TOMTREYCO

A LOCKE-GIL ORGANIZATION

2027



CELEBRATING 25 YEARS TOMTREYCO A LOCKE-GIL ORGANIZATION





PART TIME BENEFITS BOOKLET

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

TOMTREYCO
A LOCKE-GIL ORGANIZATION

Stephanie Lentz
Chief Administrative Officer
tomtreyco@gmail.com
Office: (330) 575-9208

aab All Atlantic Benefits

TJ North
Benefits Consultant
tjn@allatlanticbenefits.com
Talk/Text: (305) 701-1076

Emilio Rodriguez
Account Manager
emilior@allatlanticbenefits.com
Office: (305) 809-8211

Veronica Ferrari
Vice President, Benefits Consultant
veronica@allatlanticbenefits.com
Talk/Text: (305) 989-4676

Priscilla Porras
Senior Account Manager
priscillap@allatlanticbenefits.com
Office: (305) 809-8211

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

OUR CARRIER

SUPPLEMENTAL

Mutual of Omaha

Telephone: (800) 775-8805
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

First of the month following 60 days of 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
- 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 or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of 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.

HOW TO ENROLL IN YOUR BENEFITS

Visit our benefits website at **www.tomtreycobenefits.com** for full plan documents and educational videos. When you are ready to enroll, please follow the instructions for one of our **three enrollment options** below.

1 BY PHONE
Schedule a phone appointment

2 EMPLOYEE SELF SERVICE
Click the "Benefits" tab in ESS

3 PROLIANT MOBILE APP
Tap 'HR', then Benefits

1 OPTION ONE: ENROLL OVER THE PHONE

When ready, visit **TomTreyco.MyBenefitsAppointment.com** to schedule your appointment or call **(866) 962-4431**.

Scheduling and appointments are available
Mon. – Fri., 8:00 am to 7:00 pm EST

On your phone? Scan the QR code with your camera to get started.

Scan Me

ENROLL ONLINE IN BENADMIN

Welcome to your new benefits enrollment module!

You will be able to use the Benefits Module to make your New Hire and/or Open Enrollment elections, view your current elections, make life event changes, update family and/or beneficiary information, access benefit materials (i.e. plan summary documents or forms), etc. Access BenAdmin using **Option Two** or **Option Three** below.

2 OPTION TWO: EMPLOYEE SELF SERVICE PORTAL

- You will be able to access the Benefits Module directly from the Employee Self Service Portal by clicking on the "Benefits" tab. You will not need a separate User ID or password when accessing the module via the Employee Self Service Portal.
- Log in to Employee Self Service at: **https://www.readypayonline.com/Proliant/Login/Login.aspx**

Note: BenAdmin will open in a new tab. Please be sure to allow the pop-up or disable the pop-up blocker on your browser if it does not immediately open.

Click the "My Benefits" tab on the Employee Self Service menu bar:



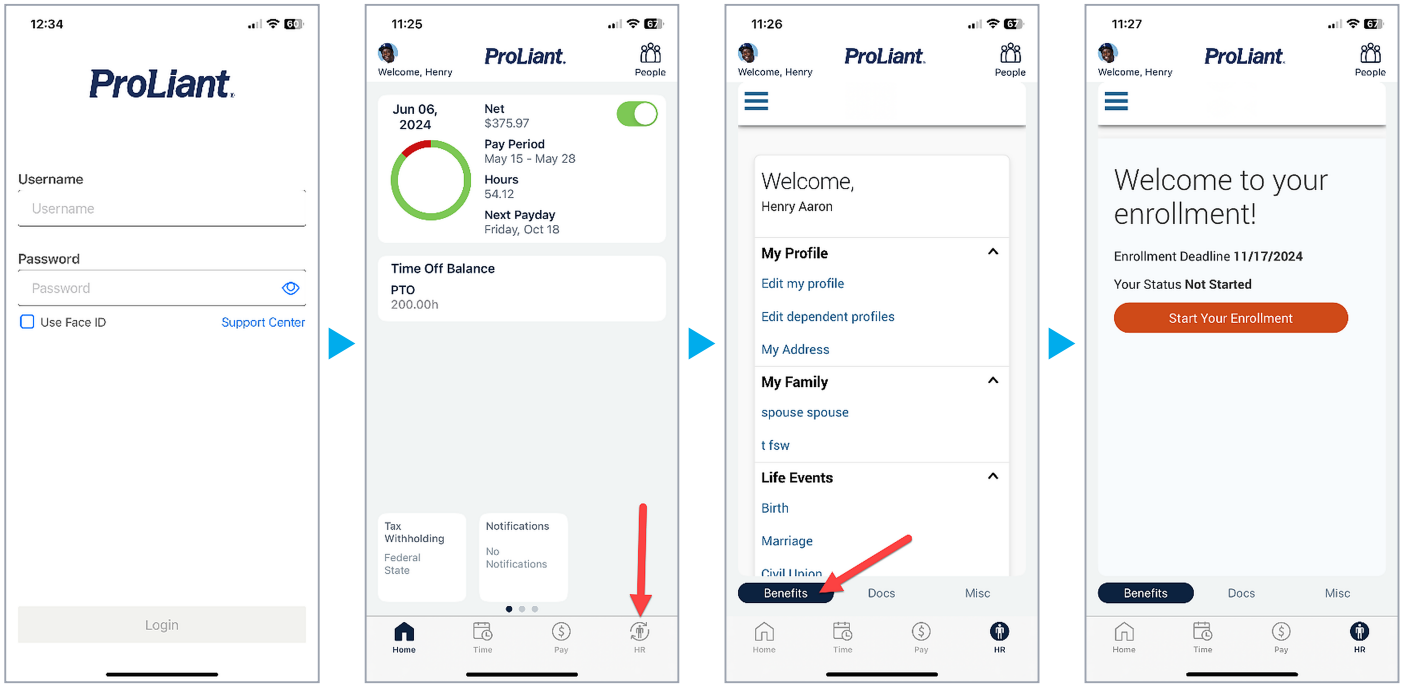
Should you have any questions during your enrollment, please contact EOI at (866) 962-4431

