FRANÇOIS & CO.

2027



EMPLOYEE BENEFITS GUIDE

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

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aab All Atlantic Benefits

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veronica@allatlanticbenefits.com

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Visit our Benefits Website for full plan information and to complete your enrollment:
www.francoisandCobenefits.com

OUR CARRIERS

HEALTH

Angle Healt

Telephone: (855) 937-1855
www.anglehealth.com

DENTAL

Mutual of Omaha

Telephone: (800) 927-9197
www.mutualofomaha.com

VISION

Mutual of Omaha

Telephone: (866) 723-0513
www.eyemed.com

LIFE & AD&D

Mutual of Omaha

Telephone: (800) 769-7159
www.mutualofomaha.com

DISABILITY

Mutual of Omaha

Telephone: (800) 769-7159
www.mutualofomaha.com

SUPPLEMENTAL INSURANCE

Mutual of Omaha

Telephone: (800) 769-7159
www.mutualofomaha.com

VALUE-ADDED SERVICES / EAP

Mutual of Omaha

Telephone: (800) 316-2796
www.mutualofomaha.com

OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

PLAN YEAR

January 1, 2027 - December 31, 2027

NEW HIRE ENROLLMENTS

Effective the first of the month following 30 days from date of hire

ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse or domestic partnership
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage, divorce or separation
- Birth or adoption of a child
- Change in child's dependent status
- Death in a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

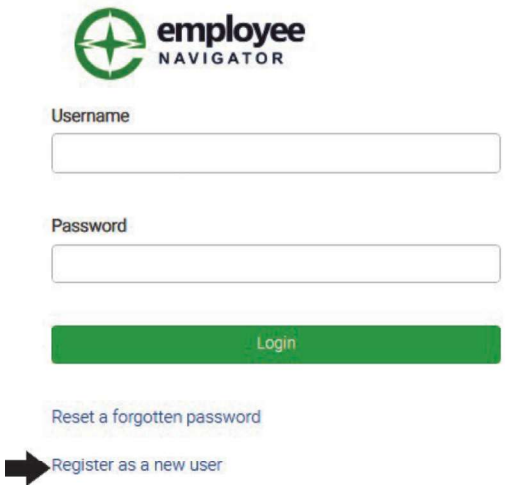
PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

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ENROLLING IN YOUR BENEFITS

First time logging into Employee Navigator? Register as a New User to get started!

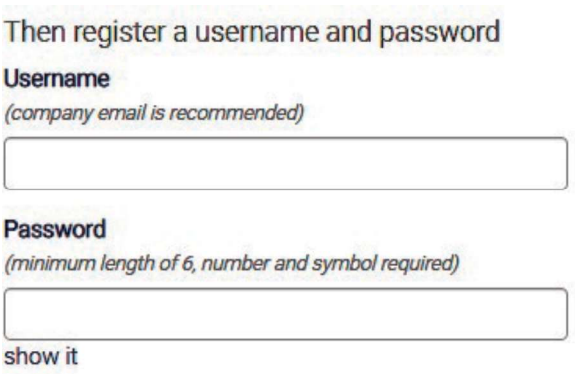
1 Visit https://www.employeenavigator.com/benefits/Account/Login and click 'Register as a new user'



2 Create your Account by completing the information below. Our Company Identifier is 'Fran&Co2027'



3 Complete your registration by creating a Username and Password.



You are ready to enroll

ENROLLING IN YOUR BENEFITS

To begin enrolling visit our benefits website at www.employeenavigator.com

From here, you will need to click login in the top right corner. Use the credentials you created with the registration email to login.

Step 1

Begin enrolling by click the **Start Enrollment** button on the right side of the home page banner. You are now in the enrollment site. The first step is to confirm the personal data. Once you have reviewed/corrected all the data on this screen. Click **Save & Continue**

Step 2

Next you will need to confirm your address. Please note: entering and verifying an address is required to complete the enrollment. Once done, click **Save & Continue**

Step 3

Now you will be asked to enter any dependents you have that you will be enrolling in benefits.

To add, click on **add dependent+** Please note, the SSN is required to enroll in the benefits.

One you have completed entering all of the dependents that will be added to your plans,

Click **Save & Continue**

You will now begin enrolling starting with your medical plan offerings.

Select the dependents that you would like covered by clicking on the radio buttons beside there names. After that, scroll down and select a plan you will be electing, and then click **Save & Continue** .

If you do not wish to elect a particular benefit, select **Don't want this benefits?** then click **Save & Continue** It will then request that you enter a reason for declining that particular benefit.

Once you have moved past this that benefit, you will be taken to the next plan offering. You are required to take a decision on all plans or you will not be able to complete the enrollment.

Once you have completed all of your elections, you will be taken to the Enrollment Summary page. On this page, you can review what you have elected as well as see your total cost per pay period. You will also be able to print the summary.

The complete your enrollment and make you benefits active, click **Click to Sign** to electronically sign your form.

You have successfully completed your enrollment.

MEDICAL INSURANCE

Angle Healt

(855) 937-1855 | www.anglehealth.com

Plan Name	ANG HDHP 7000 7000 (Base)	
Network Access	In Network	Out of Network
Provider Network	Cigna PPO	
Opportunities For Care		
Preventive Care	Covered 100%	Not Covered
Physician	0% After Ded	50% After Ded
Virtual Visits	Virtual PCP: 0% After Ded Virtual Specialist: 0% After Ded Doctor on Demand: Covered 100%	Virtual PCP & Specialist: 50% After Ded Virtual Visits: Not Covered
Specialist	0% After Ded	50% After Ded
Convenience Care Clinic	0% After Ded	50% After Ded
Urgent Care	0% After Ded	50% After Ded
Emergency Room	0% After Ded	
Diagnostic Services		
Independent Clinical Lab / X-Ray	0% After Ded	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	0% After Ded	50% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded	50% After Ded
Inpatient Hospital	0% After Ded	50% After Ded
Provider Services Inpatient Hospital	0% After Ded	50% After Ded
Pharmacy Benefits		
Prescription	0% After Ded	Not Covered
Deductible		
Deductible	$7,000 / $14,000 (Embedded)	$14,000 / $28,000 (Embedded)
Member Co-Insurance	0%	50%
Maximum Benefits		
Member Out of Pocket Maximum	$7,000 / $14,000 (Embedded)	$15,400 / $30,800 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE

