

insero



2024-2025 BENEFITS GUIDE

EFFECTIVE 09/01/2024 - 08/31/2025

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WELCOME TO YOUR BENEFITS

Dear Colleagues:

Insero cares about you and your family's health and well-being. We are dedicated to providing you with a comprehensive benefits package.

As an active, full-time employee working at least 30 hours per week, you are eligible for a variety of benefits such as medical, dental and vision insurance, Health Savings Accounts (HSAs), Flexible Spending Accounts (FSAs), and a 401(k) plan.

Insero is also pleased to provide employer-paid Basic Life and Accidental Death & Dismemberment (AD&D) insurance, Short-Term Disability (STD) and Long-Term Disability (LTD) insurance, and an Employee Assistance Program (EAP) to all eligible employees, as well as the option to enroll in employee-paid benefits including Voluntary Life and Accidental Death and Dismemberment (AD&D) insurance, pet insurance and a Legal Plan.

We are confident that you will find this benefits guide useful and insightful. If you have questions regarding any of the information presented or require additional information, please contact Human Resources at HR@inserso.com.

Sincerely,
Insero

ELIGIBILITY FOR BENEFITS

If you are an active, full-time, employee working at least 30 hours per week, you are eligible for coverage beginning on the first of the month following your hire date, or beginning on the first of the month if your hire date is the first of the month for Medical, Dental, Vision, FSA, and Supplemental Health coverages. For Life/AD&D, STD, LTD, and Voluntary Life/AD&D coverages, you are eligible for benefits on date of hire.

When Your Coverage Ends

Your coverage will end on the last day of the month following your separation date. Your employer-paid benefits, such as basic life insurance and AD&D, and disability, will end on your separation date. You will be notified of your continuation rights under COBRA within 14 days following your separation date, if applicable.

Considerations When Choosing Coverage

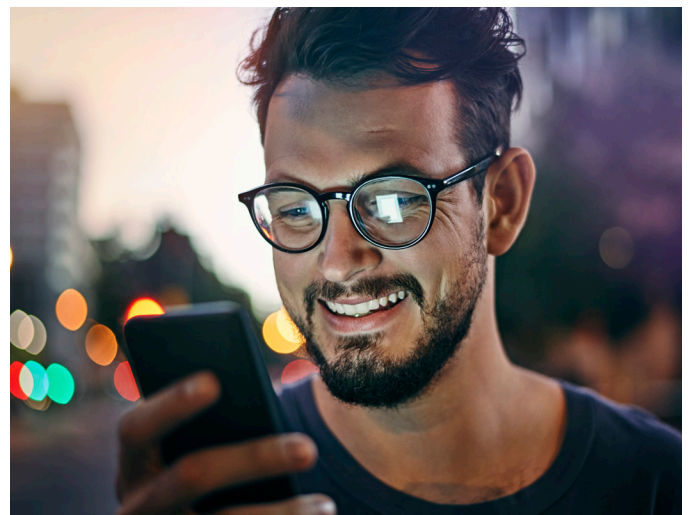
If you have the opportunity to enroll in medical coverage elsewhere (i.e. through your spouse/ domestic partner's employer-sponsored plan, Medicare, TRICARE, etc.), consider whether it would be more practical for you to cover your dependents or yourself under that plan, based on your family's health needs.

Please note, benefits payable under Insero's plans are coordinated with benefits payable under your spouse/domestic partner's employer-sponsored plan, if applicable. Generally, the benefit, if any, of having dual coverage varies widely based on the plan designs available and should be carefully evaluated for exclusions or limitations prior to enrolling into one or more plans.

During the Annual Open Enrollment:

Do not assume Insero benefit options are the same as prior years. Always review factors like copays, coinsurance, deductibles, etc. when selecting the plan that best addresses your current health and welfare needs:

- During the annual Open Enrollment, consider how you have utilized your current plan during the previous year and what your expected medical needs are for the coming year.
- Review all available options to you, including coverage for your spouse/ domestic partner, children, etc.
- All benefit plans are 'a la carte.' You may enroll or waive any of the benefits that fit your needs during the annual Open Enrollment and new hire benefits enrollment.



Qualifying Life Event (QLE)

Changes to your health benefit elections are only permitted during the Open Enrollment period, unless you experience a Qualifying Life Event (QLE). You must notify HR within 30 days of a QLE if you wish to make a change in your elections. The following are examples of QLEs:

- Loss of existing health coverage
- Marriage or divorce
- Birth, adoption, or legal guardianship of a child
- Change in employment status or income
- Death of a spouse/domestic partner or child
- Child no longer eligible due to age limitation

Patient Protection and Affordable Care ACT (PPACA)

The Patient Protection and Affordable Care Act (PPACA), often referred to as the Affordable Care Act (ACA), is healthcare legislation enacted in 2010. The law provides numerous rights and protections that make health coverage more fair and easy to understand, along with subsidies (through “premium tax credits” and “cost type and sharing reductions”) to make it more affordable. Some highlights include:

- Preventative Services covered at 100%
- Dependents are eligible for medical coverage up to age 26, regardless of dependency, marital, or student status
- No pre-existing medical conditions apply to any new or renewing plans on or after 01/01/2014



KEY TERMS

DEDUCTIBLE - A deductible is the dollar amount that you must pay towards covered services before the insurance plan will begin to pay their portion. The deductible amount may vary based on whether it is individual or family coverage.

COINSURANCE - The percentage or amount that you are required to pay in conjunction with your insurance plan after the deductible has been met.

CO-PAYMENT (COPAY) - A fixed payment that an insurer may require you to pay for certain covered expenses, such as office visits or prescription drugs. Copays go toward your out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM - The out-of-pocket maximum is the total amount of money you will be responsible for throughout the plan year. This amount includes deductibles, coinsurance, and co-payments. Once the out-of-pocket maximum is met, the insurer will pay 100% of the allowed amount for covered services for the remainder of the benefit period.

OUT-OF-NETWORK - Out-of-network means that a provider does not contract with the health insurance plan. In many cases, the insurance company will not pay or will pay substantially less for services you receive from an out-of-network provider. Out-of-network claims may be subject to balance billing. In these instances, the provider may bill the patient for the difference between what your insurance pays and what the provider bills.

QHDHP: QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN - Inerso currently offers two (2) QHDHPs, referenced as HSA and Low HSA.

HSA: HEALTH SAVINGS ACCOUNT - An HSA is a tax-advantaged account that you can use to pay for qualified medical expenses that your QHDHP does not cover.

You can only contribute to an HSA if you are enrolled in a QHDHP.

PPO: PREFERRED PROVIDER ORGANIZATION - A PPO is managed health care insurance that provides maximum benefits if you visit an in-network physician or provider but may provide some coverage for out-of-network physicians and providers.

Inerso currently offers one (1) PPO plan, referenced as an OAP.

IN-NETWORK ONLY PLAN - An in-network only plan only offers in-network coverage. Out-of-network benefits are not covered under this plan.

Inerso currently offers one (1) in-network only plan, referenced as an OAPIN.

FSA: FLEXIBLE SPENDING ACCOUNT - An FSA is a type of savings account that provides the account holder with specific tax advantages that allows you to set aside pretax dollars from your pay, which may be used to cover eligible out-of-pocket Health Care or Dependent Care expenses throughout the calendar year.

LIMITED PURPOSE FSA: LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT - A Limited Purpose FSA is an FSA that is compatible with a Health Savings Account (HSA). If you are enrolled in a QHDHP and have an HSA, you can maximize your savings by pairing your HSA with a Limited Purpose FSA to pay for dental and vision expenses.