HOW TO ENROLL IN YOUR BENEFITS

(continued)

3 OPTION THREE: PROLIANT MOBILE APP

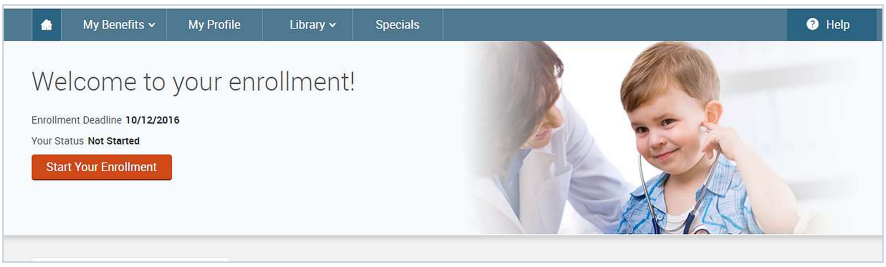
- Download the ProLiant Mobile App from Google Play or the Apple App Store.
- Once logged into the app (same username and password used for Employee Self Service), the main landing screen will display. Tap 'HR' on the bottom menu to access Benefits.



1 Log in | 2 Tap HR | 3 Benefits | 4 Start Enrollment

MAKING YOUR BENEFIT ELECTIONS

- Once the BenAdmin homepage loads, click on **Start Your Enrollment**. *(If you do not see the button, please contact HR.)*



The enrollment process consists of the following **four (4) steps**:

1 **Employee** Personal Information
2 **Family** Family Information
3 **Enroll**
4 **Confirm**

You will need to complete each step in its entirety to complete the Enrollment Window.

Should you have any questions during your enrollment, please contact EOI at (866) 962-4431
Questions about BenAdmin? Please contact your HR Department.

SUPPLEMENTAL INSURANCE

Mutual of Omaha

(800) 775-8805 | 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.

Hospital Indemnity

All employees may elect Hospital Indemnity through **Mutual of Omaha**. Below are some coverage highlights.

PLAN HIGHLIGHTS	HOSPITAL INDEMNITY
Hospital Admission	Hospital: $1,000 per admission ICU: $2,000 per admission
Hospital Intensive Care Unit (ICU) Daily Confinement See plan summary for limitations	$400 per day
Hospital Daily Confinement See plan summary for limitations	$200 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)	$75 per day
Health Screening (1 time per insured per calendar year; up to 6 per family per calendar year)	$50
Express Benefit (equal to one daily hospital confinement benefit)	$200 per hospital admission

Accident Insurance

All employees may elect Accident Insurance through Mutual of Omaha. Below are some coverage highlights.

PLAN HIGHLIGHTS	ACCIDENT PLAN
Emergency Care Benefits	
Emergency Care Treatment	$400
Initial Physician Office Visit	$175
Diagnostic Exam	Up to $400
Air Ambulance Transportation	Up to $2,000
X-Ray	$100
Hospitalization Benefits	
Accident Hospital Admission	$2,000
Accident Hospital Daily Confinement	$400 per day
Accident Intensive Care Daily Confinement	$800 per day
Factures and Dislocations Benefits	
Various	Refer to Plan Summary
Follow-Up Care	
Accident Follow-Up	Refer to Plan Summary
Health Screening Benefit	$50

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.