Angle Healt

(855) 937-1855 | www.anglehealth.com

Plan Name	ANG TRAD 5000 7000 (Mid)	
Network Access	In Network	Out of Network
Provider Network	Cigna PPO	
Opportunities For Care		
Preventive Care	Covered 100%	Not Covered
Physician	$25 Copay	50% After Ded
Virtual Visits	Virtual PCP: $25 Copay Virtual Specialist: $75 Copay Doctor on Demand: Covered 100%	Virtual PCP & Specialist: 50% After Ded Virtual Visits: Not Covered
Specialist	$75 Copay	50% After Ded
Convenience Care Clinic	$25 Copay	50% After Ded
Urgent Care	$85 Copay	50% After Ded
Emergency Room	Facility: $300 Copay After Ded; Physician: 20% After Ded	
Diagnostic Services		
Independent Clinical Lab / X-Ray	Lab: $25 Copay; X-Ray: 20% After Ded	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	20% After Ded	50% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	20% After Ded	50% After Ded
Inpatient Hospital	20% After Ded	50% After Ded
Provider Services Inpatient Hospital	20% After Ded	50% After Ded
Pharmacy Benefits		
Prescription	$20 / $60 / $85; Specialty: 30% After Ded	Not Covered
Deductible		
Deductible	$5,000 / $10,000 (Embedded)	$10,000 / $20,000 (Embedded)
Member Co-Insurance	20%	50%
Maximum Benefits		
Member Out of Pocket Maximum	$7,000 / $14,000 (Embedded)	$14,000 / $28,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE

Angle Healt

(855) 937-1855 | www.anglehealth.com

Plan Name	ANG TRAD 2000 4000 (Buy-Up)	
Network Access	In Network	Out of Network
Provider Network	Cigna PPO	
Opportunities For Care		
Preventive Care	Covered 100%	Not Covered
Physician	$20 Copay	50% After Ded
Virtual Visits	Virtual PCP: $20 Copay Virtual Specialist: $50 Copay Doctor on Demand: Covered 100%	Virtual PCP & Specialist: 50% After Ded Virtual Visits: Not Covered
Specialist	$50 Copay	50% After Ded
Convenience Care Clinic	$20 Copay	50% After Ded
Urgent Care	$75 Copay	50% After Ded
Emergency Room	Facility: $250 Copay After Ded; Physician: 20% After Ded	
Diagnostic Services		
Independent Clinical Lab / X-Ray	Lab: $20 Copay; X-Ray: 20% After Ded	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	20% After Ded	50% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	20% After Ded	50% After Ded
Inpatient Hospital	20% After Ded	50% After Ded
Provider Services Inpatient Hospital	20% After Ded	50% After Ded
Pharmacy Benefits		
Prescription	$20 / $60 / $85; Specialty: 30% After Ded	Not Covered
Deductible		
Deductible	$2,000 / $4,000 (Embedded)	$5,000 / $10,000 (Embedded)
Member Co-Insurance	20%	50%
Maximum Benefits		
Member Out of Pocket Maximum	$4,000 / $8,000 (Embedded)	$10,000 / $20,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

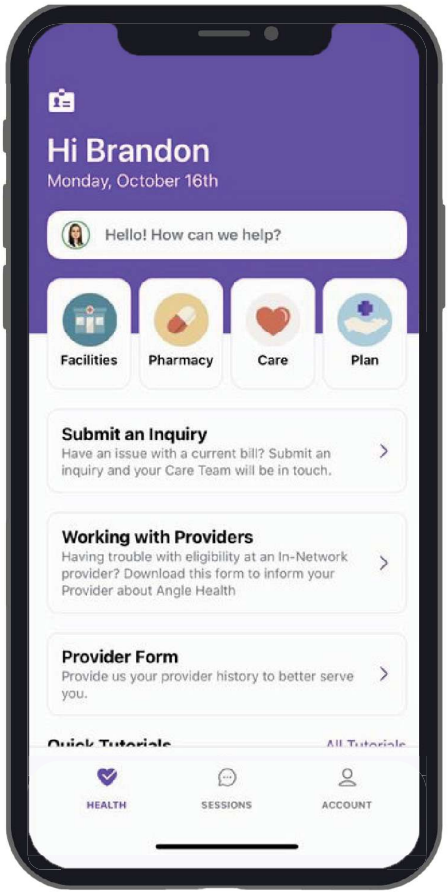
Angle Health

Simplify Your Healthcare Experience

WITH THE ANGLE HEALTH APP

Take control of your health with our app. Easily manage your healthcare, access resources, and chat with our care team in real time.

- Quickly Find Providers
- Explore Facilities Near You
- Access Member ID Card
- Get Virtual Care



Connect with Your Dedicated Care Team

Your reliable member care team is always just a chat away, available 7 am - 5 pm MT Monday - Friday.

Search for Facilities

View a map of in-network facilities near you. You'll find it right on your app's home screen.

Access Your Digital ID Card

Forgot your physical ID card? No worries! You can access and share your digital ID card from the mobile app.

Angle

Download the App now!

Download on the App Store

GET IT ON Google Play

TELEHEALTH WITH DOCTOR ON DEMAND

dr. on demand by Included Health

DOCTOR ON DEMAND

Ready to Get 24/7 Virtual Care?



Angle is proud to support our members with convenient and accessible healthcare options. Access board certified physicians, psychiatrists, psychologists, and psychotherapists, anytime and anywhere with Doctor On Demand (DOD) Total Virtual Care. As an Angle Health plan member, you can access your favorite DOD provider right from your smartphone, tablet, or computer - directly from the Angle app or portal.

