



STEGO
MANAGEMENT SERVICES



JUNE 1, 2025 - MAY 31, 2026
EMPLOYEE BENEFITS GUIDE



WHAT'S INSIDE:

YOUR HEALTH PROS	2
CONTACT INFORMATION	4
ELIGIBILITY AND ENROLLMENT	5
EMPLOYEE NAVIGATOR	6
MERITAIN HEALTH MEMBER BENEFITS	7
CVS CAREMARK	10
HALOSCRIPTS	11
MEDICAL	12
HEALTH SAVINGS ACCOUNT (HSA)	15
DENTAL	16
VISION	19
BASIC LIFE AND AD&D	20
DISABILITY	21
EMPLOYEE ASSISTANCE PROGRAM	22
SOFI	23
BENEFITHUB	24
EMPLOYEE CONTRIBUTIONS	25
FREQUENTLY ASKED QUESTIONS	27

A MESSAGE TO OUR STAFF:

Dear Stego Management Services Employee,

We know how much work goes into making our company a success, so we ensure that our employees are provided with exceptional benefits including medical, dental, vision, life and disability insurance.

Employees can benefit from a Health Savings Account (HSA).

We make it a priority to keep you and your loved ones covered in the event of unforeseeable circumstances so you can focus on fulfilling your career potential and leading a healthy, well rounded life.



QUESTIONS?

MEET YOUR HEALTH PRO TEAM!

Our goal is to make sure that you receive the right coverage information regarding your benefit plans. Because the world of healthcare and insurance can be confusing and hard to navigate, we are pleased to introduce your Health Pro team who will be able to assist you with all things related to your benefits. We also know that sometimes you have to deal with healthcare issues for your family. Your Health Pro can assist your entire household. This includes spouses, dependents, and parents!

Whenever you need help navigating healthcare, your Health Pro[®] is there for you – at no additional cost to you and your family.

Freshbenies Health Pro line

877-412-3108

freshbenies@alight.com

AT A GLANCE

HOW YOUR HEALTH PRO CAN HELP YOU

- Resolve claims and billing issues/errors
- Answer benefit questions pertaining to your plans
- Locate in-network facilities, dentists & other healthcare providers near you
- Schedule your appointments
- Research cost and value comparisons for medical services and prescriptions
- Transfer medical records

YOUR HEALTH PRO CONTINUED

TRUSTED GUIDANCE

For comprehensive healthcare navigation, your Health Pro eliminates the healthcare hassle and optimizes the health plan network with high quality, cost-effective care. This high tech, high touch support meets you and your dependents at the right time, wherever you are in your healthcare journey.

Healthcare is complex, and people need help. Here's how your Health Pro simplifies healthcare navigation and lowers healthcare costs for you and your family:



Understand Health Benefits

Explain your benefits plans with unbiased guidance for medical, dental, vision and other health-related benefits.



Highly Rated, Cost-effective Care

Recommend in-network medical, dental, and vision providers are recommended based on cost, quality, and personal preferences.



Get Help with Medical Bills

Provide you an expert to fix problem medical bills. We track down and fix problem bills from any source, so you are not overcharged.



Compare Costs for Care

Get price comparisons before receiving procedures and care. Costs can vary by hundreds or thousands of dollars—even in-network.



Coordinate Care

Help you verify care coverage, schedule appointments, transfer medical records and coordinate care. Let us give you back all the time you've spent on hold only to not get what you needed.



Right Programs at the Right Time

Help you understand and use your health benefits like telemedicine, disease management and EAP—in the moment when you need them.



Drive Lower Cost Rx Options

Compare medication prices and help lower the cost of prescriptions to drive better medication adherence.



Nurse Navigation

Can connect you to a nurse to better understand a new diagnosis or care path.

CARRIER CONTACT INFORMATION

PLAN	CARRIER	GROUP NUMBER	CUSTOMER SERVICE INFORMATION
Medical	Meritain / Aetna	24807	Website: www.meritain.com Member Services Number: 800-925-2272 Service Hours: 7am-6:30pm EST
Health Savings Account	Optum Bank	—	Website: www.optumbank.com Member Services Number: 800-243-5543
Dental	Ameritas	533774	Website: www.ameritas.com Member Services Number: 800-487-5553
Vision			
Basic Life and AD&D	Principal	1155833	Website: www.principal.com Member Services Number: 800-986-3343
Voluntary Life and AD&D			
Vol. Short-Term Disability			
EAP			



ELIGIBILITY AND ENROLLMENT

WHO IS ELIGIBLE

Employees | Full-time employees who work at least 32 hours per week are eligible for benefits on the first of the month following 60 days from the date of hire.

Dependents | Employees may enroll legal spouses and dependent children up to age 26, regardless of student or marital status.

WHEN TO ENROLL

First Eligibility | If you are a new hire or newly eligible for benefits, you must enroll in your benefit plans within 30 days of your eligibility date. If you waive coverage upon first eligibility, you will be required to wait until the next open enrollment or when you experience a qualifying event.

Open Enrollment | Employees may make benefit changes during open enrollment, which is in May for a June 1 effective date. Your coverage will be in place until the next open enrollment.

Qualifying Event (QE) | A qualifying event is a documented, life status change. If you experience one of these events during the course of your benefit plan year, you may be able to make changes to your plans and coverage.

HOW TO ENROLL THROUGH EMPLOYEE NAVIGATOR

Online Enrollment | Enrolling in your benefits is quick and easy using the benefits portal through Employee Navigator—available 24/7 during your Open Enrollment or New Hire Enrollment.

