

The background of the cover features a high-angle aerial photograph of the Chicago skyline, centered on the Willis Tower (formerly Sears Tower). The city extends towards Lake Michigan under a clear blue sky.

2025 – 2026

BENEFITS GUIDE



Schouest
Bamdas
Soshea
BenMaier
& Eastham

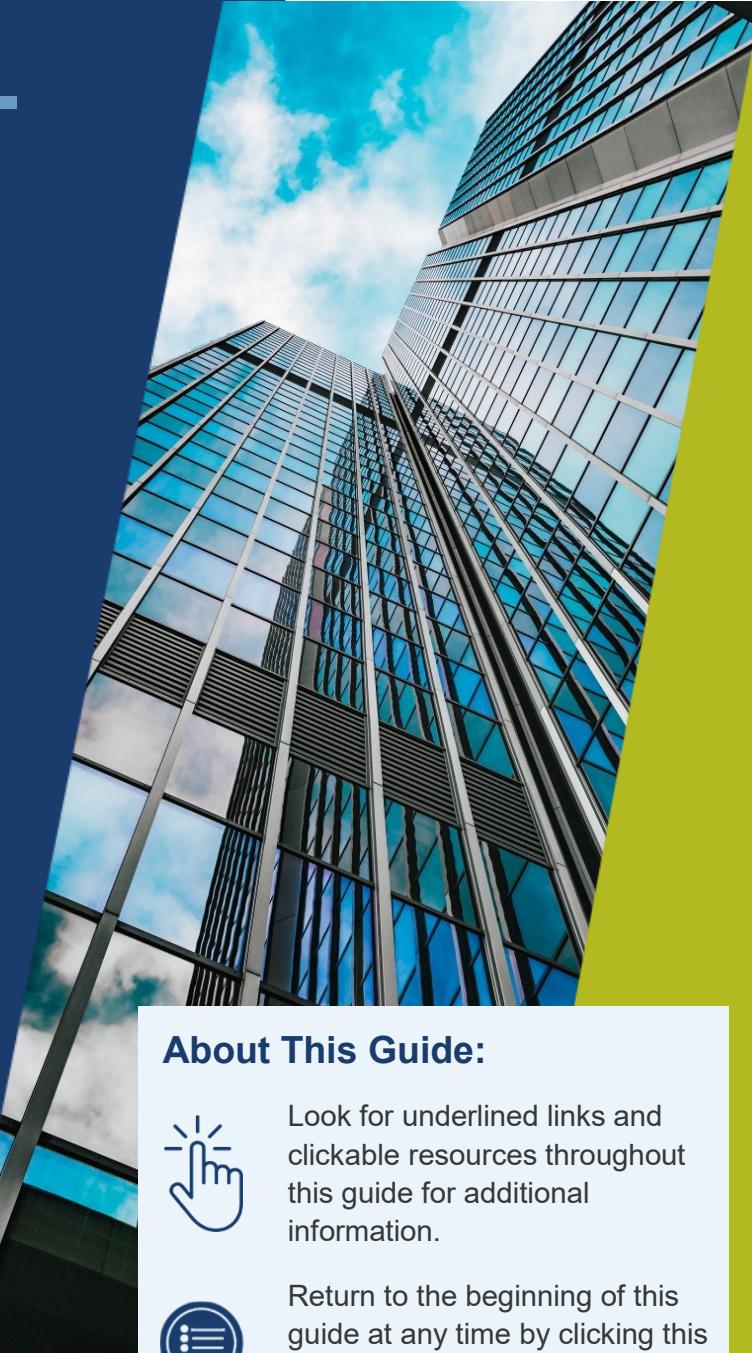


Welcome to Your Benefits

Our most important asset is our people. That's why Schouest, Bamdas, Soshea, BenMaier & Eastham PLLC offers a comprehensive benefits program to meet all your needs. Review this guide to learn about all the benefits you are offered and determine which benefits are best for you and your family. You will find many resources available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. SBSB Eastham's health care benefit year begins June 1st and ends May 31st. You may also enroll or change your benefits during the annual Open Enrollment period.

You must make your elections during the specified enrollment window, or you will not have coverage. To have coverage, you must confirm your benefit choices through the Paylocity portal by the deadline indicated by your Human Resources Department.



About This Guide:



Look for underlined links and clickable resources throughout this guide for additional information.



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Welcome

At Schouest, Bamdas, Soshea, BenMaier & Eastham we see benefits as a valuable addition to your overall compensation package. We are proud to offer eligible employees and their families a comprehensive benefits package that delivers quality and affordable coverage.