Doctor On Demand Services Available to Angle Members

Everyday & Urgent Care	Behavioral Health
• 24/7 medical care - on demand or by appointment • New & refill prescription orders • Lab test orders, results interpretation, consultation, and escalation • COVID-19 screening, assessment, and testing referral	• 24/7 medical care - on demand or by appointment • Psychiatry visit including medication management • Therapy visits: psychologist or master level therapist

What Doctor On Demand Practitioners Treat

Everyday & Urgent Care		Behavioral Health
• Cold & Flu • Sinus Infections • Bronchitis and Pneumonia • Urinary Tract Infections • Vomiting and Diarrhea • Conjunctivitis • Vaginal and Yeast Infections • Cellulitis and Skin Conditions	• Women's Health • Men's Health • Lab & Screenings • Allergies • Asthma • High Cholesterol • High Blood Pressure • Weight Management	• Anxiety and Depression • Stress • Postpartum Depression • Trauma and loss • Post Traumatic Stress Disorder • Behavioral Therapy • Social Anxiety • Insomnia

Telemedicine services from designated providers are covered in full. Members who are enrolled in a qualified high deductible health plan will pay a fare market rate for these services until they meet their deductible.

Angle Health | Angle Rx

AngleRx Prescription Optimization Program (POP)

THROUGH FOCUS PRESCRIPTION BENEFITS

How does AngleRx POP help members save on prescriptions?

1. Getting Prescriptions

When a member receives a high-cost prescription or refill, they can just take it to a pharmacy. If the prescription is over $1,000, it's rejected for review. The pharmacy tech will tell the member to contact AngleRx POP, so we can secure savings.

2. Advocating for Members

We will call or email the member about their prescription. Then, the member will provide the Patient Advocate Prescriber information. Our dedicated Patient Advocate will coordinate with the provider about prior authorization documentation. Then, we'll update the member with the results.

3. Maximizing Savings for Members

All these categories are optional but will be carefully reviewed for potential savings:

Patient Assistance Program (PAP)
Based on the Member's Income

Copay/Coupon Card
Reduced Out-of-Pocket Cost to the Member

International Sourcing
No Out-of-Pocket Cost to the Member



4. Receiving Medication

Once savings have been determined, the member receives their prescription.

Get in touch today: (945) 224-0864 | PAPOPfax@FPBrx.com
We're available Monday-Friday from 8:00 AM-7:00 PM CT.

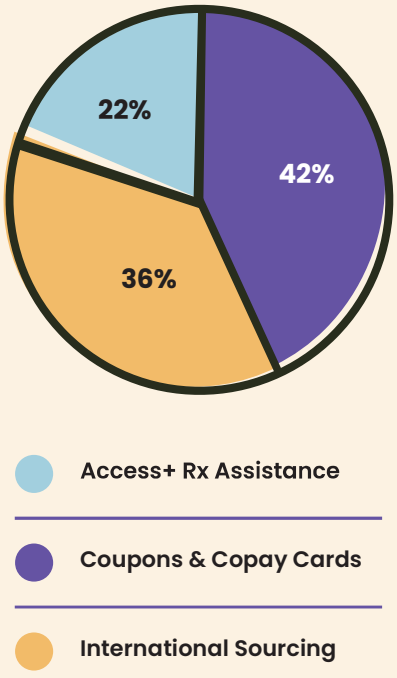
Angle

Access+ Rx Assistance



What Can Members Expect

1. Member obtains high-cost prescription or refill from the doctor.
2. **Call/Email Access+ Rx Assistance**
   Monday - Friday, 7 am - 5 pm MT
   1 (888) 538 - 4123
   accessplussupport@anglehealth.com
3. Engage with Access+ Rx Assistance. Provide member information, prescription information, and doctor information.
4. Access+ Rx Assistance coordinates on member's behalf. Completed paperwork and documentation may be required for certain programs.
5. Access+ Rx Assistance responds to member with outcomes and results.



See How the Savings Break Down

Here's how Access+ achieves savings:

Prescription Assistance

Members can get free or discounted medications with prescription assistance programs from pharmaceutical companies.

Coupons & Copay Cards

These programs are known as copay savings programs, copay coupons, or copay assistance cards. These manufacturer copay cards from drug companies help patients afford expensive medications by reducing the out-of-pocket costs.

International Sourcing

An international pharmacy will get a prescription from the member's doctor and mail the medication to the member at $0 cost. This saves the plan a lot of money with no expense for the member.

Activate your new medical imaging benefit today!