Log onto: employeenavigator.com/benefits/Account/login

Returning users may reset their username and password by clicking the “Reset a forgotten password” link.

New users will receive a confirmation email from Employee Navigator prompting them to confirm their information as well as provide a company identifier which will be provided in the initial email sent out.

QUALIFYING EVENTS

Here is a list of approved qualifying events in accordance with IRS code Section 125:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or a child
- Change in residence or work location that affects benefits eligibility for you or your covered dependents
- You or one of your covered dependents gain or lose coverage due to a change in employment status i.e. employment termination or reduction of hours
- Gain or loss of qualified coverage

While this list contains the most relevant qualifying events, check with your Human Resources Department to see if you may qualify for other enrollment periods. Depending on the type of change, you may need to provide proof of the qualifying event (for example, a marriage license or birth certificate).



If you do not notify Human Resources within 30 days of your QE, you will have to wait until the next annual open enrollment period to make benefit changes.

EMPLOYEE NAVIGATOR

MAKING INITIAL BENEFIT SELECTIONS

1. Update and confirm your personal information as well as your dependent information (if applicable).
2. Use the progress bar on the right hand side of the page to track your progress. Expand to see specifically what is still required to complete. Green indicates a section is complete. Orange indicates an incomplete section.
3. Be sure to specify who you would like to enroll in EACH specific benefit plan. Dependents enrolled in one benefit plan will not automatically be enrolled in another.
4. A brief summary of cost and enrollees will be shown for each benefit.
5. Once a place section has been made, click "Save & Continue" to elect or click "Don't want this benefit" to waive coverage.

FINALIZING YOUR BENEFITS

Review your enrollments after selections have been made. The Enrollment Summary report breaks down cost per pay period, the effective date and coverage level is broken down per plan (Employee vs. Employee + Spouse).

We recommend printing or saving your election report for your personal records.

Enrollment is not complete until you have signed off at the bottom of the page. Your benefits WILL NOT be submitted to the carriers until you have signed off and approved these benefits.

GENERAL PORTAL KNOWLEDGE

- Any outstanding items will be available using the "Required Tasks" link from your home page.
- Update your password or username at any time by clicking the dropdown menu from your name at the top right from your home page.
- View your benefits at any time by selecting the "Enrollment Summary" shortcut from your home screen.
- Once your enrollment window is over you will be able to request updates to your benefits at any point during the policy year by selecting the "Life Events" shortcut. These requests will be sent for HR review.



GETTING THE MOST OUT OF YOUR MEDICAL PLAN

IT'S EASY TO FIND DOCTORS AND HOSPITALS IN YOUR NETWORK



When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II network. It's easy when you use the online DocFind directory from Aetna. With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

FIND AETNA PROVIDERS ONLINE IN JUST A FEW QUICK STEPS

You can use the DocFind directory anywhere you have internet access.

1. Visit <http://www.aetna.com/docfind/custom/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.

WHY CHOOSE A PRIMARY CARE PHYSICIAN (PCP)?

Meritain Health® does not require you to choose a PCP, but we encourage you to choose one. Your PCP knows your health care needs, so they can help manage your health and coordinate your care. To find and choose a PCP, use the *Find Care & Pricing* tool on your member portal.

Find providers by phone:



Simply call the Aetna Provider Line at:
1.800.343.3140 from 8:00 a.m.–9:00 p.m. ET, Monday-Friday.

MERITAIN HEALTH CUSTOMER SERVICE

At Meritain Health, our jobs are simple: we're here to help take care of you. You can call Meritain Health Customer Service for answers to questions you might have about your benefits, eligibility, claims and more. Customer service representatives are available to help you Monday through Friday—just call the number on your ID card.

You can call Meritain Health Customer Service:

- ⇒ For verification of eligibility and benefit information.
- ⇒ For the status of submitted claims.
- ⇒ To receive a copy of an Explanation of Benefits (EOB).
- ⇒ To verify a claim mailing address.

We're here for you—24 hours a day, 7 days a week

Your member website is custom built to help you manage your benefits. When you register and log in at www.meritain.com you can:

- Review your health benefits
- Find an in-network doctor or facility
- Check on your claims
- And more!

GETTING THE MOST OUT OF YOUR MEDICAL PLAN

MERITAIN HEALTH MEMBER PORTAL

Did you know you can find a variety of health care tools and resources at www.meritain.com?

Your member website gives you 24-hour access to a number of tools and resources that can help you manage your health benefits.

At www.meritain.com you can:

- Check your eligibility and benefits.
- Find the status of claims.
- View your Explanations of Benefits (EOBs).
- Review your benefit plan document.
- View deductibles and out-of-pocket limits.



ACCESS IS AS EASY AS 1-2-3

Step 1

If you have an account, simply log in. If you're a new user, you'll need to register with these simple steps. When you're registering, you'll need your member ID and group ID from your ID card. (If you're new to the plan, you'll receive your ID card in the mail soon.)

Step 2

Select *Member* under *I am a* and enter your group ID. Then, click *Continue*. You may be prompted to enter your index number. This is found on your ID card, if applicable.

Step 3

You'll need to enter the following information, then select *Submit*:

- Member ID (located on your member ID card)
- Group ID (located on your member ID card)
- First name (employee, spouse or dependent)
- Last name (employee, spouse or dependent)
- ZIP code
- Email (personal address)
- Date of birth (mm/dd/yyyy)

Then, you will create a username and password. After you confirm your email address—you're done!