MEDICAL / PHARMACY PLAN OPTIONS

Cigna Low HSA (Health Savings Account)

Also known as a Qualified High Deductible Health Plan, or QHDHP

Offers in- and out-of-network coverage

Eligible to contribute to an HSA

Cigna HSA (Health Savings Account)

Also known as a Qualified High Deductible Health Plan, or QHDHP

Offers both in- and out-of-network coverage

Eligible to contribute to an HSA

Cigna OAPIN (Open Access Plus In-Network, also known as a In-Network Only Plan)

There are no out-of-network benefits under this plan

Cigna OAP (Open Access Plus, also known as a Preferred Provider Organization, or PPO)

Offers both in- and out-of-network coverage

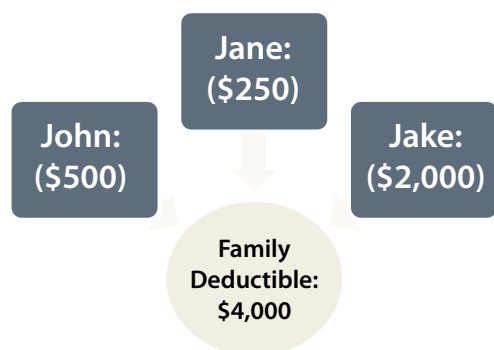
DEDUCTIBLES: AGGREGATE VS. EMBEDDED EXAMPLES



Sample Plan

Individual Deductible: \$2,000
Family Deductible: \$4,000

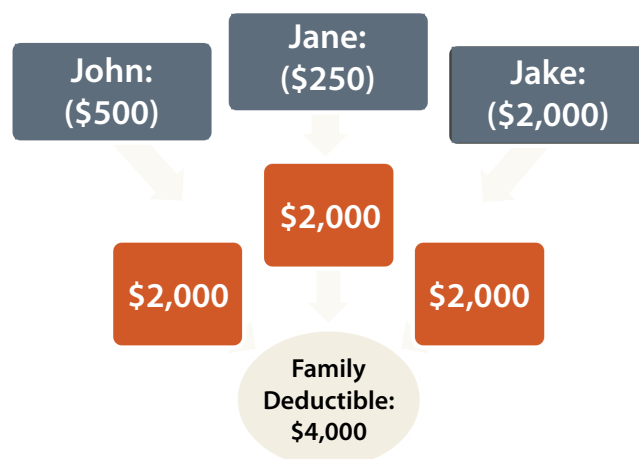
With an **aggregate family deductible**, your family will be paying the deductible until the entire family deductible is collected. **The HSA plan has an aggregate deductible.**



Jack falls, sprains his wrist and needs to go to the emergency room. Will the coinsurance kick in immediately since he has already met the \$2,000 individual deductible?

No, Jack (and all family member) will continue to pay the full cost of treatment until the \$4,000 family deductible is met.

With an **embedded family deductible**, the plan begins to make payments as soon as one member of the family reaches their individual deductible. **The OAPIN, OAP, and Low HSA plans have embedded deductibles.**



Jack falls, sprains his wrist and needs to go to the emergency room. Will the coinsurance kick in immediately since he has already met the \$2,000 individual deductible?

Yes, however, other family members will continue to pay until each of their individual \$2,000 deductible is met OR the family deductible of \$4,000 is met.

There are separate deductibles for in- and out-of-network providers. Each deductible must be met separately.





MEDICAL BENEFITS



Insero offers four medical plan options for you to select from. There are two high deductible health plans that can be used in conjunction with a Health Savings Account (HSA) (more information on HSAs can be found on Page 15).

You can also enroll in the Open Access Plus In-Network (OAPIN) plan, which is in-network coverage only, or you can opt for the Open Access Plus (OAP) plan, which provides the greatest flexibility with lower out-of-pocket expense at time of service.

All four medical plans utilize the Cigna “Open Access Plus” network. This is Cigna’s national network of physicians. Visit [myCigna.com](https://www.mycigna.com) to locate providers in your area.

Get the most from your health plan

Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you are looking for.

Step 1: Go to [myCigna.com](https://www.mycigna.com), and click on **“Find a Doctor”** at the top of the screen. Then, under **“How are you Covered?”** select **“Employer or School.”**

If you are already a Cigna customer, log in to [myCigna.com](https://www.mycigna.com) or the **myCigna®** app to search your current plan's network. To search other networks, use the [Cigna.com](https://www.cigna.com) directory.

Step 2: Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.

Step 3: Answer any clarifying questions, and then verify where you live (as that will determine the networks available)

Medical and Prescription Drug Plan Summary

In-Network Benefit	OAPIN	OAP	Low HSA	HSA
Annual Deductible (Individual/Family)	\$2,500 / \$5,000	\$1,000 / \$2,000	\$6,550 / \$13,100	\$2,000 / \$4,000
Out-of-Pocket Maximum (Individual/Family)	\$5,000 / \$10,000	\$4,000 / \$8,000	\$6,550 / \$13,100	\$3,000 / \$6,000
Physician Services Preventive Care Primary Care Visit Specialist Office Visit Telehealth Visit	No charge \$25 copay \$50 copay \$25 copay	No charge \$20 copay \$40 copay \$20 copay	No charge No charge* No charge* No charge*	No charge No charge* No charge* No charge*
Hospital Care Inpatient Facility Outpatient Facility	20%* \$250 per admission, then 20%	\$750 per admission ¹ \$50 admission	No charge* No charge*	No charge* No charge*
Emergency Care Emergency Room Ambulance (If medically necessary) Urgent Care	\$150 copay 20%* \$50 copay	\$150 copay No charge* \$50 copay	No charge* No charge* No charge*	No charge* No charge* No charge*
Diagnostic Procedures X-rays, Labs, Bloodwork Imaging CT/ PET scans, MRIs	No charge \$150 copay	No charge \$150 copay	No charge*	No charge*
Out-of-Network Benefit				
Annual Deductible (Individual/Family)		\$2,000 / \$4,000	\$13,100 / \$26,200	\$4,000/\$8,000
Out-of-Pocket Maximum (Individual/Family)	N/A	\$5,000 / \$10,000	\$13,100 / \$26,200	\$6,000 / \$12,000
Coinsurance		20%*	20%*	20%*

* After deductible is met

¹ Does not apply to plan year deductible

Medical and Prescription Employee Premiums/ Contributions Per Pay Period

	OAPIN	OAP	Low HSA	HSA
Employee	\$95.90	\$187.79	\$74.32	\$111.58
Employee + Spouse/Domestic Partner	\$252.94	\$444.32	\$195.11	\$323.86
Employee + Child(ren)	\$206.21	\$370.18	\$159.81	\$263.98
Employee + Family	\$317.22	\$539.66	\$255.40	\$397.34

PHARMACY COVERAGE



In-Network Benefit	OAPIN	OAP	Low HSA	HSA
Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$5,000	\$2,500/\$5,000	Combined with Medical	Combined with Medical
Retail- (30-day supply)				
Generic	\$10	\$10	\$10*	\$10*
Preferred	\$30	\$30	\$30*	\$20*
Non-Preferred	\$50	\$50	\$60*	\$40*
Mail Order- (90-day supply)				
Generic	\$25	\$25	\$30*	\$25*
Preferred	\$75	\$75	\$90*	\$50*
Non-Preferred	\$125	\$125	\$180*	\$100*

*After deductible is met

Know which medication your plan covers

Whether you are taking medications now or in the future, it is important to know which medications your plan covers. Cigna makes it easy by providing up-to-date drug lists online.

Follow these simple steps to find out how your plan covers your medication(s).

1. Go to [Cigna.com/druglist](https://www.cigna.com/druglist)
2. Select 'Performance 3 Tier' from the drop-down menu.
3. Choose a search method: Type in your medication name, and click 'Search,' or look for your medication name in the alphabetical list.



Visit [Cigna.com/druglist](https://www.cigna.com/druglist) from any computer or mobile device. Try it today!

Cigna 90 NowSM

The **Cigna 90 NowSM** program makes it easier for you to fill your maintenance medications. These are the medications you take on a regular basis to treat an ongoing health condition like asthma, diabetes, high blood pressure or high cholesterol. With the Cigna 90 Now program, you have the choice of how and where you want to fill your prescriptions your plan covers. Cigna makes it easy by providing up-to-date drug lists online.

You choose the amount. A 30-day or 90-day supply

- **If you choose to fill a 30-day supply**, you can use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- **If you choose to fill a 90-day (or 3-month) supply**, you can use specific in-network retail pharmacies that are approved to fill 90-day prescriptions. You also have the option to use Express Scripts Pharmacy®, our home delivery pharmacy (if your plan allows).



A 90-day supply helps make life easier.

You will make fewer trips to the pharmacy for refills, and as a result, are more likely to stay healthy. With a 90-day supply on hand, you are less likely to miss a dose.

You choose the pharmacy. Retail or home delivery.

There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. **Every pharmacy in your plan's network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions.**

Here are some of the retail pharmacies in your plan's network that can fill a 90-day prescription (to see a full list, go to [Cigna.com/Rx90network](https://www.cigna.com/Rx90network)):

- **CVS** (including Target and Navarro)
- **Walmart**

- **Kroger** (including Harris Teeter Pharmacy, Pick N Save Pharmacy, Fred Meyer Pharmacy, Fry's Food and Drug)
- **Access Health** (including Benzer Pharmacy, Marcs, Big Y Pharmacy, Marsh Drugs, LLC, Snyder Drug Emporium)
- **Elevate Provider Network** (including Super RX Pharmacy, Medical Center Pharmacy, Family Pharmacy, King Kullen Pharmacy)
- **Cardinal Health** (including Freds Pharmacy, Medicine Shoppe Pharmacy, Medicap Pharmacy)

Consider using Express Scripts Pharmacy

Home delivery is a convenient option when you are taking a medication on a regular basis. With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice). To learn more, go to [Cigna.com/homedelivery](https://www.cigna.com/homedelivery). To get started using home delivery, go to my.cigna.com/choosehomedelivery and follow the online instructions for how to move your prescription from your retail pharmacy.

