this coverage back if you have a qualifying event.

LEGAL NOTICES

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **Talley Construction Company, Inc.** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

For further information use the contact information below.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Talley Construction Company, Inc.** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

LEGAL NOTICES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, and ensures that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact Human Resources.

The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

Notice of HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Adam Longino, Employee Development, 706-866-2638.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
3. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: [insert deductibles and coinsurance applicable to these benefits]. If you would like more information on WHCRA benefits, call your plan administrator (706-866-0596)

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with child birth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

LEGAL NOTICES

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

HIPAA Privacy Notice

Please contact HR if you have any questions or need assistance obtaining a privacy notice.

Notice Extension Of Dependent Coverage To Age 26 And Enrollment Opportunity

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in medical, dental and vision programs. For more information contact your plan administrator.

Notice Lifetime Limit No Longer Applies And Enrollment Opportunity

The lifetime limit on the dollar value of benefits under Company Plan Sponsor (Self Funded) medical program does not apply. Enrollment opportunities for individuals who previously lost coverage due to a lifetime limit are available. For more information contact your plan administrator.

Important Notice – Summaries of Benefits & Coverage (SBC)

As required by PPACA, you can obtain the summary of benefits & coverage (SBC) for each medical plan available to you by logging on to our electronic enrollment system. To view and / or print, go to www.employeenavigator.com. You may log in with your username and password. Click on the “ Document Library” Icon. The SBCs are housed in the Document Library.



Paper Copy: You have the right to request and obtain a paper version of the SBC's at no cost. A paper version may be requested from Adam Longino ALongino@TalleyConstruction.net.

Questions: Should you have questions regarding the documents provided, please contact our Broker's office at benefits@oakbridgeinsurance.com.



CONTACTS

Carrier Name	Contact Information
Medical – Talley Self-Insured Network: Aetna POS II Claims Administrator: Meritain Health Group #: 24300	<p>It is important to show your Meritain ID card to your physicians, hospital, and pharmacy. Your new ID card will ensure claims are submitted to the correct address and appropriate PPO discounts and benefits are applied.</p> <p>P.O. Box 853921 Richardson, TX 75085-3921 www.meritain.com</p> <p>Toll Free: 800-925-2272</p>
Health Savings Accounts Health Equity	<p>www.healthequity.com</p> <p>Customer Service#: : 1-866-346-5800</p>
Dental / Vision: Ameritas Group# 010-045516	<p>www.ameritas.com</p> <p>Dental Customer Service: (800) 487-5553</p> <p>VSP Vision Customer Service: (800) 877-7195</p>
HealthJoy	<p>Customer Service: (877) 500-3212</p> <p>Email: support@healthjoy.com</p>
KisX Card / Valenz Health	<p>Customer Service: (877) 438-5479</p>
DeKalb Primary Care	<p>SouthSide Clinic: (423) 551-6555</p> <p>Shallowford Clinic: (423) 551-6538</p> <p>Fort Payne Clinic: (256) 979-1633</p>



CONTACTS

Carrier Name		Contact Information
SunLife Financial Policy #241159 Basic Life / ADD Voluntary Term Life Short Term Disability Long Term Disability	Claims: Accident, Cancer and Critical Illness claims Mon.–Thurs., 8 a.m. to 7 p.m. ET Fri., 8 a.m. to 6 p.m. ET Call: 877-820-5306 Email: slfworksiteclaims@disabilityrms.com Fax: 866-376-9480 Life claims Mon.–Fri., 8 a.m. to 8 p.m. ET Call: 800-247-6875 Fax: 800-979-5128 Long-Term Disability claims Mon.–Fri., 8 a.m. to 8 p.m. ET Call: 800-247-6875 Online: www.sunlife.com/account Email: myclaimsdocuments@sunlife.com Short-Term Disability claims Mon.–Fri., 8 a.m. to 8 p.m. ET Call: 855-629-8811 Online: www.sunlife.com/account Email: myclaimsdocuments@sunlife.com	Value-added services: 2Online Will Preparation Online: www.estateguidance.com Promotional code: SLF4VAS Health care support services Call: 888-327-4729 Email: healthchampion@compsych.com EAPBusiness Class Call: 877-595-5281 TDD: 800-697-0353 Online: www.guidanceresources.com App: GuidanceResources® Now Web ID: EAPBusiness
Policy #942977 Voluntary Accident Voluntary Critical Illness Voluntary Hospital Indemnity	(This information is covered in the previous row's 'Long-Term Disability claims' and 'Short-Term Disability claims' sections.)	(This information is covered in the previous row's 'Value-added services' and 'EAPBusiness Class' sections.)

Oakbridge Insurance Agency

Donna Dozier, Account Manager	ddozier@oakbridgeinsurance.com	Direct Line: 706-221-4671
Justin White, Consultant	jwhite@oakbridgeinsurance.com	Direct Line: 423-362-5745
Jason Bryant, Service Manager	jbryant@oakbridgeinsurance.com	Direct Line: 706-419-3964

Talley Construction Company, Inc.

Adam Longino Human Resources Director	alongino@talleyconstruction.net	706-866-2638
Harold Manis Human Resources Manager	hmanis@talleyconstruction.net	706-866-2639
Rose Stewart Human Resources Coordinator	rstewart@talleyconstruction.net	706-450-9936