You can now log in to your account with your new username and password.

GETTING THE MOST OUT OF YOUR PRESCRIPTION PLAN

YOUR PRESCRIPTION BENEFIT



Filling your prescription. You have two convenient ways to fill prescriptions:

At your local pharmacy.

Getting your prescription filled is easy. Just present your member ID card and prescription to your pharmacist at your local participating retail pharmacy. Your card is accepted at most major pharmacy chains and many independent pharmacies

Through mail service pharmacy.

If your doctor has prescribed a drug for you to take for a long time, you may be able to have a 90-day supply (may vary by plan) delivered directly to your home or location of choice from our mail service pharmacy. This option may save you money on your prescriptions, as well as save you a trip to your local pharmacy. With Meritain Health® Pharmacy Solutions powered by CVS Caremark Mail Service, regular delivery is available at no additional cost.

When it's time to get a refill, you can order online or by phone for the fastest service, day or night.

SPECIALTY PHARMACY

Every year, more people with chronic or genetic conditions are being prescribed specialty or biotech medicines. People taking these drugs often have complex health conditions, such as multiple sclerosis or hemophilia. Meritain Health Pharmacy Solutions powered by CVS Caremark offers home delivery of specialty drugs and supplies and provides personalized support to help individuals successfully manage their condition. Talk to your benefit plan sponsor for a list of covered services, visit www.caremark.com or call the toll-free Customer Care number on your member ID card to learn more about our specialty pharmacy.

SAVE MONEY WITH GENERIC DRUGS

Using generic drugs is one of the best ways to lower your prescription costs. Research shows you can save an average of 30–80 percent in out-of-pocket costs by using a generic drug instead of a brand-name drug.¹ Generic medicines are approved by the U.S. Food and Drug Administration (FDA). FDA approval means a generic medicine has the same safety, quality, strength and effectiveness as its brand-name equivalent. In fact, generic medicines account for 65 percent of all prescriptions dispensed in the United States, yet only 20.5 percent of all generics are available through your local pharmacy and through Meritain Health Pharmacy Health Solutions powered by CVS Caremark Mail Service Pharmacy. Log in to www.caremark.com to compare pricing and coverage or explore ways to save, based on your plan. Ask your doctor if there is a generic available for your prescription or call Customer Care at the toll-free number printed on your ID card.



QUESTIONS?



Visit www.meritain.com



Call 1-866-475-7589

CVS CAREMARK

When you register at www.caremark.com, you will get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

THERE ARE THREE EASY WAYS TO REGISTER:

- Go to Caremark.com, click the Register button and follow the instructions to sign up.
- Download the CVS Caremark mobile app from Google play or the App store to register your account.
- Call the number on the back of your member ID card and a representative will get you started with a personalized registration email or text.

REGISTER TO:

- Refill your prescriptions.
- Check the status of your order.
- Review your coverage and track annual spending.
- Locate network pharmacies near you.
- Check medication costs and find opportunities to save money,
- Log into Caremark.com from your desktop to access these additional features: manager your profile information, including shipping addresses, payment methods and notifications.

PARTICIPATING EXTENDED DAY SUPPLY (EDS 90) RETAIL PHARMACIES

The network allows plan members to fill up to a 90 day supply of medications. The network includes all major chains and most independent pharmacies. The following list shows the major chain pharmacies that accept your prescription ID card. In addition to the pharmacies listed in the below link, many independent pharmacies also take part in your prescription program. To find out if a pharmacy not listed here accepts your card, call the pharmacy directly.

To find a participating pharmacy:



www.carefirst.com



Visit Caremark.com/welcome-center or scan the QR code to download the CVS Caremark mobile app and register today.



HALOSCRIPS

WHAT IS HALOSCRIPS?

HaloScrips is a concierge pharmacy service provided by Stego Management Services, at no cost to employees and family members who are enrolled in Stego Management Services health plan. HaloScrips removes the middleman from the equation, resulting in savings for employees and Stego Management Services.

WHO CAN QUALIFY FOR HALOSCRIPS?

If you use at least two recurring prescriptions, you may be eligible to receive your prescriptions by mail. The best part is, there is no copay and no postage fee.

WHAT MEDICATIONS ARE COVERED?

Most medications for chronic conditions you take regularly are covered. Examples of medications not covered include controlled substances, pain medications, and medications for urgent illnesses such as antibiotics.

HOW OFTEN WILL I RECEIVE MEDICATIONS FROM HALOSCRIPS?

HaloScrips will work with your physician teams to keep all of your chronic prescriptions up to date and on the same refill schedule. You will receive your medications quarterly.

CAN I USE BOTH MY INSURANCE AND HALOSCRIPS?

Yes. For non chronic medications, you can continue to use your insurance.



HOW DO I GET STARTED?

You will receive a welcome email inviting you to sign up, if you qualify for HaloScrips.

You can also call: 800-901-4194 or visit www.haloscrips.com

HOW DO I ADD NEW MEDICATIONS OR CANCEL/CHANGE EXISTING MEDICATIONS?

To make changes, call 800-901-4195 and follow the prompts.

Reach out to your HR Team if you have any further questions about HaloScrips.