If you have questions about your benefits or need assistance with enrolling, you can contact the Human Resources Department.

Effective June 1, 2025 the benefit plans available to eligible employees and their dependents include the following:



Benefit	Carrier	Phone	Website
Medical	Cigna	(866) 494-2111	mycigna.com
Prescription (RX)	Cigna	(800) 351-9170	mycigna.com
Virtual Visits	MDLIVE	(888) 726-3171	mdliveforcigna.com
Dental	Ameritas	(800) 659-2223	ameritas.com
Vision	Ameritas	(800) 659-2223	ameritas.com
Life and AD&D	The Standard	(800) 628-8600	login.standard.com
Short Term Disability	The Standard	(800) 368-2859	login.standard.com
Long Term Disability	The Standard	(800) 368-1135	login.standard.com
Accident	The Standard	(866) 851-5505	login.standard.com
Critical Illness	The Standard	(866) 851-5505	login.standard.com
Employee Assistance Program	The Standard Health Advocate	888-293-6948	healthadvocate.com/ standard3



Eligibility & Enrollment

All regular full-time employees working at least 30 hours per week are eligible for benefits. As a new hire, you are eligible on the first day of the month following date of hire.

Who Can Enroll

You may enroll the following dependents in our group benefit plans:

- Your legal spouse
- Your domestic partner (with proper affidavit and documentation)
- Your natural, adopted, or stepchildren living with you, or any other children whom you have legal guardianship, up to age 26
- Your child(ren) over age 26 who are mentally or physically disable and dependent upon you for support (proof of condition and dependence must be submitted)
- Your child(ren) who are covered by a Qualified Medical Child Support Order (QMCSO)

When You Can Enroll

You can enroll in benefits:

- During your initial new hire eligibility period
- During the annual Open Enrollment period for a June 1st effective date

If you fail to enroll within the timeframe given for the new hire eligibility or annual enrollment window, you will not be able to elect benefits again until the next Open Enrollment period, and you will not have coverage, unless you experience a qualified life event. Please make your elections on time, or you may experience a delay in using your benefits.

Termination of Coverage

Benefits coverage will be terminated as follows:

- If you leave your job, your medical, dental and vision coverage will terminate on the last day of the month following your termination date. All other lines of coverage will end on your last date of employment.
- When a covered dependent reaches age 26, their coverage will terminate on the last day of the month following their date of birth.



Making Changes To Your Benefits

Your Medical, Dental and Vision premiums are deducted from your paycheck on a pre-tax basis (Section 125 Plan). Under a Section 125 Plan, once you have made your elections, they cannot be changed unless you experience a qualifying event or at the next Open Enrollment. Outside of your initial new hire or the annual Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your spouse's work status that affects your benefits
- Change in your work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list, or to report an event, contact Human Resources. Documentation may be required. If you fail to report a life event and supply the necessary documentation, you will be required to wait until the next annual enrollment period to make changes.



Medical Benefits

SBSB Eastham employees have the choice between two medical plans offered through Cigna: a Base Plan and a Buy-Up plan. These plans offer services on the Open Access Plus (OAP) network.

Both plans offer preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money as balance billing may apply on out-of-network services. You can find Cigna network providers online at

www.mycigna.com.

Prescription Drugs

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line.

Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at www.mycigna.com.



Preventive Care

All medical plans include preventive care services 100% covered under your medical insurance, meaning no copays or deductibles will apply when an in-network provider delivers the covered services. Preventive exams can detect if you are at risk for a chronic disease that may be preventable. Talk to your health care provider to determine which screenings are recommended for you and when you



Medical Plan Comparison

Plan Highlights	OAP Base Plan		OAP Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (first dollar cost for covered in-network services)				
Individual / Family	\$3,000 / \$6,000	\$5,000 / \$10,000	\$500 / \$1,000	\$5,000 / \$10,000
Coinsurance (after you reach your deductible)				
Plan pays	80%	50%	100%	70%
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, and coinsurance)				
Individual / Family	\$6,000 / \$12,000	\$10,000 / \$20,000	\$3,500 / \$7,000	\$10,000 / \$20,000
Plan Features				
Preventive Care	Covered in full	50% after deductible	Covered in full	30% after deductible
Primary Care Visits	\$30 copay	50% after deductible	\$25 copay	30% after deductible
Virtual Visits	\$30 copay	50% after deductible	\$25 copay	30% after deductible
Specialist Visits	\$60 copay	50% after deductible	\$50 copay	30% after deductible
Urgent Care	\$75 copay	50% after deductible	\$75 copay	30% after deductible
Emergency Room	\$250 copay + 20%, no deductible		\$300 copay; plan pays 100% after deductible	
Inpatient Hospital	20% after deductible	50% after deductible	0% after deductible	30% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	0% after deductible	30% after deductible
Labs and X-rays	20% after deductible	50% after deductible	0% after deductible	30% after deductible
Advanced Imaging	20% after deductible	50% after deductible	0% after deductible	30% after deductible
Prescription Benefits				
Rx Deductible	None		Combined with medical	
Retail 30-days » Tiers 1 / 2 / 3	\$10 / \$35 / \$70	Not covered	\$15 / \$40 / \$75	Not covered
Mail Order 90-days » Tiers 1 / 2 / 3 / 4	\$25 / \$88 / \$175	Not covered	\$38 / \$100 / \$188	Not covered