- **Easily order, manage and track your medications** on your phone or online
- Standard shipping at **no extra cost**
- Fill up to a **90-day supply** at one time
- **Helpful pharmacists** available 24/7
- **Automatic refills** and refill reminders, so you do not miss a dose
- **Payment assistance** if you are having trouble paying for your medications

CIGNA TOOLS AND RESOURCES

Cigna Easy Choice Tool

Cigna's Easy Choice Tool just made selecting a medical plan easier! The Cigna Easy Choice Tool gives you personalized guidance to help you find the best fit medical plan. You will have to answer a few questions about your needs and preferences, and the decision support tool will rank the available plans by what matters the most to you. Please note that this tool is informational.

To get started, please visit:
decisionsupport.cigna.com

Access code: TTTFQ2PQ

Cigna One Guide

Combining digital technology with our personalized customer service, your Cigna One Guide team is here to help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals and other health care providers in your plan's network
- Get cost estimates
- Understand your bills
- Navigate the health care system

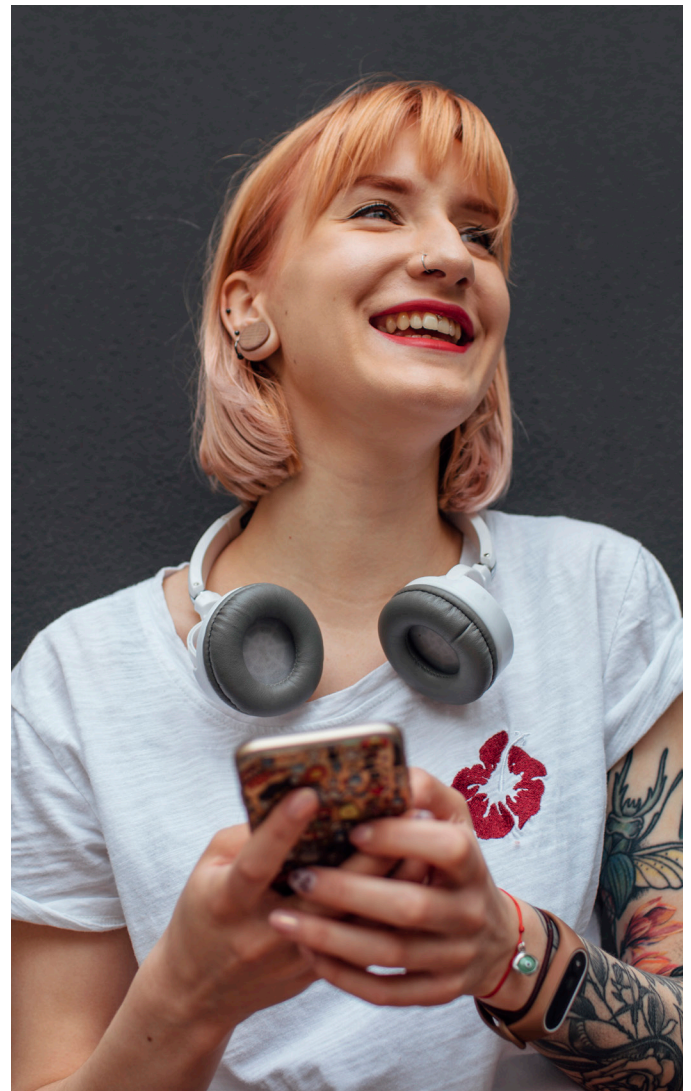
Get it all in the way that's most convenient for you.

- Call the number on your Cigna ID card
- Access the Cigna One Guide support tool by downloading the **myCigna App**

Health Information Line

Speak with a clinician who can help you understand and make informed decisions about health issues you are experiencing, at no extra cost.

Get help choosing the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network. Just call the number on your Cigna ID card anytime day or night.



CIGNA BEHAVIORAL HEALTH RESOURCES

For Behavioral health and substance use support, you have access to the Cigna Behavioral Health network of providers.

To find online care:

- Go to [myCigna.com](https://mycigna.com) > Find Care & Cost
- Search for “Virtual Counselor” under “Doctor by Type”
- Call to make an appointment with your selected provider

Online visits with Cigna Behavioral Health network providers cost the same as in-office visits. Costs vary by plan.

Licensed counselors and psychiatrists

can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Life changes
- Men’s issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women’s issues

Everyday stressors can impact your relationships, work, health, and emotional well-being. Cigna has partnered with:

HAPPIFY: Cigna has partnered with happify, a free app with science-based games and activities that are designed to help you defeat negative thoughts, gain confidence, reduce stress and anxiety, increase mindfulness and emotional well-being, and boost health and performance.

Sign up and download the free app at happify.com/cigna

IPREVAIL: Learn how to boost your mood and improve mental health with on-demand coaching that is available 24/7. After completing a brief assessment, you will receive a program tailored to your needs that includes interactive lessons and tools. You get access to a peer coach who is matched based on your symptoms. You can also join support communities focused on stress, anxiety, depression, and more.

Sign up on [myCigna.com](https://mycigna.com)

To see behavioral health options and participating providers, log in to your [myCigna.com](https://mycigna.com) account, click “Find Care” and then “Select Counseling”.

GINGER: Offers confidential mental healthcare through behavioral health coaching via text-based chats, self-guided learning activities and content, and, if needed, video-based therapy and psychiatry.

Refer to your plan documents or visit [myCigna.com](https://mycigna.com) or ginger.com/cigna for additional details and cost information.

TALKSPACE: Cigna’s partnership with Talkspace provides convenient, safe, and secure online therapy with a licensed clinician via private message and live video – anytime from anywhere!

Get started today by visiting: talkspace.com/cigna



VIRTUAL CARE / TELEHEALTH

Employees and their dependents enrolled in an Insero Cigna medical plan have access to a Telehealth service, MDLIVE, which provides virtual care for a wide range of nonemergency conditions. This convenient health benefit is available 24/7/365 from your home, office, or while on vacation.

How does it work?

MDLIVE makes it convenient to reach a telehealth provider who can diagnose your symptoms, recommend treatments and even prescribe medications for many minor, acute conditions including, but not limited to:

- Sore Throat
- Allergies
- Fever
- Cough
- Pink Eye
- Cold and flu

Copay amounts vary per plan design. Please review your plan for the cost of Telehealth visits. If you are considering a visit to Urgent Care or your Primary Care Physician, consider Telehealth services as an alternative option.

REGISTER

Do not wait until you or your dependents are sick to register.

Register today!