MEDICAL



To locate an in-network doctor, visit
www.aetna.com

AETNA POS HSA PLAN HIGHLIGHTS

- Utilizes the Aetna Choice POS II Network.
- Members are not required to appoint a Primary Care Physician (PCP).
- Referrals are not required to see a specialist.
- Pre-authorization may be needed for certain services such as mental health and substance abuse treatments and non-emergency hospitalizations, among others. Please consult with your provider on pre-authorization requirements.

AETNA POS HSA PLAN DETAILS



Below is a snapshot of your benefits. See your full Summary of Benefits and Coverage for more information.

The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	NON-NETWORK
ANNUAL DEDUCTIBLE Individual / Family (Embedded)	\$4,500 / \$9,000	\$9,000 / \$18,000
ANNUAL OUT-OF-POCKET LIMIT Individual / Family	\$6,900 / \$13,800	\$17,250 / \$34,500
PREVENTIVE CARE Well Child Care, Adult Physical, Routine GYN Visits, and More	No charge	Ded., then 40% of AB*
OFFICE VISITS Primary Care Physician (PCP) Specialist	Ded., then \$25 Ded., then \$50	Ded., then 40% of AB* Ded., then 40% of AB*
DIAGNOSTIC SERVICES Labs X-ray Advanced Imaging	Ded., then 40% of AB* Ded., then 40% of AB* Ded., then 40% of AB*	Ded., then 40% of AB* Ded., then 40% of AB* Ded., then 40% of AB*
EMERGENCY AND URGENT CARE Urgent Care Center Hospital Emergency Room	Ded., then \$50 Ded., then 40% of AB*	Ded., then 40% of AB* Ded., then 40% of AB*
HOSPITALIZATION Inpatient Hospital Facility Outpatient Facility Services	Ded., then 40% of AB* Ded., then 40% of AB*	Ded., then 40% of AB* Ded., then 40% of AB*
PRESCRIPTION Deductible Out-of-Pocket Maximum Generic Drugs (30-day / 90-day**) Preferred Brand Drugs (30-day / 90-day**) Non-Preferred Brand Drugs (30-day / 90-day**) Specialty Drugs (30-day)	Integrated with Medical Integrated with Medical Ded., then \$15 / Ded., then \$30 Ded., then \$60 / Ded., then \$150 Ded., then \$100 / Ded., then \$250 Ded., then 40% up to \$500	Integrated with Medical Integrated with Medical 40% of AB* 40% of AB* 40% of AB* 40% of AB*

*AB is Allowed Benefit

** Mail Order is not covered for Out-of-Network

MEDICAL



To locate an in-network doctor, visit
www.aetna.com

AETNA POS HIGH DED PLAN HIGHLIGHTS

- Utilizes the Aetna Choice POS II Network.
- Members are not required to appoint a Primary Care Physician (PCP).
- Referrals are not required to see a specialist.
- Pre-authorization may be needed for certain services such as mental health and substance abuse treatments and non-emergency hospitalizations, among others. Please consult with your provider on pre-authorization requirements.

AETNA POS HIGH DED PLAN DETAILS



Below is a snapshot of your benefits. See your full Summary of Benefits and Coverage for more information.

The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	NON-NETWORK
ANNUAL DEDUCTIBLE Individual / Family (Embedded)	\$5,000 / \$10,000	\$10,000 / \$20,000
ANNUAL OUT-OF-POCKET LIMIT Individual / Family	\$8,200 / \$16,400	\$20,500 / \$41,000
PREVENTIVE CARE Well Child Care, Adult Physical, Routine GYN Visits, and More	No charge	Ded., then 30% of AB*
OFFICE VISITS Primary Care Physician (PCP) Specialist	\$30 copay \$50 copay	Ded., then 30% of AB* Ded., then 30% of AB*
DIAGNOSTIC SERVICES Labs X-ray Advanced Imaging	Ded., then 30% of AB* Ded., then 30% of AB* Ded., then 30% of AB*	Ded., then 30% of AB* Ded., then 30% of AB* Ded., then 30% of AB*
EMERGENCY AND URGENT CARE Urgent Care Center Hospital Emergency Room	\$50 copay Ded., then 30% of AB*	Ded., then 30% of AB* Ded., then 30% of AB*
HOSPITALIZATION Inpatient Hospital Facility Outpatient Facility Services	Ded., then 30% of AB* Ded., then 30% of AB*	Ded., then 30% of AB* Ded., then 30% of AB*
PRESCRIPTION Deductible Out-of-Pocket Maximum Generic Drugs (30-day / 90-day**) Preferred Brand Drugs (30-day / 90-day**) Non-Preferred Brand Drugs (30-day / 90-day**) Specialty Drugs (30-day)	\$0 Integrated with Medical \$15 copay / \$30 copay \$50 copay / \$125 copay \$85 copay / \$213 copay 20% up to \$300	\$0 Integrated with Medical 30% of AB* 30% of AB* 30% of AB* 30% of AB*

*AB is Allowed Benefit

** Mail Order is not covered for Out-of-Network

MEDICAL



To locate an in-network doctor, visit
www.aetna.com

AETNA POS LOW DED PLAN HIGHLIGHTS

- Utilizes the Aetna Choice POS II Network.
- Members are not required to appoint a Primary Care Physician (PCP).
- Referrals are not required to see a specialist.
- Pre-authorization may be needed for certain services such as mental health and substance abuse treatments and non-emergency hospitalizations, among others. Please consult with your provider on pre-authorization requirements.