SUPPLEMENTAL INSURANCE

Mutual of Omaha

(800) 775-8805 | 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.

Critical Illness Insurance

All employees may elect Critical Illness Insurance through Mutual of Omaha. Dependent coverage is contingent on employee enrollment. Below are some coverage highlights. Rates for this coverage are based on your age, and coverage level.

PLAN HIGHLIGHTS	CRITICAL ILLNESS PLAN
Employee Benefit Amount Guarantee Issue	**Option of $10,000, $20,000, $30,000 or $40,000**
Spouse Benefit Amount Guarantee Issue	**Option of $10,000, $20,000, $30,000 or $40,000 (Up to 100% of the employee benefit amount)**
Child(ren) Benefit coverage amount Guarantee Issue, Benefit Terminates at Age 26	**50% of the employee benefit amount up to $20,000**

Critical Illness Coverage List of Covered Conditions

Covered Illness	Initial Occurrence % of Initial Benefit Amount	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Non-invasive cancer/carcinoma in situ	25%	100%
Skin Cancer	$500	$500 with limitations, see plan summary
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	Minor: 25% | Major: 50%	100%
Cerebral Palsy	100%	Not available
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	Not available
Acute Respiratory Distress Syndrome (ARDS)	25%	100%
Parkinson's Disease	100%	Not available
Multiple Sclerosis (MS)	100%	Not available
Amyotrophic Lateral Sclerosis	100%	Not available
Benign Brain or Spinal Cord Tumor	100%	100%
Loss of Sight	One Eye: 50% / Both Eyes: 100%	Not available
Coma	100%	100%
Loss of Hearing	100%	Not available
Loss of Speech	100%	Not available
Permanent Paralysis	100%	Not available
Congenital Heart Diesease	100%	100%
Genetic Disorder	100%	100%
Structural Congenital Defect	100%	100%

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.

EMPLOYEE BENEFITS

Critical Illness*, Accident and Hospital Indemnity Insurance

*Specified disease insurance in some states



For many Americans, a home, 401(k) plan and college fund make up the majority of their savings. However, these are not sensible sources of cash for medical emergencies. They represent cash saved for the long haul – not for a few months of recovery along the way.

But wouldn't insurance cover the cost of a medical emergency?

Although your health plan may provide coverage for the medical and hospital expenses, it will not cover 100% of the costs. There are other expenses to consider, such as copays/deductibles, medications, time off work and cost of home modifications — that may quickly deplete your savings.

United of Omaha Life Insurance Company Can Help

We insure the risk of for covered illnesses, injuries, or hospital admissions or confinements so you don't have to rely on your savings, and help prevent going in debt from an unexpected medical issue. The insurance turns a relatively small expenditure — the premium — into valuable benefits that may help protect you, your family and your savings from the unexpected.

Because benefits are paid directly to you when an an injury or sickness happens, you will have the payout before the bills pile up. You may use the benefits to pay expenses such as:

- Deductibles/copays
- Mortgage payments
- Car and credit card payments
- Travel to treatment locations
- Income replacement
- Out-of-network or experimental medical treatment

Consider the potential costs of care/recovery and the financial shortfalls that could impact your family if an injury or sickness occurs.

Mutual of Omaha

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

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Critical illness insurance is known as Specified Disease insurance in CT and NC. This policy provides ACCIDENT, CRITICAL ILLNESS, and HOSPITAL INDEMNITY insurance only. It does NOT provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. Some exclusions, limitations, and reductions may apply.

All exclusions may not be applicable, or may be adjusted, as required by state regulations for the situs state of the Policyholder. The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The IRS allows additional insurance that provides benefits for "a fixed amount per day (or other period) of hospitalization." Anyone who has or plans to open an HSA, should consult tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

The information describes some of the features of your group hospital indemnity plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, and limitations. Should there be any discrepancy between the certificate booklet and this document, the certificate booklet will prevail.

Accident insurance, critical illness insurance and hospital indemnity insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, expect in New York. Policy form number for accident and critical illness insurance is 7000GM-U-EZ 2010 or state equivalent (7000GM-U-EZ 2010 NC). Policy form number for hospital indemnity insurance is G2018MP or state equivalent (G2018MP NC).