MDLIVEforCigna.com

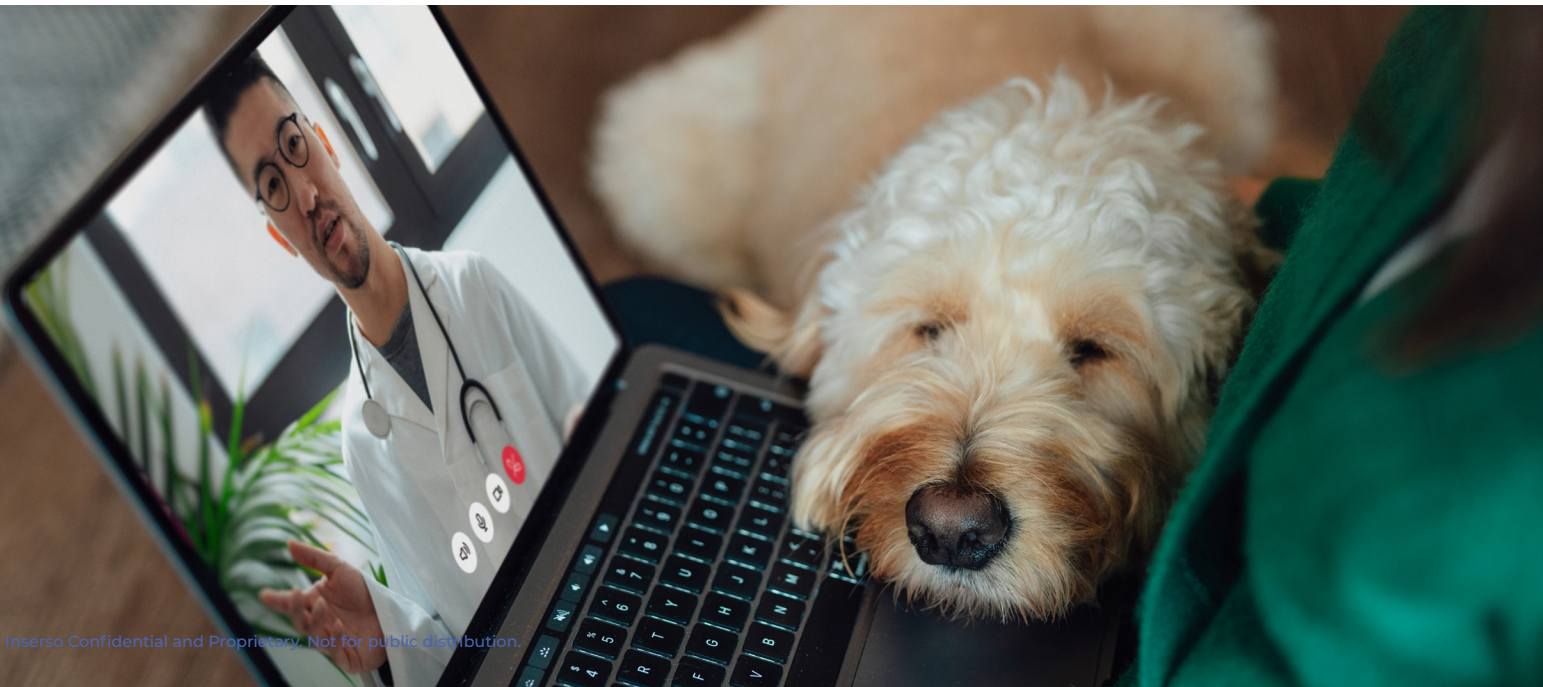
888-726-3171

SIGNING UP IS EASY

STEP 1. Set up and create an account with MDLIVE

STEP 2. Complete a medical history using their “virtual clipboard”

STEP 3. Download the vendor app to your smartphone/ mobile device



HEALTH SAVINGS ACCOUNT (HSA)

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a pre-tax savings account attached to a Qualified High Deductible Health Plan (QHDHP). You can put pre-tax money aside for medical, dental, vision, and prescription expenses. The money in your HSA accrues interest and rolls over from year to year. In other words, there is no “use or lose” rule. The account is also in your name - you can take your HSA with you to a new job and even into retirement.

HSA Contributions

	2024 Limit*	2025 Limit*
Individual Only	\$4,150	\$4,300
Individual with family coverage	\$8,300	\$8,550
Catch-up Contribution (age 55+)	\$1,000	\$1,000

	09/01/2024 – 12/31 /2024 Prorated Limit*	01/01/2025 – 08/31/2025 Prorated Limit*
Individual Only	\$1,383	\$2,867
Individual with family coverage	\$2,767	\$5,700
Catch-up Contribution (age 55+)	\$333	\$667

*IRS limits are subject to change

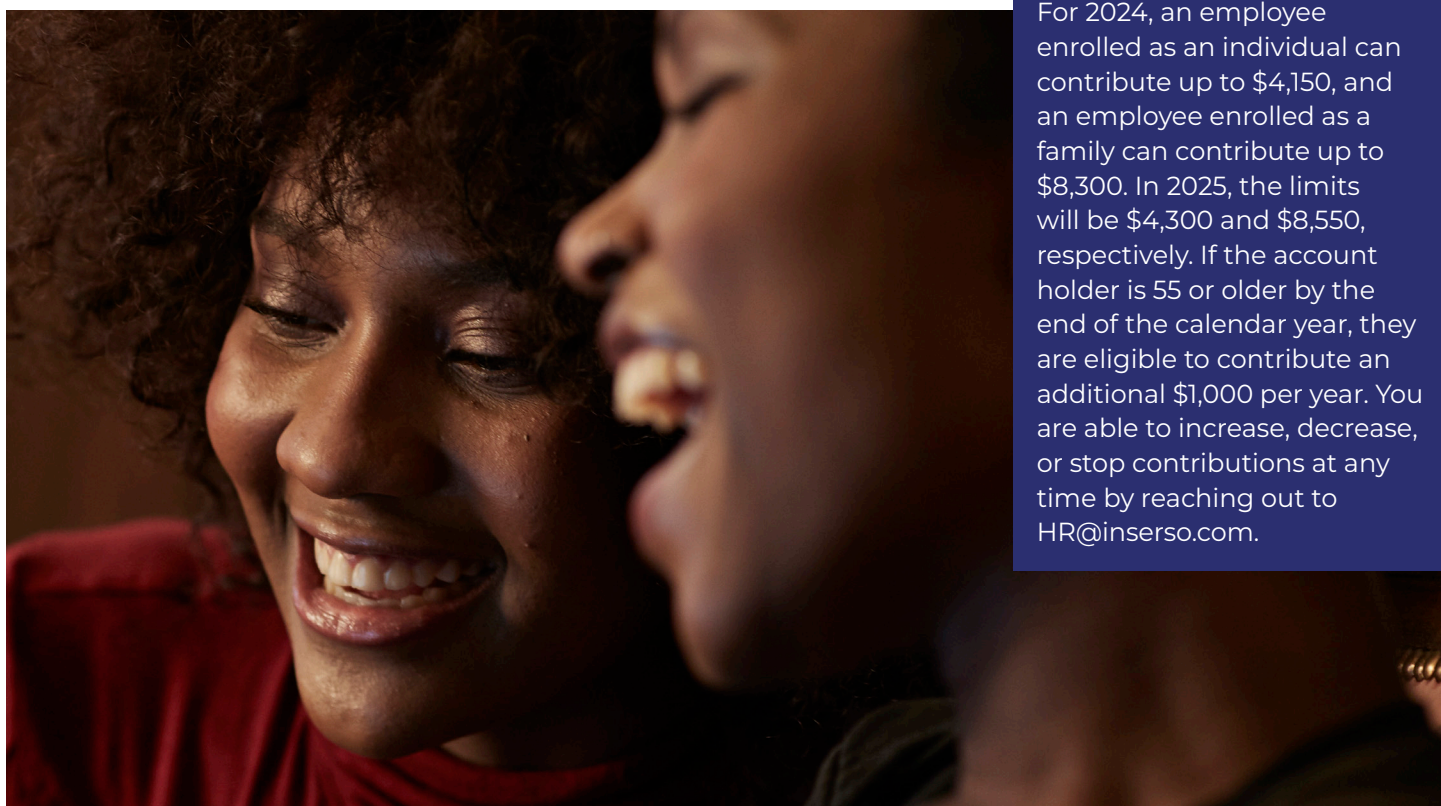


Employee Eligibility

An HSA account can be opened under your name if you enroll in the Low HSA or HSA medical plan. You cannot open an HSA if you are enrolled in another medical plan that is not a QHDHP such as Medicare, TRICARE, etc. You can, however, open a Limited Purpose Flexible Spending Account (LPFSA).

Contributions

For 2024, an employee enrolled as an individual can contribute up to \$4,150, and an employee enrolled as a family can contribute up to \$8,300. In 2025, the limits will be \$4,300 and \$8,550, respectively. If the account holder is 55 or older by the end of the calendar year, they are eligible to contribute an additional \$1,000 per year. You are able to increase, decrease, or stop contributions at any time by reaching out to HR@inserso.com.



When a Qualified High Deductible Health Plan (QHDHP) is combined with an HSA, you can:

- Control healthcare expenses.
- Increase tax savings.
- Reduce insurance premiums.
- Enjoy flexibility and portability.
- Save for retirement.

Here is a quick overview of the advantages and disadvantages of an HSA.



Remember

The QHDHP, which is a requirement for an HSA, is not always the best medical plan option if you expect to have significant healthcare expenses. However, if your general health is good to excellent, a QHDHP may work well for you.

Important: HSA Is Based on Plan Year

The HSA runs on a **Plan Year** basis; that is, from September 1 through August 31. If you enroll in an HSA during 2024 Open Enrollment, your HSA will run from 09/01/2024 through 08/31/2025. HSA contribution limits (Individual and Family) are set by the IRS.

Advantages



- ✓ Triple tax savings. The lifetime tax benefits even surpass those of a 401(k).
- ✓ Save for future health care expenses. Think retirement, a time when medical expenses typically increase.
- ✓ You can use your HSA funds to pay deductibles, coinsurance and copays for medical, dental and vision services for yourself and your eligible spouse/domestic partner and/or dependents.
- ✓ If you are age 55 or older, you may contribute an extra \$1,000 annually as a “catch up.”
- ✓ You own and can take this account with you wherever you go, there are no “use it or lose it” restrictions.
- ✓ You can increase, decrease, or stop contributions at any time by reaching out to HR@inserso.com.