AETNA POS LOW DED PLAN HIGHLIGHTS

Below is a snapshot of your benefits. See your full Summary of Benefits and Coverage for more information.
The benefit summary from the carrier will always prevail.



BENEFITS	IN-NETWORK	NON-NETWORK
ANNUAL DEDUCTIBLE Individual / Family (Embedded)	\$500 / \$1,000	\$1,000 / \$2,000
ANNUAL OUT-OF-POCKET LIMIT Individual / Family	\$4,000 / \$18,000	\$10,000 / \$20,000
PREVENTIVE CARE Well Child Care, Adult Physical, Routine GYN Visits, and More	No charge	Ded., then 30% of AB*
OFFICE VISITS Primary Care Physician (PCP) Specialist	\$25 copay \$50 copay	Ded., then 30% of AB* Ded., then 30% of AB*
DIAGNOSTIC SERVICES Labs X-ray Advanced Imaging	Ded., then 20% of AB* Ded., then 20% of AB* Ded., then 20% of AB*	Ded., then 30% of AB* Ded., then 30% of AB* Ded., then 30% of AB*
EMERGENCY AND URGENT CARE Urgent Care Center Hospital Emergency Room	\$50 copay Ded., then 20% of AB*	Ded., then 30% of AB* Ded., then 20% of AB*
HOSPITALIZATION Inpatient Hospital Facility Outpatient Facility Services	Ded., then 20% of AB* Ded., then 20% of AB*	Ded., then 30% of AB* Ded., then 30% of AB*
PRESCRIPTION Deductible Out-of-Pocket Maximum Generic Drugs (30-day / 90-day**) Preferred Brand Drugs (30-day / 90-day**) Non-Preferred Brand Drugs (30-day / 90-day**) Specialty Drugs (30-day)	\$0 Integrated with Medical \$10 copay / \$20 copay \$40 copay / \$100 copay \$70 copay / \$175 copay 20% up to \$300	\$0 Integrated with Medical 30% of AB* 30% of AB* 30% of AB* 30% of AB*

*AB is Allowed Benefit

** Mail Order is not covered for Out-of-Network

HEALTH SAVINGS ACCOUNT (HSA)

HSA DETAILS

All eligible employees who participate in the Aetna POS HSA medical plan have the option to enroll in a Health Savings Account (HSA) through Optum Bank. A HSA is an account that you can put money into and save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment.

Employee: \$50.00

Employee + Spouse: \$75.00

Employee + Children: \$150.00

Family: \$175.00

CONTRIBUTING TO YOUR HSA

Contributions to your HSA can be made by you, your employer, or both. However, the total contributions are limited annually. Contributions may be made through a pre-tax salary reduction or, if made after-tax, you can deduct the contributions when completing your federal income tax return.

The contribution limits for the year 2025:

Employee Coverage \$4,300

Family Coverage \$8,550

Individuals age 55 and older can also make additional "catch up" contributions. The maximum annual catch-up contribution is \$1,000.



Unlike Flexible Spending Accounts, HSAs can roll over any unused funds year after year. There is no "use it or lose it" rule or lifetime maximum. The only stipulation is that you may not contribute more than the set IRS Contribution amount for that tax year.

USING YOUR HSA

You can use the money in your HSA account to pay for any "qualified medical expense" permitted under federal law.

Examples of eligible HSA expenses are:

- Medical deductibles
- Copays or coinsurance
- Dental
- Vision
- Prescription drugs
- Orthodontic
- Limited over-the-counter items

Other uses include COBRA or State Continuation premiums, qualified long-term care insurance, Medicare premiums and related expenses.

You can use the money in your account to pay for medical expenses for yourself, your spouse and your dependent children. You may use HSA funds for your dependents' expenses even if they are not enrolled in a Qualified High Deductible Health Plan (QHDHP).

ADVANTAGES OF HSA

Health Savings Accounts provide triple tax savings:

- (1) tax deductions when you contribute to your account
- (2) tax-free earnings through investment
- (3) tax-free withdrawals for qualified medical expenses

Accounts are employee-owned and completely portable regardless of whether you change jobs, change medical coverage or move to another state.

Optum Bank[®]
Member FDIC

For more information:



www.optumbank.com



800-243-5543

DENTAL



To locate an in-network doctor, visit
www.ameritas.com

AMERITAS DENTAL BASE PLAN HIGHLIGHTS

- You have the freedom to choose any dentist. However, in-network providers will offer the deepest discounts.
- There are no claims to file when seeing in-network dentists.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.

AMERITAS DENTAL BASE PLAN DETAILS

Below is a snapshot of your benefits.

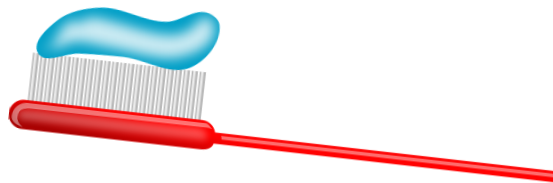
The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK
ANNUAL DEDUCTIBLE Individual / Family <i>(applies to Basic and Major Services)</i>	\$50 / \$150
ANNUAL MAXIMUM <i>Maximum amount the plan will pay per year</i>	\$1,000 maximum
CLASS I—DIAGNOSTIC/PREVENTIVE SERVICES Oral Exams X-rays Fluoride Treatments** Regular Cleanings Sealants*** Space Maintainers	Plan pays 100%
CLASS II—BASIC SERVICES Fillings Endodontic Services Periodontic Services Denture Repair Simple/Complex Extractions Anesthesia	Ded., then plan pays 80%