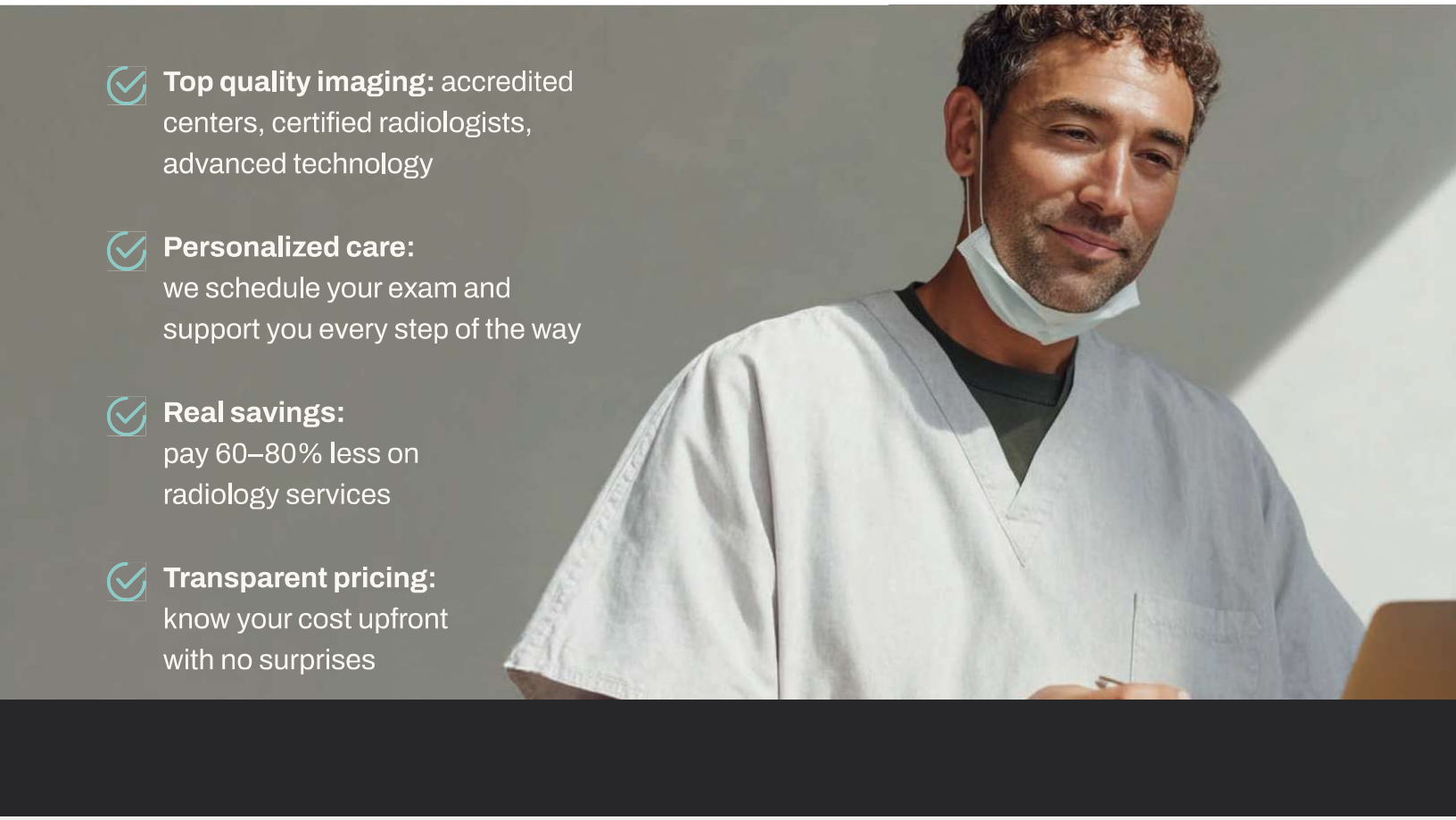
OneImaging | Angle Health

Better Imaging. Better Care.

Get high-quality MRIs, CT scans, and X-rays while saving up to 80%

With OneImaging, you have an easier way to get the imaging you need: transparent pricing, faster scheduling, and a care team by your side, saving you up to 80% on costs. **The best part? Most members will have no cost for imaging exams.**

Activate your benefit now at: **join.oneimaging.com/anglehealth**



- **Top quality imaging:** accredited centers, certified radiologists, advanced technology
- **Personalized care:** we schedule your exam and support you every step of the way
- **Real savings:** pay 60–80% less on radiology services
- **Transparent pricing:** know your cost upfront with no surprises

How to Use OneImaging

Send your doctor's imaging order by:

FAX
Have your doctor fax to (305) 448-6794

UPLOAD
Upload your order in your OneImaging account

EMAIL
Send a photo to order@oneimaging.com

TEXT
Send a photo of your order to (833) 619-0837

No order? Text or email us and we'll retrieve it for you.

OneImaging is available to all Angle Health plan members and their covered dependents.

Employee Benefits Corporation

Health Savings Account (HSA)

The benefit that helps employees save and invest in their health care.

A health savings account (HSA) is a flexible benefit that offers triple tax savings and allows participants to choose whether to **spend**, **save**, or **invest** their HSA dollars.

Single $4,500
Family $9,000
Ages 55+ can contribute extra $1,000

The Road to Financial Wellness

HSAs go beyond what other benefits offer by giving participants the flexibility to spend, save, or invest their HSA funds. However participants choose to use their HSA funds, they will receive tax-free savings that can assist them on their road to financial wellness.

Spend | All HSA contributions and withdrawals for eligible expense are tax-free. This means that participants who use their HSA funds for eligible expenses save money.

Save | Participants who don't have an immediate need to spend their HSA funds can allow their account balance to build year-over-year and earn tax-free interest through multiple interest account options. This is a great way to save for future health expenses.

Invest | Participants can also invest their HSA funds and potentially watch their balance grow even more! Investing HSA funds can be a powerful savings vehicle for medical emergencies or retirement.

Plan Features

- No minimum account balance and low banking fees for participants
- Variety of ways to access HSA funds including our Benefits Card and online payments to providers or participants
- High-yield interest option to earn more on HSA cash balances
- Intuitive investment platform with more than 500 investment options where participants can tailor their investment journey to fit their individual needs and experience level
- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Primary cardholders can add the Benefits Card to their digital wallet and use wherever Apple Pay, Samsung Pay, and Google Pay are accepted
- Compatible with limited health flexible spending account (FSA) and limited health reimbursement arrangement (HRA)Compliance support for HSA-compatible FSA and HRA plan designs

HSA Tools

Account Access | Employer administration and participant account management is available all day, every day with our online accounts and mobile app, ***EBC Mobile***.

Communication Resources | Access employer education materials, toolkits to support open enrollment, and more! All available in your online account and at www.ebcflex.com.

Investment Opportunities

Our HSA offers a modern and personalized investment experience that helps participants work toward their long-term financial goals. Whether they are new to investing and are looking for a guided experience or are seasoned investors looking to research and trade stocks and ETFs, participants will have the tools available to build wealth and save for retirement.