Disadvantages



- ✗ If you withdraw funds for non-medical purposes prior to age 65, those funds are considered taxable income and a 20 percent penalty is also assessed by the IRS. After age 65, you would only be assessed taxes on the funds.
- ✗ It is not always easy to accurately budget for healthcare expenses. Illness can be unpredictable, and information about the cost and quality of medical care can be difficult to find.
- ✗ It can be challenging to set aside money to put into an HSA. An older, sicker person may not be able to save as much as a younger, healthier person.

OAP (PPO) & OAPIN (IN-NETWORK ONLY) VS. QHDHP (HSA)

What is the Same For All Four Plans?

- Cigna will cover routine, emergency, and catastrophic care
- Cigna receives the bills and pays providers directly
- Preventative care is covered at 100% and is not subject to deductible with in-network providers.

The QHDHP (HSA) Difference!

- You pay lower premiums, but must satisfy a higher deductible in full before payments are made by Cigna
- You must satisfy your deductible before you begin paying copays for your prescriptions
- Your HSA may be used to fund the deductible
- Your unused HSA dollars rollover year to year

HOW THE QHDHP (HSA) PLAN WORKS

Your Deductible	<ul style="list-style-type: none"> • You pay for all covered services (medical and pharmacy) until you pay your deductible. • You can either pay for services with the money in your HSA, or you can pay another way (such as cash, credit card or check) and allow your HSA to grow. • There are separate deductibles for in- and out-of-network providers. Each deductible must be met separately.
Your Coinsurance	<ul style="list-style-type: none"> • After you meet your deductible, coinsurance kicks in. • This means that you and your plan may share the cost (percentage) of covered services. <ul style="list-style-type: none"> ◦ The coinsurance is 100% for the two (2) QHDHP plans for in-network providers, and 80% for out-of-network providers. • You will pay a copay for prescriptions after your deductible is met.
Your Out-of-Pocket Limit	<ul style="list-style-type: none"> • When you reach your out-of-pocket limit, you no longer must pay for covered services. • The plan will pay 100% of covered services for the rest of the plan year. • Your deductible, co-insurance and copays add up to meet this maximum. • There are separate out-of-pocket limits for in- and out-of-network providers. Each out-of-pocket limit must be met separately.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Inserso's Flexible Spending Accounts (FSAs), administered through Flores, lets you set aside pre-tax dollars out of your paycheck to pay for certain non-reimbursable expenses. The end result - you pay less taxes. Plus, the convenience of automatic payroll deductions makes it easy to participate. **New hires will be able to enroll into the Health Care and Dependent Care FSA during their new hire enrollment period.**

Budget Appropriately

FSAs are typically "use or lose" programs. This means if you do not use all of the funds you elect to contribute to your FSA during the calendar year, you will lose those remaining funds (with exception of rollover amounts outlined herein). Inserso has elected to allow the IRS-approved rollover amounts for Health Care and Limited Purpose FSAs. The only time you may make a change to your Health Care/Limited Purpose and/or Dependent FSA contribution election is if you experience an IRS Qualifying Life Event (QLE) such as marriage, birth of a child, adoption of a child, divorce, widowed, etc.



Important: The FSA is based on Plan Year

Beginning September 1, 2024, the FSAs run on a **Plan Year** basis; that is, from September 1 through August 31.

Save All Receipts

You must save all receipts from purchases made on your FSA debit card, including prescriptions and physician copays. The FSA carrier may request that you substantiate your FSA purchases made on the FSA debit card.

Health Care FSA

In 2024, you can contribute up to \$3,200 (the IRS maximum) per year on a pre-tax basis to pay for eligible out-of-pocket health care expenses. You can use these dollars to pay for deductibles, copayments and other eligible health care expenses incurred by you and your eligible dependents. Insero has elected to allow the IRS-approved rollover amounts for Health Care FSAs.

Claims for each plan year must be incurred during the plan year (09/01 - 08/31) and must be submitted by November 30 following the end of the plan year. Participants may rollover the IRS-approved rollover amounts from one plan year to the next. For the short plan year (01/01/2024 - 08/31/2024, the amount that can be rolled over is \$426.67. The amount that participants may rollover for the 09/01/2024 - 08/31/2025 plan year into the following plan year will be communicated by Insero after announced by the IRS, but is anticipated to be at least \$640. Unused funds over the applicable rollover amount will be forfeited.

- Copayments, deductibles and co-insurance
- Eye examinations, glasses and contacts
- Dental insurance copayments and orthodontic expenses
- Transportation to and from medical provider
- Medical supplies

Limited Purpose FSA

With a Limited Purpose FSA, general medical expenses are not eligible for reimbursement. You may submit claims ONLY for certain eligible dental and vision care expenses. A Limited Purpose FSA may be used in conjunction with a Health Savings Account (HSA) and High Deductible Health Plan. Insero has elected to allow the IRS-approved rollover amounts for Limited Purpose FSAs.

Claims for each plan year must be incurred during the plan year (09/01 - 08/31) and must be submitted by November 30 following the end of the plan year. Participants may rollover the IRS-approved rollover amounts from one plan year to the next. For the short plan year (01/01/2024 - 08/31/2024, the amount that can be rolled over is \$426.67. The amount that participants may rollover for the 09/01/2024 - 08/31/2025 plan year into the following plan year will be communicated by Insero after announced by the IRS, but is anticipated to be at least \$640. Unused funds over the applicable rollover amount will be forfeited.

- Certain eligible dental and vision expenses

If you have a Health Care FSA and enroll in one of the QHDHP medical plans for the new plan year, you will be able to contribute to an HSA effective 09/01. If you have remaining funds in your Health Care FSA as of August 31, you have two options:

1. You can do nothing. Your FSA plan will end as of 08/31, and you will forfeit any remaining funds for expenses that were incurred within the plan year if you have not submitted for reimbursement for such expenses within 90 days of 08/31; or
2. Transition your remaining Health Care FSA funds, up to the IRS rollover amount, into a Limited Purpose FSA, effective 09/01, by signing up for a Limited Purpose FSA during Open Enrollment. Any funds in excess of the rollover amount will be forfeited.

If you move from the OAPIN and OAP plans to a QHDHP medical plan, your balance of funds from your Health Care FSA can be transitioned to a Limited Purpose FSA on September 1.

Dependent Care FSA

A Dependent Care FSA lets you use pre-tax dollars to pay for eligible expenses related to care for your child under the age of 13, disabled spouse/domestic partner, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you can work, or if you are married, for your spouse/domestic partner to work, look for work or attend school full time. Eligible dependents/elders must be a tax dependent and incapable of self-care. You can contribute up to \$5,000 per year, or \$2,500 if married and filing separate tax returns. Dependent Care FSA funds cannot be rolled over year to year.

The Dependent Care FSA does have a grace period, which provides that funds contributed in a plan year can be utilized for claims that occur during the plan year or within 2.5 months after the plan year. Participants may use remaining funds for claims incurred through November 15. Any remaining funds will be forfeited. Claims must be submitted for reimbursement by November 30.

Child care or dependent care facilities, including:

- Day Care Centers
- Nurseries
- Summer Camps (Overnight camps are not eligible)
- Elder Day Care
- Services in your home that include dependent care
- Care in your home or someone else's home, only for services

Transit and Parking FSAs

Under this program, you can set aside pre-tax dollars to use for eligible commuter and parking expenses. The IRS sets limits for the amount for each type of expense. The 2024 limits and guidance are as follows:

- \$315 per month for transit passes and van pooling
- \$315 per month for qualified parking
- Changes can be made to your commuter account throughout the year
- Any unused dollars carry over year to year
- Transit FSA funds must be exhausted by employee's separation date, or the funds are forfeited.
- Parking FSA funds allow up to 90 days after the plan year ends to submit for claims incurred while actively employed. Any remaining funds are forfeited.



HSA vs. FSA: What's the Difference?

Below is a chart comparing a Health Savings Account and a Flexible Spending Account.