**AB is Allowed Benefit*

***Fluoride Treatments up until age 18*

****Sealants up until age 16*



DENTAL



To locate an in-network doctor, visit
www.ameritas.com

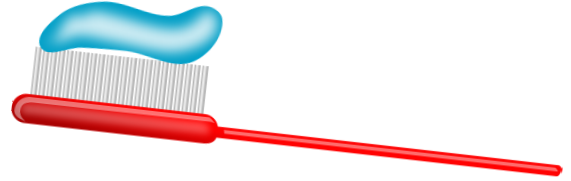
AMERITAS DENTAL BUY-UP PLAN HIGHLIGHTS

- You have the freedom to choose any dentist. However, in-network providers will offer the deepest discounts.
- There are no claims to file when seeing in-network dentists.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.

AMERITAS DENTAL BUY-UP PLAN DETAILS

Below is a snapshot of your benefits.

The benefit summary from the carrier will always prevail.



BENEFITS	IN-NETWORK
ANNUAL DEDUCTIBLE Individual / Family <i>(applies to Basic and Major Services)</i>	\$50 / \$150
ANNUAL MAXIMUM <i>Maximum amount the plan will pay per year</i>	\$1,500 maximum
ORTHODONTIC MAXIMUM <i>Maximum amount the plan will pay per lifetime</i>	\$2,000 maximum
CLASS I—DIAGNOSTIC/PREVENTIVE SERVICES Oral Exams X-rays Fluoride Treatments** Regular Cleanings Sealants*** Space Maintainers	Plan pays 100%
CLASS II—BASIC SERVICES Fillings Endodontic Services Periodontic Services Denture Repair Simple/Complex Extractions Anesthesia	Ded., then plan pays 80%
CLASS III— MAJOR SERVICES Onlays, Crowns Crown Repair Prosthodontics	Ded., then plan pays 50%
CLASS IV— ORTHODONTIC SERVICES Treatment for the alignment of teeth (Adult and Children)	Plan pays 50%

*AB is Allowed Benefit

**Fluoride Treatments up until age 18

***Sealants up until age 16

DENTAL (CONTINUED)



AMERITAS DENTAL REWARDS

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

	BENEFIT THRESHOLD	ANNUAL CARRYOVER AMOUNT	ANNUAL PPO BONUS	MAXIMUM CARRYOVER
Base	\$500	\$250	\$100	\$1,000
Buy-Up	\$750	\$250	\$150	\$1,000
	Dental benefits received for the year cannot exceed this amount	Dental rewards amount is added to the following year's maximum	Additional bonus is earned if the member sees a network provider	Maximum possible accumulation for dental rewards and PPO bonus combined



VISION



To locate a participating provider, visit
www.ameritas.com

AMERITAS VSP VISION PLAN HIGHLIGHTS

- Vision services are administered through the VSP Vision national network of providers.
- You have the freedom to choose any provider, however, as a CareFirst member, you'll receive the deepest discounts in-network.
- There are no claims to file when seeing in-network providers.
- When seeing out-of-network providers you may incur additional costs subject to balance billing.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.

AMERITAS VSP VISION PLAN DETAILS

Below is a snapshot of your benefits.

The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
COPAY (Once every 12 months)		
Eye Exam	\$10 copay	Plan pays up to \$45
Materials	\$25 copay	N/A
EYEGLASS FRAMES (Once every 24 months)	Plan pays up to \$130 + 20% off balance	Plan pays up to \$70
EYEGLASS LENSES (Once every 12 months)		
Single	\$25 copay	Plan pays up to \$30
Bifocal	\$25 copay	Plan pays up to \$50
Trifocal	\$25 copay	Plan pays up to \$65
Lenticular	\$25 copay	Plan pays up to \$100
LENS OPTIONS		
Anti-Reflective	\$43 copay—\$85 copay	N/A
Scratch Resistant Coating	\$17 copay—\$33 copay	
Polycarbonate	\$33 copay	
CONTACT LENSES (Once every 12 months)		
Elective	Plan pays up to \$130	Plan pays up to \$105
Medically Necessary	Fully covered	Plan pays up to \$210
LASER VISION CORRECTION	15% off the usual charge or 5% off promotional price	N/A



BASIC LIFE INSURANCE AND AD&D

Stego Management Services recognizes the importance of planning for the unexpected. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech or use of your limbs due to an accident.

EMPLOYEE BASIC LIFE AND AD&D

Stego Management Services provides all full-time employees with Basic Term Life and AD&D insurance in the amount of \$50,000 through Principal.

Employee benefits are reduced by 35% at age 65 and an additional 15% at age 70. Benefits terminate upon your retirement or when your employment ends.

You have one option for continuing your life coverage if you leave the company:

- Conversion allows you to convert the coverage to an individual policy if any or all of your life insurance ends while you are insured under the group plan.

VOLUNTARY LIFE AND AD&D INSURANCE

Voluntary Life Insurance provides employees with a way to purchase additional life insurance outside of what Stego Management Services provides already to you by way of Voluntary Term Life. You may purchase additional life insurance amounts through a convenient payroll deduction. Coverage is provided by Principal.

Employee Coverage | You may elect increments of \$10,000 up to \$300,000. Medical underwriting is required for an election above \$150,000 at your first eligibility and for any amount afterwards should you waive at your first eligibility.