Investment Paths



Managed | Designed for investors who prefer to have our advisor tool use age and risk profile characteristics to automatically suggest and rebalance investment options.

Self-Directed | Designed for investors who want to self-select from a menu of monitored investment options covering multiple asset classes.

Brokerage | Designed for investors who want to perform advanced research and select investment options from more than 500 individual stocks and ETFs.

Investment Features

- Fractional trading up to 8 decimal points, enabling ownership of high-value stocks like Apple or Berkshire Hathaway for as little as a penny.
- Convenient features, such as auto-rebalancing, real-time account opening and trading, historical performance of investments, and after-hours investing.

Integrated Investment Solution

The HSA experience lives within a single platform for a seamless user experience. Participants can manage all aspects of their HSA, including their spending account and their investments, at any time of day from a simple and intuitive online interface.

Contact Us www.ebcflex.com (800) 346-2126 sales@ebcflex.com |
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Employee Benefits Corporation

HSA Eligible Expenses

A **health savings account (HSA)** is a savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.

Examples of Eligible Expenses for HSAs:

Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces

Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication *(including insulin and birth control)*
- Prescribed Vitamins

Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays
- At-Home COVID-19 Testing

Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Individual Behavioral or Mental Health
- Infertility, In-vitro Fertilization
- Inpatient treatment for addiction to alcohol/drugs
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care

Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles *(not for general comfort)* or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling *(except for Marriage and Family)*
- Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- Medic Alert Bracelet or Necklace
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Guide Dog *(for visually/hearing impaired person)*
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses *(essential to medical care)*
- Pregnancy Tests, Pre-Natal Vitamins

Contact Us www.ebcflex.com (800) 346-2126 participantservices@ebcflex.com |
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Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- First Aid Creams, Diaper Rash Ointments, Calamine Lotion, Bug Bite Medication, Wart Remover Treatments, Special Ointments/Burn Ointments, Rubbing Alcohol
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and Pads
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen with at least SPF 15
- Athletes Foot Creams and Powders, Cold Sore Remedies, Hemorrhoid Medications, Lice and Scabies Treatments, Yeast Infection Treatments

Personal Protective Equipment (PPE) to Prevent Spread of COVID-19

- Face masks (disposable or cloth), with multiple layers of material and with nose wire
- Hand sanitizer rubs and hand sanitizing wipes with at least 60% alcohol content

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.

Examples of Ineligible Expenses for HSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.

- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Household cleaning products, including surface cleaning wipes
- Face shields, neck gaiters, or face masks with vents/valves
- Fitness expenses such as gym memberships, athletic gear, and exercise equipment when used for an individual's general health

HSA account holders are responsible for retaining all receipts and other documentation necessary to prove that the expense is for medical care under relevant sections of the Internal Revenue Code. If you have concerns about whether an expense is considered by the IRS to be for medical care, reach out to your tax advisor

Where can I shop?

Visit www.ebcflex.com/WhereToShop

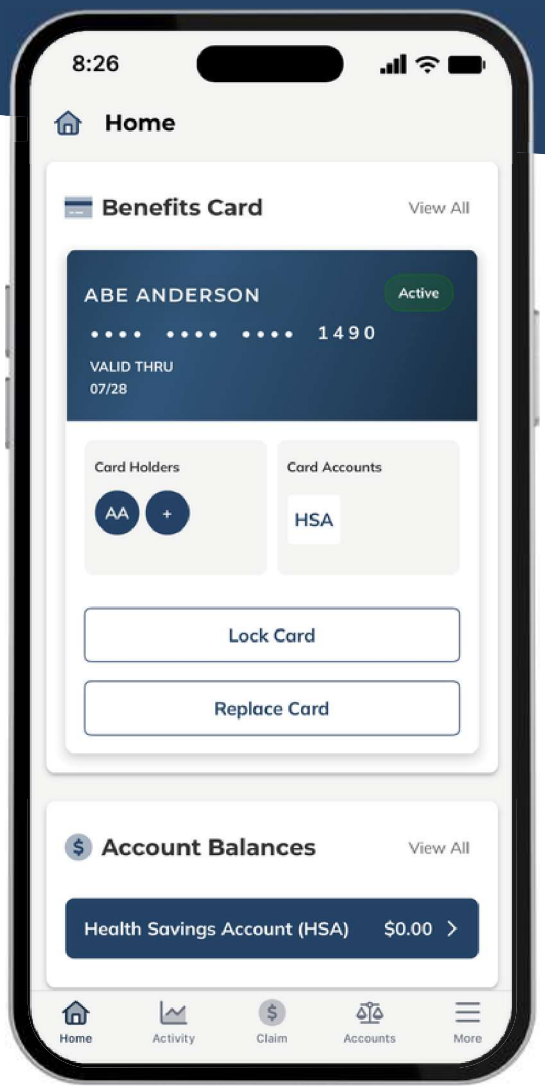
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EBCentral℠

Employee Benefits Corporation

Smarter Benefits at Your Fingertips

EBCentral puts your benefits front and center—making it easier than ever to manage your accounts and your Benefits Card[1] in real time. With 24/7 access from your mobile device, you have the freedom to take control of your EBC benefits whenever and wherever you need.



Key Features

Easy access to your account details

The EBCentral app opens to a clean, intuitive dashboard that keeps essential tools within reach. You can view account summaries, check recent activity, monitor your Benefits Card status, sign up for direct deposit, and take quick actions like submitting receipts or reviewing documentation requests—all with fast, frictionless navigation.

Real-time push notifications after every Benefits Card swipe

Stay informed the moment your card is used. If documentation is required, you'll receive a notification to submit your receipt right away. Once submitted, documentation is reviewed right away to validate qualified expenses or determine if further review is needed.[2]

Full control over your Benefits Card

Managing your card is simple and secure. Your dashboard lets you lock or unlock your card, request a replacement for a lost or stolen card, and order additional cards for eligible dependents. You'll also have instant access to your recent transaction activity and card status.