Features and Provisions	HSA	Health Care FSA	Limited Purpose FSA
Basics			
Eligible Medical Plan Options	Anyone enrolled in the Low HSA and HSA plans only	Anyone enrolled in the OAPIN and OAP Plans, including those who have waived medical coverage	Anyone enrolled in the Low HSA and HSA Plans only
Automatic annual enrollment?	Yes - If you enroll in the HSA Plans above, a health savings account with Cigna will automatically be opened in your name	No – you must enroll each year during Annual Enrollment or when you are first hired	No – you must enroll each year during Annual Enrollment or when you are first hired
Duration of account	Plan Year (September 1 through August 31)	Plan Year (September 1 through August 31)	Plan Year (September 1 through August 31)
Contributions			
Maximum 2024 annual contributions?*	\$4,150 - Individual / \$8,300 - Family	\$3,200 per plan year: 09/01/2024 - 08/31/2025	\$3,200 per plan year: 09/01/2024 - 08/31/2025
Maximum 2025 annual contributions?*	\$4,300 - individual / \$8,550 - family	\$3,200 per plan year: 09/01/2024 - 08/31/2025	\$3,200 per plan year: 09/01/2024 - 08/31/2025
When are funds available for use?	Funds are available as they are deposited	Full election amount is available on the first day of the plan year.	Full election amount is available on the first day of the plan year.
Contributions subject to "use it or lose it" rule?	No	Yes, subject to the \$640 rollover set forth below.	Yes, subject to the \$640 rollover set forth below.
Contributions qualify for tax advantages?	Yes Pre-tax dollars	Yes Pre-tax dollars	Yes Pre-tax dollars
Contributions can earn interest/investment earnings on a tax-deferred basis?	Yes	No	No
Account balances are portable if you change employers?	Yes – If you leave the company, your HSA funds go with you	No	No
Change your contribution amounts during the year?	Yes, for any reason	No, UNLESS you experience a qualifying life event during the year.	No, UNLESS you experience a qualifying life event during the year.
Use the account to build long-term savings?	Yes – You can allow your account balance to grow tax-free	No	No
Expenses			
Eligible Expenses	Eligible medical, dental, and vision expenses	Eligible medical, dental, and vision expenses	Dental and vision expenses only
Claims substantiation	Not required, though you must retain receipts	Required	Required
Additional Information			
COBRA eligible	N/A	Yes	Yes
Rollover Provisions	Yes	Rollover up to \$640 of unused funds into the upcoming plan year	Rollover up to \$640 of unused funds into the upcoming plan year

*IRS maximums are subject to change. Changes to the 2025 FSA amounts are not reflected in the Inerso plans until 09/01/2025.

Flexible Spending Accounts (FSAs)

Health Care Flexible Spending Account	Limited Purpose Flexible Spending Account	Dependent Care Flexible Spending Account	Transit Flexible Spending Account	Parking Flexible Spending Account
Must not be enrolled in qualified high deductible health plan	Intended for employees enrolled in the qualified high deductible health plan	Child(ren) must be under age 13	Available to all employees	Available to all employees
2024 annual maximum is \$3,200	2024 annual maximum is \$3,200	Both parents must be working, looking for work or attending school full-time	2024 maximum is \$315 a month	2024 maximum is \$315 a month
Rollover amount up to \$640	Rollover amount up to \$640	2024 annual household maximum is \$5,000	Eligible expenses include vanpooling, or transit passes (e.g., bus, subway, ferry, etc.) related to your work commute	Eligible expenses include parking (e.g., metered parking and/or parking lots/garages)
Eligible expenses include deductible, copays, prescriptions, dental expenses, vision expenses	Eligible expenses are dental and vision only	Eligible expenses include daycare, elder care, day camp, etc. (Overnight camps are not eligible)		
		Eligible dependents/elders must be a tax dependent and incapable of self-care		

**FSA enrollment is now done at the same time as other benefit selections*

DENTAL BENEFITS



Plan Year: 09/01/2024 - 08/31/2025

	EPO (Low) Plan	PPO (High) Plan	
	In-network	In-network	Out-of-network**
Deductible	You pay	You pay	You pay
Individual	\$0	\$50	\$50
Family	\$0	\$150	\$150
Plan Year Maximum	None	\$1,500	\$1,500
Diagnostic and preventive			
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%	100%	90%
Basic			
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	See patient charge schedule	80%*	70%*
Major			
Crowns, jackets, dentures, bridge implants	See patient charge schedule	50%*	40%*
Orthodontia			
Dependent children under 19		50%*	50%*
Lifetime maximum (per individual)	See patient charge schedule	\$1,000	\$1,000
Implants			
Adult and dependent children	See patient charge schedule	50%*	40%*
Lifetime maximum (per individual)		\$1,500	\$1,500

*After deductible is met
Coinsurance under the Premier network will match the out-of-network coinsurance

Dental Employee Premiums/Contributions Per Pay Period

	EPO (Low) Plan	PPO (High) Plan
Employee	\$2.28	\$3.89
Employee + Spouse/Domestic Partner	\$9.57	\$16.31
Employee + Child(ren)	\$11.31	\$19.29
Employee + Family	\$17.58	\$29.95



FIND AN IN-NETWORK DENTIST

Visit [DeltaDentalVA.com](https://www.DeltaDentalVA.com), where you can enter an address or zip code to search for participating providers in your area. You do not need to log in to perform a dental search.

AFTER YOU ENROLL

You will receive two ID cards via postal mail. Please bring your ID card to your dental appointments. If your dentist participates in our networks, they will file the claims on your behalf, however, if the dentist is out-of-network, you may have to pay upfront and file a claim for reimbursement. Claim forms can be found at [DeltaDentalVA.com](https://www.DeltaDentalVA.com)



MOBILE APP

Members do not need to log in to find a dentist. You can log into the mobile app using the same login that you use for Delta Dental's website. Once logged in, you can:

- Check coverage
- Review claims information
- View your ID card
- Use our Cost Estimator

PRE-DETERMINATION OF BENEFITS

It is recommended that you obtain a written estimate from Delta Dental for the amount that your dental plan will pay for a specific treatment based on information provided by your dentist.

MAXOVER BENEFIT (EPO PLAN ONLY)

The EPO plan includes **MaxOver**, which rewards members for their good oral health activities! To be eligible, members must have at least one preventative exam during the benefit period and stay below the **MaxOver** claims threshold paid during the benefit period.

HEALTHY SMILE, HEALTHY YOU™

This innovative program provides one additional cleaning or periodontal procedure for some important health conditions that are connected to oral health, such as pregnancy, diabetes, high-risk cardiac conditions, and cancer treatment. Members must enroll before taking advantage of this benefit. The enrollment form can be downloaded at [DeltaDentalVA.com](https://www.DeltaDentalVA.com).

COST ESTIMATOR

The **Cost Estimator Tool** lets you know what to expect at your next dental appointment!

- Estimates reflect the actual fees charged by dentists within 3 digit zip codes or by the selected dentist.
- The estimate will be broken down by individual procedures and will include a total for the entire treatments.
- You must login to the member portal to access this feature.

Note: Some procedures may not be covered under your plan. Members should contact benefit services or their dentist for detailed information about their benefits.



VISION BENEFITS



Plan Year: 09/01/2024 - 08/31/2025

To find a vision provider near you, log in to myCigna.com

	CIGNA VOLUNTARY VISION	
	In-network	Out-of-network
Deductible	You pay	You pay
Eye Exam	\$10 copay	Up to \$45 allowance
Materials	\$25 copay	Not applicable
Frequency	Once every 12 months	
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contact Lenses	Once every 12 months	
Frames	Up to \$130 allowance	Up to \$71 allowance
Lenses		
Single Vision Lenses	\$25 copay	Up to \$32 allowance
Bifocal Vision Lenses	\$25 copay	Up to \$55 allowance
Trifocal Vision Lenses	\$25 copay	Up to \$65 allowance
Lenticular Vision Lenses	\$25 copay	Up to \$80 allowance
Contact Lenses		
Elective Contact Lenses	Up to \$130 allowance	Up to \$105 allowance
Medically Necessary Contact Lenses	Covered in full	Up to \$210 allowance

Vision Employee Premiums/Contributions Per Pay Period

	CIGNA VOLUNTARY VISION
Employee	\$2.90
Employee + Spouse/Domestic Partner	\$5.80
Employee + Child(ren)	\$5.86
Employee + Family	\$9.35

LIFE INSURANCE / AD&D / DISABILITY



BASIC LIFE INSURANCE / ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

All active, full-time employees working at least 30 hours per week are eligible for Basic Life and Accidental Death & Dismemberment (AD&D) insurance. Life insurance coverage provides important financial protection for your beneficiaries in the event of your death. AD&D insurance provides additional financial protection by paying a benefit upon death or serious injury due to a covered accident. The basic life insurance benefit amount is \$50,000. The AD&D insurance benefit amount is equivalent to your life benefit amount. *Insero covers the cost of this benefit.*

Group Term Life	100% Paid by the Employer
Employee	\$50,000
AD&D	100% Paid by the Employer
Employee	\$50,000

Age Reduction Schedule:

- Age 65 to 69: Benefit decrease to 65% of original benefit
- Age 70+: Benefit decrease to 50% of the original benefit

Some Helpful Insurance Terms:

Imputed Income |

Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. This value is known as imputed income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

Age Reduction |

The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.