EMPLOYEE BENEFITS



HEALTH SCREENING BENEFIT

Accident Insurance Policy

You've already made the wise decision to purchase an Accident insurance policy. But did you know this coverage also includes a health screening benefit? Your Accident* policy pays a specified lump sum for certain preventative health screenings to help keep you in good health.

Advantages of health screenings:

- Find diseases and conditions at an early stage to prevent a critical illness
- Improve outcomes, such as faster treatment, longer life and less suffering
- Determine and influence risk factors

Available health screenings include:

- Abdominal aortic aneurysm ultrasound
- Blood test for triglycerides
- Bone marrow testing
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- CT angiography (detects plaque buildup in heart vessels)
- EKG
- Double contrast barium enema (X-ray of the large intestines, colon and rectum)
- Fasting blood glucose test
- Flexible sigmoidoscopy (examines the rectum and the lower (sigmoid) colon)
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test (for HDL and LDL levels)
- SPEP (blood test for myeloma and MS)
- Stress test (on a bicycle or treadmill)
- Thermography (study of heat distribution, for example in detecting tumors)

Benefits are paid once per calendar year per insured person for one of the listed screenings. A complete list of the benefit amount payable can be found in the contract.

*The health screening benefit may not be available in all states. Check with your local sales representative.

Mutual of Omaha

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

612443_1022

EMPLOYEE BENEFITS



HEALTH SCREENING BENEFIT

Hospital Indemnity Insurance Policy

You've already made the wise decision to purchase a hospital indemnity insurance policy. But did you know this coverage also includes a health screening benefit? Your hospital indemnity* policy pays a specified lump sum for certain preventative health screenings to help keep you in good health.

Advantages of Health Screenings

- Improve outcomes, such as faster treatment, longer life and less suffering
- Determine and influence risk factors

Available Preventative Care Includes

- Cancer Screenings
- Routine Health/Dental/Vision Screenings
- Well-Women Screenings
- Child Specific Screenings**

Advantages of Health Screenings

- Heart/Circulatory/Vascular Screenings
- Metabolic Screenings
- Mental Health and Substance Abuse Screenings
- Neurological Screenings

Benefits are paid 1-2 times per calendar year per insured person and 6-8 per insured family member for one of the listed screenings. The number of screenings, the benefit amount payable and a complete list of all health benefit screenings can be found in the contract.

*The health screening benefit may not be available in all states. Check with your local sales representative.

**Follows recommended American Academy of Pediatric/Bright Futures Preventative Screenings

Mutual of Omaha

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

EMPLOYEE BENEFITS



HEALTH SCREENING BENEFIT

Critical Illness Insurance Policy

You've already made the wise decision to purchase a Critical Illness insurance policy. But did you know this coverage also includes a health screening benefit? Your Critical Illness* policy pays a specified lump sum for certain preventative health screenings to help keep you in good health.

Advantages of Health Screenings

- Find diseases and conditions at an early stage to prevent a critical illness
- Improve outcomes, such as faster treatment, longer life and less suffering
- Determine and influence risk factors

Here's How to Submit a Claim

1. Complete preventative health screening test
2. Obtain proof of the test completed
3. Submit claim form and test result to submitgrpci@mutualofomaha.com or fax to (402) 977-1898
4. Submit over the phone by calling 1-800-877-5176 and following the option steps below:
   a. Option 4 (questions about life, critical illness, accident or hospital indemnity policies)
   b. Option 3 (for critical illness)
   c. Option 1 (to start a new claim)

Available Health Screenings Include

- Abdominal aortic aneurysm ultrasound
- Blood test for triglycerides
- Bone marrow testing
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid ultrasound
- CEA (blood test for colon cancer
- Chest X-ray
- Colonoscopy
- CT angiography (detects plaque buildup in heart vessels)
- Double contrast barium enema (X-ray of the large intestines, colon and rectum
- EKG
- Fasting blood glucose test
- Flexible sigmoidoscopy (examines the rectum and the lower (sigmoid) colon)
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test (for HDL and LDL levels)
- SPEP (blood test for myeloma and MS)
- Stress test (on a bicycle or treadmill)
- Thermography (study of heat distribution, for example in detecting tumors)

Benefits are paid once per calendar year per insured person for one of the listed screenings. A complete list of the benefit amount payable can be found in the contract.

*The health screening benefit may not be available in all states. Check with your local sales representative.

612512_1022

Mutual of Omaha

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

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.



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

NOTES

Brought to you by:

All Atlantic Benefits

4000 Hollywood Blvd.
Suite 270-N
Hollywood, FL 33021
305 809 8211