Fast, secure claim and documentation submission

Submitting claims and supporting materials is quick and hassle-free. You can upload receipts or other required documents directly through the app, with no paperwork and no delays.

Download EBCentral

Download the app on the App Store® or Google Play and log in using your account credentials. Be sure to enable notifications on your mobile device to receive real-time updates on card activity and documentation requests.

Download on the App Store

GET IT ON Google Play

[1]Not all benefit accounts include a Benefits Card. Availability depends on your specific plan and account type. Apple® and App Store® are registered trademarks of Apple Inc. Google Play is a trademark of Google LLC.

[2]If expenses cannot be validated, users are given immediate feedback and the documentation is submitted for further review when needed.

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DENTAL INSURANCE

Mutual of Omaha

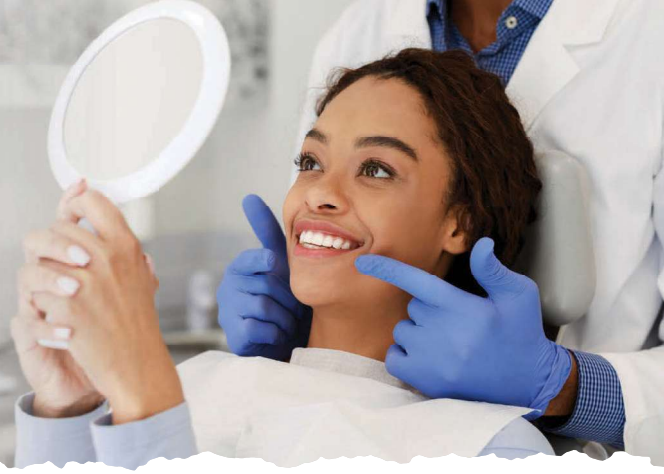
(800) 927-9197 | www.mutualofomaha.com

Plan Name	Dental Low Option		Dental High Option	
	In Network	Out of Network	In Network	Out of Network
Network	Mutual of Omaha Preferred Proprietary Dental Network		Mutual of Omaha Preferred Proprietary Dental Network	
Individual Deductible	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150
Waived for Preventive	Yes		Yes	
Deductible Calendar Year	Calendar Year		Calendar Year	
Annual Maximum	$1,000		$2,000	
Preventive - Type 1	100%	100%	100%	100%
Basic - Type 2	80%	80%	80%	80%
Major - Type 3	50%	50%	50%	50%
Orthodontia - Type 4	Not Included		50%	50%
Ortho Age Limit	Not Included		Adult & Child(ren)	
Ortho Maximum	Not Included		$2,000	
Cleaning Frequency	2 in 12 months		2 in 12 months	
Endodontics	Major		Major	
Periodontics - Non-Surgical	Major		Major	
Periodontics - Surgical	Major		Major	
Oral Surgery (Simple)	Major		Major	
Oral Surgery (Complex)	Major		Major	
Implants	Major		Major	
Out-of-Network Reimbursement	80th UCR		80th UCR	
Maximum Rollover	Included		Included	
Missing Tooth Exclusion	Not Included		Not Included	
Waiting Periods	None		None	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date			

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DENTAL INSURANCE

Online Reference Guide for Plan Members



You have a great dental plan — now learn how to make full use of it to ensure proper dental health for you and your family.

With online access you can:

- View benefits information, eligibility and claims
- Print or view Explanation of Benefits (EOBs)
- Locate a provider, by ZIP code or address
- Access the Dental Wellness Center

Getting Started

1. Go to **MutualofOmaha.com/dental**
2. Click on the "Access Member Benefit Information" link and select the "Register Now" button. You will enter your Member ID number (located on your member ID card) or the last 4 digits of your Social Security Number and follow the instructions to create your user name and password.

Visit as many times as you need to view or print copies of your coverage information.
Note: *Due to HIPAA a spouse and adult child will have to register separately.*

Logging On

1. Go to **MutualofOmaha.com/dental**
2. Click on the "Access Member Benefit Information" and enter your username and password
3. Click the "Login" button

Online Tools

In the Member Web Portal you can access your benefit information, including:

- View your coverage information and eligibility
- Individuals included under your plan
- After you've visited the dentist, use the "Claims" tab to find historical claim data
- View or print your Explanation of Benefits (EOB) from the "Documents" tab

Visit our Dental Wellness Center filled with tools and resources to make informed decisions about your dental health care, including:

- Find a Dentist search and Cost Estimator tools
- Dental Library comprised of articles, videos and definitions
- Ask A Dentist email feature
- Dental Health News, and much more

Access a Claim Form

If you visit an out-of-network provider, you can download a claim form from the home page.

Request an ID Card

800-927-9197

Mutually Preferred®

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

450570_0423_United

VISION INSURANCE

Mutual of Omaha

(866) 723-0513 | www.eyemed.com

Plan Name	Vision
	In Network Copays & Allowances
Network	EyeMed Insight
Exam Copay	$10 Copay
Materials Copay	$10 Copay
Frequency - Exam / Lenses / Frames	12 / 12 / 24
Single Lenses	Covered in full after copay
Bifocal Lenses	Covered in full after copay
Trifocal Lenses	Covered in full after copay
Frames - After Copay	$130 Allowance
Contacts (Elective)	$130 Allowance
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date

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VISION INSURANCE

APP GUIDE FOR VISION PLAN MEMBERS



Our vision insurance gives you easy access to quality benefits and a broad network of providers. We'd like to help you manage your plan with even more convenience — from your mobile device.

With mobile access you can:

- View Benefits Information
- Locate a Provider
- Access ID Card

Get Started with the App

1. Go to your device's app store and search **"EyeMed Members"**
2. Download the app to your device
3. Click the **"Register"** button
4. Enter your name, date of birth, member ID number (located on your member ID card) or the last four digits of your Social Security Number (if provided by your employer)
5. Follow the instructions for creating your account

Top Features of the App

- Access your ID card and view benefits information on the go
- View reminders about upcoming eye appointments
- View benefits information

We are here for you

Contact me for more information.