VOLUNTARY LIFE/AD&D

All active, full-time employees working at least 30 hours per week have the option to purchase additional life insurance and AD&D coverage as a bundle for themselves, their spouse/domestic partner and/or dependent child(ren). **Employees are responsible for the cost of this benefit.**

The Guaranteed Issue (GI) amount is the amount of coverage you may elect without showing proof of good health. **For 2024/2025, Guardian is allowing all employees to enroll in coverage up to the guaranteed issue (GI) amount without completing Evidence of Insurability (EOI).** For the 2024-2025 Open Enrollment, this is your one-time opportunity to enroll in the Voluntary Life/AD&D GI amount without having to complete EOI. If you wish to enroll after this initial Open Enrollment or, for a new hire starting in this plan year, after a new hire's first benefits enrollment, or wish to increase your election at a later time, you will need to complete EOI, subject to the \$50,000 increase opportunity set forth below.

Voluntary Life/AD&D Rates

Existing employees:

For future enrollments, existing employees who are enrolled can increase their coverage amount up to an additional \$50,000, without requiring EOI, provided the increased elected amount is less than the GI. Any elected amount over the GI amount will require EOI.

New hires:

If you are a new hire and are electing benefits for the first time within your 30-day new hire enrollment period, you can elect up to the Guaranteed Issue (GI) amount without completing EOI. If you decline to enroll during your new hire enrollment period, and then choose to enroll at a later date, you will be required to complete EOI for any amount selected.

	Amount You May Elect	Maximum Amount You May Elect	Guaranteed Issue (GI) Amount
For yourself	Increments of \$10,000	\$500,000	\$200,000
For your spouse/domestic partner	Increments of \$5,000	\$200,000 (Not to exceed 100% of employee's elected amount)	\$30,000
For your child(ren)*	\$10,000	\$10,000 (Not to exceed 100% of employee's elected amount)	\$10,000

*Covers all dependent children covered under the policy



Your cost for Voluntary Life/AD&D coverage is based on the amount of coverage you elect, as well as your age. Rates for both employee and spouse/domestic partner coverage are based on the employee's age as of September 1 of each year. The cost of this coverage is deducted from your pay through post-tax payroll contributions (24 pay periods). Information regarding the cost calculation for your elected benefit is below.

Voluntary Life/AD&D Rates

	Employee Rates per \$1,000:	Spouse/ Domestic Partner Rates per \$1,000:
Under 25	\$0.074	\$0.074
25-29	\$0.105	\$0.105
30-34	\$0.105	\$0.105
35-39	\$0.124	\$0.124
40-44	\$0.169	\$0.169
45-49	\$0.245	\$0.245
50-54	\$0.377	\$0.377
55-59	\$0.595	\$0.595
60-64	\$0.901	\$0.901
65-69	\$1.514	\$1.514
70+	\$2.850	Not Applicable
Child Life/ AD&D per \$1,000	\$0.200	

Rates for both employee and spouse/domestic partner are based upon employee's age.

To calculate the cost of coverage, use the formula below:

$$\frac{\text{Benefit amount divided by } \$1,000}{\text{Age banded rate (employee age or child rate)}} \times \text{Monthly Cost} \times 12/24 = \text{Per pay cost}$$

Example: Jake is 34 years old and elects \$80,000 in Voluntary Life/AD&D for himself, \$20,000 for their spouse/domestic partner, and \$10,000 for their three children.

$$\frac{80}{0.105} \times \$8.40 \times 12/24 = \$4.20$$

Benefit amount divided by \$1,000 Age banded rate (employee age rate) Monthly Cost Per pay cost

$$\frac{20}{0.105} \times \$8.40 \times 12/24 = \$4.20$$

Benefit amount divided by \$1,000 Age banded rate (employee age rate) Monthly Cost Per pay cost

$$\frac{10}{0.200} \times \$2.00 \times 12/24 = \$1.00$$

Benefit amount divided by \$1,000 Age banded rate (child rate) Monthly Cost Per pay cost

Jake's total per pay cost: \$9.40

Short / Long-Term Disability Plans

Inerso offers two company-paid disability plans by Guardian to provide financial assistance in case you become disabled or unable to work.

Short-Term Disability (STD) Plan

All active, full-time employees working at least 30 hours per week are eligible for Short-Term Disability (STD) coverage. STD coverage is designed to provide income replacement if you become disabled and are unable to work for more than 7 days. Benefits are paid up to a maximum of 12 weeks. Certain conditions, such as birth of a child or hospitalized overnight, have no Elimination Period. Preexisting conditions are excluded.

Short-Term Disability (STD)	Benefit premium 100% paid by Inerso
Weekly benefit amount	60% up to \$1,000
Benefits duration	Up to a maximum of 12 weeks
Benefits begin	After 7 consecutive days of disability

Long-Term Disability (LTD) Plan

All active, full-time employees working at least 30 hours per week are eligible for Long-Term Disability (LTD) coverage, LTD coverage is designed to provide income replacement if you become disabled and are unable to work. Benefits are paid until you are no longer disabled or reach Social Security Normal Retirement Age (SSNRA).

Long-Term Disability (LTD)	Benefit premium 100% paid by Inerso
Benefit amount	60% up to \$5,000
Benefits duration	Until you are no longer disabled or reach SSNRA
Benefits begin	After 90th day of disability



Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits and return-to-work earnings. Refer to your certificate of coverage for more details.





HOSPITAL CARE (INDEMNITY INSURANCE)



Why is this coverage so valuable?

You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly.

How does it work?

Cigna's Hospital Care (Indemnity Insurance) helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you are admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses that your medical plan may not cover, such as coinsurance, copays and deductibles.

What's included?

- \$1,000 for each covered hospital admission - 1 per year
- \$1,000 for each covered ICU admission - 30 days per year
- \$100 for each standard daily hospital stay - 30 days per year
- \$200 for each ICU daily - Up to 30 days per year

Who can get coverage?

- You - if you are actively at work
- Your Spouse/Domestic Partner
- Your Children - Dependent children until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse/domestic partner or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses/domestic partners and dependent children must reside in the United States to receive coverage. Certain states may have limitations.

Semi-Monthly Contributions | Effective September 1, 2024

	HOSPITAL CARE (INDEMNITY INSURANCE)
Employee	\$8.40
Employee + Spouse/Domestic Partner	\$17.31
Employee + Child(ren)	\$14.41
Family	\$23.32



CRITICAL ILLNESS INSURANCE

With Critical Illness Insurance, you will receive a lump-sum payment when a covered illness is diagnosed. You can use the payment any way you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan. Pre-existing condition limitations will not apply.

Coverage available for both you and your dependents.

- For you: \$5,000, \$10,000, or \$20,000
- For your spouse/domestic partner: 50% of your elected amount
- For your dependent children: 25% of your elected amount

Conditions covered under this policy include, but are not limited to: coronary artery disease, end stage renal kidney failure, heart attack, stroke, organ transplant, cerebral palsy, cleft lip/palate, cystic fibrosis, cancer, brain tumor, coma, loss of hearing, sight, or speech, permanent paralysis, dementia, multiple sclerosis, and Parkinson's disease.

- The first time you are diagnosed with an illness from any of the of covered conditions, you will be paid a lump-sum initial benefit.
- If you suffer from the same illness again later, or you are diagnosed with another illness in the same category, you will be paid a percentage of your benefit.

PLEASE NOTE: Rates are based on attained age, which means the premium can increase due to the increase in your age. Please refer to the policy benefit summary for semi-monthly contributions.

ACCIDENTAL INSURANCE

With Accidental Insurance, you will receive a lump-sum payment for a covered injury and related services. You can use the payment any way you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan. No medical questions asked!

- Option to elect a Low or High plan
- Coverage available for both you and your dependents
- Direct payment to you or to your beneficiary

If you experience one of the covered accidental injuries or related services, you will be paid a lump-sum benefit (varies based on service)—organized sports are included.

Covered accidents include severe burns, concussion, dislocations, eye injuries, fractures, lacerations, loss of a finger, ambulance use, emergency dental repair, emergency imaging, anesthesia, surgery, hospitalization, and recovery visits.

Semi-Monthly Contributions Effective September 1, 2024

	LOW PLAN	HIGH PLAN
Employee	\$2.97	\$5.00
Employee + Spouse/ Domestic Partner	\$5.50	\$9.13
Employee + Child(ren)	\$6.28	\$11.24
Family	\$8.82	\$15.38



If you have an accident, will it hurt your bank account too?

Cigna's Accidental Insurance gives you something to fall back on.

An accident can happen to anyone, and recovery can be costly. Your medical plan may pick up most of the tab, but leave you with out-of-pocket expenses that add up quickly. Accidental Insurance can help ease the unplanned financial burden by complementing other insurance you may have, including major medical and disability coverage. As medical costs continue to rise, this additional layer of financial protection may make a difference at a time when you and your family need it most.

Accidental Insurance provides benefits for covered accidental injuries, related services, and treatments.