Refer to the plan documents for the full descriptions and coverage details. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

Contributions	OAP Base Plan			OAP Buy-Up Plan		
	Monthly	Firm Monthly	EE Semi-Monthly	Monthly Premium	Firm Monthly	EE Semi-Monthly
Employee Only	\$920.91	\$920.91	\$0.00	\$1,011.78	\$872.96	\$69.41
Employee + Spouse	\$2,026.19	\$1,336.93	\$344.63	\$2,226.14	\$1,274.00	\$476.07
Employee + Child(ren)	\$1,703.83	\$1,215.59	\$244.12	\$1,871.89	\$1,157.13	\$357.38
Employee + Family	\$2,947.02	\$1,683.52	\$631.75	\$3,237.84	\$1,607.70	\$815.07



Medical Plan Resources

Cigna Member Website

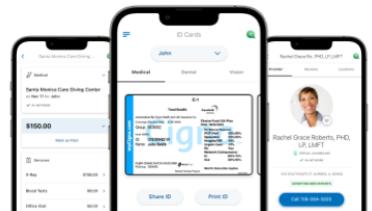
Once you've registered, you can log on to the CIGNA secure member website at mycigna.com. Here, you can:

- Review benefit information.
- Estimate the cost of services.
- Check the status of a claim or claim payment, download claim forms and view online Explanation of Benefits statements.
- View, print, fax temporary ID cards.
- Compare prescription costs for 30-and-90 day medications and see if a lower cost drug alternative is available.
- Find retail pharmacies that offer a 90-day supply. If you fill your prescription at a pharmacy that does not participate in the network, the plan may not pay benefits and you may need to pay the entire cost for your medication.
- Access a variety of health and wellness tools and resources.

MyCigna App

Get on-the-go access to your health plan. When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network
- Estimate costs
- View and share your health plan ID card
- See your claim details and view progress toward your deductible
- Available for iPhone® or Android™



Behavioral Health - Online or In-Person

Get the support you need for behavioral health and substance use care, get access to quality care that's convenient too. You have access to the Cigna Behavioral Health Network of providers. To find online care:

- Go to mycigna.com > *Find Care & Cost* and search for "Virtual Counselor" under "Doctor by Type."
- Call to make an appointment with your selected provider.

Continued on next page



Medical Plan Resources cont.

Care Management Programs

Personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses such as cancer, end-stage renal disease, neonatal care and pain management.

You have access to My Health Assistant on to mycigna.com to help you:

- Control stress
- Lose Weight and eat better
- Enjoy exercise
- Quit tobacco

Virtual Visits

When you're sick and need care quickly, a Virtual Visit is a convenient way to start feeling better faster. See and talk to a doctor via mobile device or computer — 24/7, no appointment needed. The doctor can give you a diagnosis and prescription, if needed. With your Cigna plan, you have a virtual visits provided through MDLIVE. Your cost is your primary care copayment. To get started with a Virtual Visit, go to mdliveforcigna.com or call them at 888-726-3171.

Use virtual care for these minor medical needs:

- Bladder/ Urinary tract infection
- Rash
- Bronchitis
- Sinus problems
- Cold/ flu
- Sore throat
- Fever
- Stomachache
- Pinkeye

Have your health plan ID card, credit card for copayment, and the name, address, and phone number of your pharmacy ready when you call.



Where to Go For Care

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to virtual visits through MDLIVE.