Spouse Coverage | You may elect increments of \$5,000, up to \$100,000 for your spouse. Medical underwriting is required for an election above \$30,000 at your spouse's first eligibility and for any amount afterwards should your spouse waive at first eligibility.

Child(ren) Coverage | You may elect 100% of your employee amount, up to \$10,000 for your children. One election will cover all children up to 26 years of age. Medical underwriting is not required.

You can continue your voluntary life insurance should your employment end. Portability will allow you to keep your term life policy for you and your dependents without providing evidence of insurability. You will be responsible for paying the premium. Conversion will allow you to convert your term policy to an individual life insurance policy without having to provide evidence of insurability. You will be responsible for paying the premium.



IMPORTANT NOTE ABOUT EVIDENCE OF INSURABILITY (EOI)

If you do not elect Employee or Spousal Supplemental Life Insurance when you are first eligible, any amount elected later may be subject to EOI. For new hires, please refer to the chart above to determine whether EOI is required. EOI is not required for child life coverage.

DISABILITY INSURANCE

Stego Management Services understands that there may be times of illness or injury that prevent you from working for a period of time. In fact, statistics show that 1 out of every 4 persons in the U.S. workforce will suffer a disabling injury before retirement. Disability insurance provides financial protection in the event that you become disabled and are unable to work.

VOLUNTARY SHORT-TERM DISABILITY (STD)

Short-term disabilities are often the most prevalent in the workplace. Disabilities can stem from minor injuries or illnesses to major instances like surgery or maternity. Once you have been disabled for 15 days due to an accident or illness, your STD plan pays 60% of your weekly base salary up to a maximum of \$500 per week, for up to 24 weeks.

This plan is employee paid through convenient payroll deduction. Coverage is offered through Principal.

BENEFIT	VOLUNTARY SHORT-TERM DISABILITY
Elimination Period	15 days due to an accident or illness
Benefit Percentage	60%
Max Benefit Amount	\$500 per week
Benefit Duration	24 weeks



EMPLOYEE ASSISTANCE PROGRAM

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family. Provided by Magellan Healthcare, Core EAP services are automatically available to you and your family.

WE'RE HERE TO HELP

Principal's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- In-person virtual counseling
- Family and relationships
- Legal, financial, and identity theft services
- Health lifestyles
- Work and life transitions

WHAT TO EXPECT

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive in your area.

Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

WILL AND LEGAL SERVICES

- Standard Will
- Healthcare and power of attorney
- Living will
- Durable power of attorney
- HIPPA authorization

TRAVEL ASSIST

- Lost or stolen items
- Medical assistance
- Emergency medical transportation

EAP BENEFITS

- Unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- Telephone assistance and referral
- Service for employees and eligible dependents
- Legal assistance and financial services
 - Online will preparation
 - Legal library & online forms
 - Telephonic financial consultation
- Resources for:
 - Financial tools and resources
 - Substance abuse and other addictions
 - Dependent and elder care assistance and referral services
- Access to a library of educational articles, handouts and resources via <https://member.magellanhealthcare.com/>



Don't delay if you need help.



Visit <https://member.magellanhealthcare.com/>

Enter "Principal Core" as the program name



Call 800-450-1327 for confidential consultation and resource services





ABOUT SOFI

SoFi is a new kind of finance company taking a radical approach to lending and wealth management. SoFi offers a unique employee benefit—student loan refinancing—as a crucial way to build financial wellness at Stego Management Services. With student loan debt for undergrads getting closer to six-figures for many graduate student loans, more employees than ever are looking to their employers for solutions to help them reduce their debt.

STUDENT LOAN REFINANCING

This program can help you save on your student loans. With low rates and no fees, SoFi can refinance student loans and save you money. Our members save \$316 per month on average. Plus they get access to great perks, like career strategy services and local member events.

- Special cash bonus for employees
- Quick setup and enrollment, with comprehensive educational resources
- No cost for you
- No integration needed



THREE EASY STEPS

If you have questions, our friendly customer support team is standing by to help you through the process seven days a week.

1

ONLINE PRE-APPROVAL

Our quick pre-approval process lets you know if you qualify before you complete the full application.

2

SELECT A LOAN

Compare the plans available to you with specific payments, rates and terms.

3

UPLOAD & SIGN

Easily upload documents via screenshots or smartphone photos, then sign your paperwork electronically.

GET STARTED BY CHECKING YOUR RATES TODAY

Apply using this link and get a \$100 bonus when you refinance.

Visit www.sofi.com/ebsmd

SoFi

PRODUCTS BENEFITS RESOURCES AT WORK COMPANY

LOG IN FIND MY RATE

REFINANCE STUDENT LOANS

Make your student debt go away faster.

Fixed rates start at 3.350% APR and variable rates start as low as 2.795% when you enroll in AutoPay¹.

FIND MY RATE CONFIRMATION #

Checking your rate will not affect your credit score².

BENEFITHUB

BENEFITHUB

Welcome to your Discount Marketplace! BenefitHub is a web portal where you can enjoy discounts, cash back rewards and perks on thousands of the brands you love in a variety of categories!

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Insurance
- Sports & Outdoors



IT'S EASY TO ACCESS AND START SAVING!

If you have questions, BenefitHub's friendly customer support team is standing by to help you through the process!

1 VISIT THE UNIQUE URL

ebsmd.benefitHub.com

2 CLICK ON ANY OFFER

With 21 categories, 100+ subcategories, and a powerful search engine, it's simple to find what you're looking for!