ADDITIONAL BENEFITS

Employee Assistance Program

Inerso's Employee Assistance Program (EAP) assists employees and their eligible dependents in dealing with problems that may adversely impact their job performance, personal relationships, and overall health. The EAP also offers support with substance abuse, emotional distress, health care concerns, etc. EAP support is available 24/7 and is confidential. For more information, call [877.622.4327](tel:877.622.4327) or visit myCigna.com and use the employer ID **"inserso"**.

Wellness

Healthy Rewards-Discount Programs

Cigna's Healthy Rewards® provides discounts of up to 60% on various wellness programs and services, ranging from *Weight Management* and *Nutrition*, to *Vision and Hearing Care*, and *Tobacco Cessation*. To learn more about these and other wellness programs, visit Cigna.com/rewards (**password: savings**) or call [800.258.3312](tel:800.258.3312).

My Health Assessment

Completing a Health Assessment from the comfort of your home will not only provide you with vital information regarding your health, but you can also earn \$25 in rewards! Log in to myCigna.com to earn a \$25 debit or gift card to merchants such as Amazon, Wal-Mart, Target, CVS, and more!

Professional Development, Education Assistance & Training*

Inerso encourages employees to educate themselves and increase their knowledge in their field. At its sole discretion, Inerso will reimburse employees up to \$500 per calendar year for professional development activities such as seminars, online courses, certifications, training programs, and exams, and up to \$1,000 per calendar year for fees/tuition incurred for courses from accredited institutions completed with a grade of 'B' or better, or a 'Pass' in a Pass/Fail course. **Prior approval is required for reimbursement.**

Employee Referral Bonus Program*

Inerso encourages employees to be involved in bringing the right people to our team and will reward employees with a referral bonus if a candidate is referred by an employee. The referral bonus will reward employees \$500 for hourly paid and entry level positions, \$10,000 for Vice President or above positions, and \$5,000 for Director level positions. All other positions will receive a referral bonus of \$1,500. The Employee Referral Program Policy can be found on the IKO under Forms and Information > Form/Benefit Type: Inerso Policies & Procedures > Employee Referral Bonus Program.

Wholesale Club Membership

Inerso will reimburse employees for the cost of a Costco or similar wholesale club's basic membership. Employees can purchase any level of membership they would like, however, they will only be reimbursed for the cost of the basic membership.

*Inerso reserves the right to adjust amounts at any time and at its sole discretion.

Verizon Wireless Program

Employees are eligible for exclusive savings from Verizon Wireless. Take advantage of discounts on your monthly calling or data plan, phones, and accessories. To get started, log on to [VerizonWireless.com/discounts](https://www.verizonwireless.com/discounts).

Legal Resources

Employees have the opportunity to purchase legal services through Legal Resources. The Legal Resources plan covers the attorney fees for a broad range of the most often needed legal services for \$19 per month, or \$9.50 per pay period. The plan covers you, your spouse/domestic partner, and qualifying dependents. There are no annual usage limitations, copays, or deductibles for the fully covered services. The plan also provides less commonly needed services at a 25% discount on attorney fees. Examples of covered services include:

- Advice & Consultation
- Traffic Court
- Buying & Selling Homes
- Divorce & Child Custody
- Wills & Estate Planning
- Identity Theft Assistance
- Courtroom Representation
- Billing Disputes

Visit [LegalResources.com](https://www.legalresources.com) or call **800.728.5768** to learn more.

PerkSpot Discount Program

PerkSpot Discount Program is a one-stop shop for thousands of exclusive discounts in more than 25 different categories. This means there is something for everyone! Insero employees have access to a large number of discounts - whether seeking a discount for groceries, products that help pass the time at home, a way to keep children entertained and educated, or something else. Visit locktonnortheast.perkspot.com/login to start saving!

MetLife Pet Insurance

Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance. Coverage is offered for dogs, cats, and exotic pets, including birds, reptiles, and rabbits. Premiums are 100% employee-paid and employees directly pay MetLife. Premiums will vary by the pet's age, breed, species, and zip codes.

Get a quote or enroll today

Call: 1-800-GETMET8

Scan the QR code:





401(K) PLAN

Planning for your retirement is important whatever your age. Inerso's 401(k) plan provides you with the opportunity and resources necessary to ensure a secure financial future for yourself and your family. All regular 401(k) investment contributions are taken from paychecks before taxes are applied.

In addition to the regular 401(k), employees may choose to participate in the Roth 401(k). Deductions are taken on an after-tax basis. Growth in the designated Roth account is tax-deferred and qualified distributions are excluded from gross income.

Employees choose from available investment selections. Plan contributions and risks are solely the responsibility of the employee. The program was designed to help employees prepare for the future with a diversified program that helps to minimize risk and maximize returns.

Eligibility

All employees who are at least 21 years old are eligible to participate on the first of the month following the six-month anniversary of their hire date and may contribute up to the IRS maximum allowable contribution. The money you contribute to the plan is 100% vested (owned unconditionally by you) upon deposit.

IRS Limits

For calendar year 2024, you may elect up to \$23,000* of your base pay to the plan on a Traditional (pre-tax) or Roth (after-tax) basis. If you are or will be age 50 or older during the calendar year, you may make an additional 'catch up' contribution of \$7,500 for 2024. You may increase, decrease, or stop your salary deferral contribution as of each payroll period. The IRS will provide the 2025 limit amount by the end of the 2024 calendar year.

*IRS limits may change in 2025.

Company Match

The plans provide for company matching contributions that includes a dollar-for-dollar Safe Harbor Match of up to 4% of your compensation, per pay period. Unlike most 401(k) plans, this match is immediately

vested in full. Once eligible, employees are automatically enrolled at a 4% contribution rate unless the employee takes specific action to set a different rate. There is an automatic increase feature of 1% per year until you reach a total contribution rate of 12%.

Loans

The plan allows you to borrow the lesser of \$50,000 or 50% of your eligible total vested account balance. The minimum loan amount is \$1,000, and you have up to 60 months to repay your general purpose loan, or up to 360 months if the money is used to purchase your primary residence. Only one loan is allowed at a time, and there are restrictions when a new loan can be started after a previous loan has been satisfied.

Withdrawals & Hardship Withdrawals

Withdrawals from your vested balance can be made in the event of the following: retirement, permanent disability, financial hardship (as defined by the IRS code and the plan's provisions), termination of employment (as defined by IRS provisions), at age 59 1/2, or death.

FINANCIAL PLANNING

Insero has partnered with AFS 401(k) Retirement Services to assist our employees with comprehensive financial planning and strategic investment management. At no cost to you, you can ask the AFS team for guidance and advice on the amount you should be saving to reach your retirement goals, financial planning, or other retirement planning topics. To schedule a one-on-one coaching session with AFS 401(k), contact Alex Assaley at aassaley@afs401k.com or **301.961.8401**.

Please note that AFS 401(k) Retirement Services is not associated with our 401(k) retirement vendor, Empower. Therefore, AFS services are available to all Insero employees, regardless of participation in the Insero 401(k) and/or current 401(k) eligibility.



CONTACTS

Below you will find each respective benefit, carrier, and their applicable contact information. We encourage all Insero employees and their families to become familiar with and utilize the resources available to them.

Medical & Vision

Cigna

Phone: [866.494.2111](tel:866.494.2111)

Website: myCigna.com

Dental

Delta Dental of VA

Phone: [800.237.6060](tel:800.237.6060)

Website: DeltaDentalVA.com

Basic Life/AD&D and Vol Life/Vol AD&D

Guardian

Please contact HR for service and claim submission assistance.

Customer service: [888.600.1600](tel:888.600.1600)

Website: guardianlife.com

Health Savings Account

HSABank

Phone: [800.357.6246](tel:800.357.6246)

Website: hsabank.com

Flexible Spending Accounts (FSAs)

Flores

Phone: [800.532.3327](tel:800.532.3327)

Website: Flores247.com

Legal

Legal Resources

Phone: [800.728.5768](tel:800.728.5768)

Website: LegalResources.com

Employee Assistance Program (EAP)

Cigna

Phone: [877.622.4327](tel:877.622.4327)

Website: myCigna.com

Employer ID: **insero**

401(k) Plan

Empower

Phone: [800.338.4015](tel:800.338.4015)

Website:

EmpowerMyRetirement.com

Financial Planning

AFS

Phone: [301.961.8401](tel:301.961.8401)

Website: AFS401k.com

Discount Program

PerkSpot

Website:

locktonnortheast.perkspot.com

Pet Insurance

MetLife

Phone: [800-GET-MET8](tel:800.GET-MET8)

Website: metlife.com/getpetquote

The logo for Insero, featuring the word "insero" in a bold, lowercase, sans-serif font. The letter "i" is stylized with a horizontal line through its middle.

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.