	Cost	Appointment Needed?	Wait Time	Severity	Conditions Treated
Virtual Visit/ Telemedicine	\$	No	⌚	+	Minor health concerns such as cold and flu symptoms, allergies, sinus and ear infections, family health questions, rashes or skin conditions, minor burns, and vaccinations
Convenience Care Clinic	\$\$	No	⌚ ⌚	+	Routine or preventive care, track medications and get refills, or get a referral to see a specialist
Primary Care Physician	\$\$	Yes	⌚ ⌚	+	Nausea and diarrhea, headaches, minor cuts and broken bones, back and joint pain
Urgent Care	\$\$\$	No	⌚ ⌚ ⌚	+++	Trouble breathing, heart attack and stroke, sudden illness and serious accidents, and severe bleeding
Emergency Room	\$\$\$\$	No	⌚ ⌚ ⌚ ⌚	++++	



Dental Benefits

SBSB Eastham will offer dental coverage through Ameritas which allows you to use in-network or out-of-network benefits. If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee and charges for non-covered services. To find in-network providers, go to www.ameritas.com and go to **Find a Provider** then **Dental**. Enter your criteria to search by location or for a specific dentist or practice. You can also call (800) 487-5553 to receive assistance from a customer service specialist. The chart below provides a brief overview of the plan coverages.



Plan Highlights	PPO Dental Plan	
	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Annual Plan Maximum	\$1,500 per member	\$1,500 per member
Orthodontia Lifetime Maximum	\$1,000 per member	\$1,000 per member
Type A Preventive Services Exams, cleanings, fluoride, x-rays	Covered in full	Covered in full
Type B Basic Services Space maintainers, fillings, periodontal maintenance, simple oral surgery and extractions, root canal, scaling/root planing	Plan pays 80% after deductible	Plan pays 80% after deductible
Type C Major Services Crowns, bridges, dentures, root canals	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia Children to age 26 only	Plan pays 50% after deductible	Plan pays 50% after deductible

Balance billing may apply to out-of-network services.

Contributions	PPO Dental Plan		
	Monthly Premium	Firm Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$36.15	\$36.15	\$0.00
Employee + Spouse	\$71.88	\$46.85	\$12.52
Employee + Child(ren)	\$86.99	\$51.37	\$17.81
Employee + Family	\$122.72	\$62.08	\$30.32



Vision Benefits

SBSB Eastham offers vision coverage through Ameritas on the PPO network. The vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find in-network providers visit www.vsp.com and enter your search criteria, or call (800) 877-7195. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

Vision Plan	PPO Vision Plan	
	In-Network	Out-of-Network Reimbursement
Eye Exam every 12 months	\$10 copay	Up to \$45
Materials Copay	\$25 copay	N/A
Lenses every 12 months » Single Vision » Bifocal » Trifocal » Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Frames every 24 months	\$130 allowance after \$25 copay, then 20% off balance	Up to \$70
Contacts every 12 months* » Fitting & Evaluation » Elective » Medically Necessary	\$60 Copay \$130 allowance, then 15% off balance Covered in full	Up to \$105 Up to \$210

*Contacts benefit is in lieu of eyeglass frames and lens benefit.

Contributions	PPO Vision Plan		
	Monthly Premium	Firm Monthly Contribution	EE Semi-Monthly Contribution
Employee Only	\$5.36	\$5.36	\$0.00
Employee + Spouse	\$10.72	\$6.48	\$2.12
Employee + Child(ren)	\$11.80	\$6.72	\$2.54
Employee + Family	\$17.16	\$7.86	\$4.65



Life and AD&D Insurance

Basic Life and Accidental Death & Dismemberment (AD&D)

100% COMPANY-PAID BENEFIT

SBSB Eastham provides each employee with Basic Life and Accidental Death & Dismemberment insurance through The Standard and pays for the full cost of coverage. Eligible employees receive \$50,000 in coverage. Ensuring your beneficiary information is correct at enrollment and throughout the year is essential. Log in to the Paylocity portal or contact your Human Resources Department to update your information.



Voluntary Life and AD&D

SBSB Eastham employees may supplement their company-paid Basic Life insurance by purchasing supplemental Voluntary Life and AD&D coverage through The Standard. In addition, you may purchase coverage for a spouse and child(ren) after electing coverage for yourself.

The Guarantee Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you elect an amount above the GI limit or wish to increase your benefit amount at a future date, the coverage amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. All late entrants must complete an EOI for any election amount. For full details, refer to the Certificate of Coverage.

You may purchase the following amounts of life and AD&D for yourself and your dependents. Refer to the Paylocity Portal to calculate your coverage cost.