3 COMPLETE REGISTRATION

Whether it's discounts on everyday items or health and financial wellness, everything needed to help facilitate a healthy work-life balance is available on BenefitHub!



EMPLOYEE CONTRIBUTIONS (BASED ON WEEKLY DEDUCTION)

One of the major benefits of employer sponsored coverage is the ability to pay for your employee contributions through payroll deductions. Depending on the product, your deduction could be pre-tax or post-tax (noted below). If you choose to enroll, below are the amounts that will be payroll deducted for the coverages you select. Once you enroll in a pre-tax benefit, you'll need to wait until open enrollment or experience a qualifying event to change your selection. If you have additional questions concerning tax implications, please consult with Human Resources or a tax professional. The amounts are listed on a weekly basis.

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD	EMPLOYEE & CHILD(REN)	FAMILY
Medical - Aetna POS HSA	\$36.19	\$144.69	\$58.32	\$108.08	\$199.81
Medical - Aetna POS High DED	\$53.94	\$186.22	\$83.52	\$142.68	\$253.86
Medical - Aetna POS Low DED	\$70.12	\$224.09	\$106.50	\$174.24	\$303.30
Dental—Base	\$5.71	\$12.36	\$16.24	\$16.24	\$22.89
Dental—Buy-Up	\$8.16	\$17.73	\$23.06	\$23.06	\$32.61
Vision	\$1.35	\$2.92	\$3.13	\$3.13	\$5.04
Employee Life and AD&D	100% Paid by Stego Management Services				
Voluntary Life (post-tax)	100% Employee Paid (see charts on next page)				
Voluntary Short-Term Disability	100% Employee Paid (see Employee Navigator for cost)				



EMPLOYEE CONTRIBUTIONS (VOLUNTARY LIFE AND AD&D)

HOW TO CALCULATE YOUR VOLUNTARY LIFE PREMIUM

Benefit Amount / \$1,000 x Age Rate = Monthly Premium

⇒ Monthly Premium x 12 / 52 = Per Weekly Pay Premium

		AMOUNT
EMPLOYEE	AGE	Rate per \$1,000
	0 - 29	\$0.12
	30 - 34	\$0.13
	35 - 39	\$0.19
	40 - 44	\$0.30
	45 - 49	\$0.49
	50 - 54	\$0.78
	55 - 59	\$1.19
	60 - 64	\$1.83
	65 - 69	\$2.97
	70 +	\$4.94
	AD&D	\$0.04
SPOUSE	AGE	Rate per \$1,000
	0 - 29	\$0.12
	30 - 34	\$0.13
	35 - 39	\$0.19
	40 - 44	\$0.30
	45 - 49	\$0.49
	50 - 54	\$0.78
	55 - 59	\$1.19
	60 - 64	\$1.83
	65 - 69	\$2.97
	70 +	\$4.94
	AD&D	\$0.04

FREQUENTLY ASKED QUESTIONS



WHAT IS A “COPAYMENT [COPAY]”?

A Copayment is a fixed dollar amount (for example, \$15) that you must pay for certain covered benefits. Your copay is due at the time of service. If you have a plan that includes copays, your copay amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT IS A “DEDUCTIBLE”?

A Deductible is a fixed dollar amount that you pay for your covered benefits that have a coinsurance cost share before your health insurance begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. NOTE: Not all health care costs that you pay will count towards your deductible. Your Summary of Benefits & Coverage will include these details.

WHAT IS “COINSURANCE”?

Coinsurance is your share of the costs of a covered health care service. It is calculated as a percent (for example, 20%) of the allowed amount for the service. Coinsurance only takes affect once you have met your deductible. For example, if the health insurance plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Your health insurance pays the rest of the allowed amount. If you have a plan that includes coinsurance, your coinsurance amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT ARE “COVERED BENEFITS”?

Covered Benefits are the products and services that you are eligible to receive or obtain payment for under your health plan. Treatment for medical emergencies or accidental injuries are also included in your covered benefits.

WHAT IS AN “ALLOWABLE AMOUNT”?

An Allowable Amount is the negotiated amount paid to providers for the services covered by the medical carrier. This is the maximum amount on which payment is based for covered health care services. It is typically a discounted cost rather than the actual (billed) amount.

WHAT ARE “OUT OF POCKET COSTS”?

Out-of-pocket costs are any expenses for medical care that are not reimbursed by your insurance. These include deductibles, coinsurance, and copayments. Your premium is not considered an out-of-pocket cost.

Your out-of-pocket costs vary depending on the actual care you receive. An example of an out-of-pocket cost is what you pay when you visit a doctor or get a prescription filled. Copays, deductibles and coinsurance are all out-of-pocket costs because you pay them out of your own pocket.

Medical plans have a maximum out-of-pocket amount that limits the amount you have to pay for your covered benefits each calendar year. Once you reach the out of pocket maximum, your plan will pay for all additional non-excluded services and you will not have to pay for any services.

WHAT IS A “PREMIUM”?

A premium is the amount that you pay each month for your health insurance coverage. Your premium stays the same whether or not you see a doctor. If you are a member in an individual plan, you may pay your premium payments through the Member Portal. If you are in a group plan, your employer pays your insurance premium through a combination of employer contributions and employee deductions.

NOTES

NOTES

NOTES

This guide describes the benefit plans available to you as an employee of Stego Management Services. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your summary plan description. If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation.