POWERED BY EyeMed

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, (800) 769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP or state equivalent. Some exclusions and limitations may apply.

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LIFE INSURANCE

Mutual of Omaha

(800) 769-7159 | www.mutualofomaha.com

EMPLOYER PAID BASIC LIFE & AD&D

Eligibility	Actively working at least 30 hours per week
Life Insurance Benefit	$25,000
AD&D Benefit	$25,000
Living Care / Accelerated Death	80% of the life benefit, up to $20,000
Waiver of Premium	Included, subject to total disability requirements
Conversion	Included
Age Reductions	Benefits reduce to 65% at age 65 and 50% at age 70

VOLUNTARY LIFE & AD&D

Benefit	Employee	Spouse	Child
Minimum / Increment	$10,000 / $10,000	$5,000 / $5,000	$10,000 / $10,000
Guarantee Issue	$100,000	100% of employee benefit, up to $30,000	100% of employee benefit
Benefit Maximum	$300,000	100% of employee benefit, up to $150,000	$10,000
Eligibility / Age	Actively working 30+ hours	Eligible spouse	Birth to age 26
AD&D	Included	Included	Included
Portability / Conversion	Included	Included	Included

PLAN NOTES

Benefits and guarantee issue amounts reduce to 65% at age 65 and 50% at age 70. Spouse coverage ends when the employee reaches age 70. Amounts over guarantee issue may require evidence of insurability.

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DISABILITY INSURANCE

Mutual of Omaha

(800) 769-7159 | www.mutualofomaha.com

VOLUNTARY SHORT-TERM DISABILITY	
Elimination Period	Benefits begin on the 8th day of injury or illness
Weekly Benefit	60% of before-tax weekly earnings
Maximum Weekly Benefit	$1,500
Benefits Duration	Up to 25 weeks
Pre-existing Period	3 / 6

VOLUNTARY LONG-TERM DISABILITY	
Elimination Period	Later of 180 days or when short-term disability ends
Maximum Monthly Benefit	60% of monthly earnings, up to $6,000
Benefits Duration	Before age 62: age 65/SSNRA or 3.5 years, whichever is longest
Pre-existing Period	12 / 12
Own Occupation	2 years

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a fulltime basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

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SUPPLEMENTAL BENEFITS

Mutual of Omaha

(800) 769-7159 | www.mutualofomaha.com

Financial protection for you and your family!

You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans; please refer to the summaries for a full list of benefits and exclusions.

ACCIDENT	
Coverage / Portability	24-hour (on/off-job); portability included
Express Benefit	$150
ER / Urgent Care / Office Visit	$300 / $225 / $150
Ambulance	Up to $1,500
Fractures / Dislocations	Up to $9,000 / $10,000
Hospital / ICU Admission	$1,500 / $3,000
Daily Hospital / ICU	$300 / $600 per day
Organized Sports Injury Booster	25%; up to $1,000
Health Screening	$50
CRITICAL ILLNESS	
Employee Coverage	$10,000 or $20,000; guarantee issue $20,000
Spouse Coverage	$10,000-$20,000; up to employee amount; guarantee issue $20,000
Child Coverage	50% of employee amount, up to $10,000; automatic
Invasive / Non-Invasive Cancer	100% / 25%
Heart Attack / Stroke / End-Stage Renal	100% / 100% / 100%
Maximum Policy Payout	1,000%
Different Illness Waiting Period	30 Days
Same Illness Waiting Period	90 Days
Health Screening	$50
Portability	Included
HOSPITAL INDEMNITY	
Hospital Admission / Daily Confinement	$500 / $200 per day
ICU Admission / Daily Confinement	$1,000 / $200 per day
Newborn Nursery	$75 per day; up to 2 days
Mental/Substance Facility Admission	$500
Daily Mental/Substance Confinement	$100 per day
Health Screening / Express Benefit	$50 / $200
Portability	Included

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VALUE-ADDED SERVICES

Mutual of Omaha

(800) 316-2796 | www.mutualofomaha.com



Services Included with Basic Life

Your employer-paid Basic Life coverage includes practical services that support you and your family at home, at work, and while traveling. Access and eligibility are subject to the carrier's service terms.

TRAVEL ASSISTANCE

Provides assistance when traveling more than 100 miles from home or outside the country.

Included with employer-paid Basic Life coverage.

EMPLOYEE ASSISTANCE PROGRAM

24/7/365 support from master's-level professionals for personal and workplace issues, including family, emotional well-being, financial wellness, substance use, legal assistance, and work/career resources.

800-316-2796

www.mutualofomaha.com/eap

HEARING DISCOUNT PROGRAM

Discounted hearing products for you and your family, including hearing aids and batteries.

888-534-1747

www.amplifonusa.com/mutualofomaha

WILL PREP SERVICES

Online tools from Epoq, Inc. help you complete a basic will and other documents that protect your family and property.

www.willprepservices.com

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

WHERE TO GO FOR CARE

Getting care at the best place for your condition could save you money on your out-of-pocket costs. See your primary care physician (PCP) or family doctor first. If seeing your PCP isn't possible, it's important to know your quick care options, especially before heading to an ER.

Compare quick care options to help keep costs down.







	PCP	Virtual Visits	Convenience Care	Urgent Care	Emergency Room
	Care from the doctor who knows you best	See a doctor whenever, wherever.	Basic Conditions that aren't life threatening	Serious Conditions that aren't life-threatening	Life and Limb-threatening emergencies
Average Cost	$160	less than $49	$100	$180	$2,200
✔ Indicates the recommended place for care for the following conditions:					
Broken Bones				✔	✔
Chest Pain					✔
Cough	✔	✔	✔		
Fever	✔	✔	✔		
Muscle Strain	✔		✔		
Pinkeye	✔	✔	✔		
Shortness of Breath					✔
Sinus Problems	✔	✔	✔		
Sore Throat	✔	✔	✔		
Sprain	✔		✔	✔	
Urinary Tract Infection	✔	✔	✔		

Call 911 or go to an emergency room (ER) if you have a life-threatening condition

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

WELLNESS

Knowing your four health numbers is key to a healthier you.