Employee	Spouse	Child(ren)
Increments of \$10,000 up to 5x base salary amount to \$500,000 maximum. Guarantee Issue: \$100,000	Increments of \$5,000 up to \$250,000 maximum not to exceed 50% of employee amount. Guarantee Issue: \$50,000	\$1,000, \$5,000, or \$10,000 Guarantee Issue: All amounts approved

Benefits reduce to 67% at age 65; benefit reduced to 34% at age 70



Disability Insurance

100% COMPANY-PAID BENEFIT

Whether you are disabled and unable to work due to an accident or illness, SBSB Eastham offers Short and Long-Term Disability benefits options through The Standard and pays the full cost of coverage. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Summaries for details.

Short-Term Disability

SBSB Eastham offers Short-Term Disability (STD) insurance and pays the full cost of coverage. After a 7-day waiting period, the benefit would pay 60% of your weekly pre-disability earnings to a maximum of \$1,500 per week up to 83 days or until you no longer meet the definition of disability, whichever occurs first.

Long-Term Disability

SBSB Eastham also provides Long-Term Disability (LTD) and pays the full cost of coverage. The benefit would pay 60% of your monthly pre-disability earnings to a maximum of \$10,000 per month until you no longer meet the definition of disability or reach the Social Security Normal Retirement Age (SSNRA) after a 7-day waiting period.



Worksite Benefits

100% EMPLOYEE PAID BENEFITS

In addition to the life and disability insurance that your employer provides, you have the ability to purchase supplemental insurance. For each plan below, the plan cost is deducted through your semi-monthly payroll. Below is a brief summary of the Accident and Critical Illness coverages provided through The Standard. In addition, you have the option to cover your spouse and child(ren) with the premiums for dependent coverage deducted from your paycheck. Your cost for dependent coverage can be calculated when making your benefit elections on the Paylocity portal.

Accident Insurance

Where most medical plans only pay a portion of the bills, Accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit to cover expenses if you or a covered dependent experience an eligible event. Employees can choose between two plans to receive reimbursement for covered services, including:

- Hospital/ICU admission
- Emergency transportation and care
- Fractures, burns, lacerations, and more
- Accidental death benefit
- Wellness benefit

Critical Illness with Cancer

Critical Illness insurance pays a lump sum cash benefit when you or a covered family member is diagnosed with a serious illness, such as a heart attack, stroke, major organ failure, or cancer. You may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, or transportation. The plan may also offer a health screening benefit. Benefits are paid to you regardless of any additional coverage you may have.

- Employee Amounts:\$10,000
- Spouse Amounts: \$5,000
- Child(ren) Amounts: 25% of employee coverage



Employee Assistance Program

All eligible employees are automatically provided access to The Standard Employee Assistance Program (EAP) powered by HealthAdvocate at no cost. The program is a confidential resource available 24/7/365 to help you deal with a variety of life stages and concerns, including:

- Depression, stress, and anxiety
- Relationship difficulties
- Financial and legal advice
- Family issues and parenting
- Child and elder care support
- Dealing with domestic violence
- Substance abuse and recovery
- Work-related issues
- Loss and grief
- Eating disorders

Call For
Assistance
Anytime
(888) 293-6948

The program includes up to five phone or video consultations per household per calendar year with licensed counselors. Call (888)293-6948 or visit healthadvocate.com/standard3 for assistance or to learn more about the benefits offered to you.



Terms to Know

Deductible: The amount an employee pays out of pocket before the insurance company pays a percentage of the provider charges.

Coinurance: The amount of payment split between the employee and the insurance company.

Example: The insurance company pays 80%, and the employee pays 20% of the charges after you meet the deductible.

Out-of-Pocket Maximum: The maximum amount an employee is responsible for paying out of pocket in any calendar year before the insurance company pays the entire eligible amount for the remaining calendar year.

Network Providers: Doctors, hospitals, and other health care providers with an agreement/contract with insurance companies agreeing to charge a discounted amount for services rendered.

Pre-Authorization: Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Explanation of Benefits (EOB): The EOB is mailed to the employee after the insurance company receives and processes a claim. The EOB describes how the claim was processed and outlines what portion of the charges have been applied to the deductible, what amount the employee is responsible for, and explains if there was a denial or error in processing the claim.

Appeal: If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Guarantee Issue: The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

Evidence of Insurability (EOI): The form containing medical questions you must answer if you decide to elect voluntary life insurance after you have previously declined coverage and wish to increase your current coverage later. The form may also be required if you add disability coverage after previously declined.



Important Notices

A printed copy of the full versions of the below notices along with the plan summaries can be obtained from Human Resources or you can view them on the Paylocity portal.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

MEDICAL PRE-TAX PREMIUMS PLAN

Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medically inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.



Notes





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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.