At your annual check-up, ask your doctor for your four health numbers (Blood Pressure, Cholesterol, Blood Sugar and BMI-Body Mass Index).

Blood Pressure

A telltale sign for possible heart disease, stroke and kidney disease. Understanding your blood pressure numbers is key to controlling high blood pressure. The American Heart Association recommends a normal Blood Pressure range of Systolic mm HG (upper number) Less than 120 and Diastolic mm HG (lower number) Less than 80 (120/80)

Cholesterol

HDL is good. LDL is bad. Keeping both in check is essential. The American Heart Association (AHA) recommends that all adults age 20 or older have their cholesterol and other traditional risk factors checked every four to six years, and work with their healthcare providers to determine their risk for cardiovascular disease and stroke.

Blood Sugar

A leading determinant for the onset of diabetes. What is normal blood sugar level? And how can you achieve normal blood sugar? For someone without diabetes, a fasting blood sugar on awakening should be under 100 mg/dl. Before-meal normal sugars are 70-99 mg/dl. "Postprandial" sugars taken two hours after meals should be less than 140 mg/dl.

Body Mass Index (BMI)

The measure of body fat based on height and weight that applies to adult men and women. In general, BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity. There are many calculators online to assist you with obtaining your BMI.

https//www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

Do you know your financial health numbers?

Knowing them is just as important as knowing your overall health numbers. Your financial health comes down to a series of ratios. here's where you should start:

1. **Credit Score:** Your FICO credit score—a ratio determined by three credit bureaus and based primarily on your track record of paying bills on time - is about far more than just being approved for loans.
2. **Retirement Savings Rate:** There is no single, correct dollar amount to put aside for retirement, which is why most projections rely on percentages. The most important one is how much of your salary should be put aside for retirement, which experts peg at 15%.
3. **Emergency Fund:** The number you need to know: How many months could you survive on your savings? The key is to achieve an overall balance in your finances, with about half your income going towards fixed expenses like rent and utilities, 20% for financial goals like savings, and 30% for day-to-day expenses like groceries and gas, advises Vera Gibbons, personal finance consultant - mint.com.
4. **Net Worth:** People tend to think of this number as their "wealth," says LearnVest's von Tobel, but it's not really about how much you have at any given point. Rather, people should use net worth as a starting point to see how they are doing down the road.



EMPLOYEE RESOURCE CENTER

TOOLS TO HELP YOU GET THE MOST OUT OF YOUR BENEFITS

PAYING TOO MUCH FOR PRESCRIPTION DRUGS?

Did you know that prescription prices can vary from pharmacy to pharmacy?

The cost of a prescription may differ by more than $100 between pharmacies across the street from each other!

GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average GoodRx customer saves $355 a year on their prescriptions!

Even better - **GoodRx is 100% free** and no personal information is required.

Go to **www.goodrx.com** to learn more

GoodRx

www.goodrx.com

1. **Type your drug name**
2. **Set your location**
3. **Compare prices, print, save! coupons, save up to 80%**

CHECK LOCAL RETAILERS FOR NO COST MEDICATION OPTIONS

Many local retailers offer no or low cost medications. Be sure to check the selections of retailers in your area such as the ones below to see how you can get free medications, discounts, and more!

- **Publix**
- **CVS Health**
- **Target**
- **Walmart**
- **Kmart**

MAXIMIZE YOUR HEALTHCARE DOLLAR

Consider all your options when choosing where to receive care, such as:

- Physician's Office
- Telemedicine
- Convenience Clinic
- Urgent Care
- Emergency Room

Remember to take advantage of the cost estimator tools on your healthcare provider's website to estimate the cost and find low cost options for big ticket items such as diagnostic tests and outpatient surgeries.

GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is $2,500, you'll pay 100 percent of eligible healthcare expenses until you have met the $2,500 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.
IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

IN-NETWORK: Health care received from your primary care physician or from a specialist within an outlines list of health care practitioners.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

PRESCRIPTION DRUGS

RETAIL PHARMACY: includes independent, supermarket, and chain pharmacies that dispense prescription medications.

TIER 1—PREFERRED GENERIC: are lowest in cost. They are equivalent to a brand-name product in dosage, strength, performance, and intended use. Ask your doctor to authorize generic substitutions when medically appropriate.

TIER 2—PREFERRED BRAND-NAME DRUGS: are more costly because they are produced and sold only by one company that holds a patent.

TIER 3—NON-PREFERRED GENERIC AND BRAND-NAME: are even more costly under our plans. These drugs are patent-pending and have just recently become available in the market.

SPECIALTY DRUGS: are high-cost drugs to treat rare and/or complex conditions. Typically self-injectable drugs are included in this category. Specialty drugs must be obtained through the Aetna Specialty Pharmacy.

MAIL ORDER: delivers a 90-day supply conveniently right to your door and helps you save a little bit of money on copays in addition to having fewer refills throughout the year.

DISCLOSURES

Medicare Part D

This notice officially confirms the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is October 15th to December 7th. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about $32-$37/Month. If you do decide to enroll, coordination of benefits will be required.

On Medicare Part D, you can read the "Medicare & You" Hand book which will be mailed to you during October. Visit www.medicare.gov on the web or call 1-800 MEDICARE (633-4227) - TTY users should call 1-877-846-2048

Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

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

aab

NOTES

FRANÇOIS & CO.

Here for you.

Supporting your people.
Protecting what matters.

Brought to you by:

aab All Atlantic Benefits

4000 Hollywood Blvd.
Suite 270-N
Hollywood, FL 33021