VIZIA DIAGNOSTICS

2027



EMPLOYEE BENEFITS BOOKLET

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

VIZIA DIAGNOSTICS

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

OUR CARRIERS

HEALTH

curative
Telephone: (855) 428-7284
www.curative.com

DENTAL

Sun Life
Telephone: (800) 786-5433
www.sunlife.com

VISION

Sun Life
Telephone: (800) 877-7195
www.sunlife.com

FLEXIBLE SPENDING ACCOUNT (FSA)

Employee Benefits Corporation
Telephone: (800) 346-2126
www.ebcflex.com

LIFE / AD&D / DISABILITY

THE HARTFORD
Telephone: (800) 523-2233
www.thehartford.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

THE HARTFORD
Telephone: (800) 523-2233
www.thehartford.com

SUPPLEMENTAL INSURANCE

Sun Life
Telephone: (877) 820-5306
www.sunlife.com

LEGAL

LegalEASE
Telephone: (800) 248-9000
www.legaleaseplan.com

OPEN ENROLLMENT

During our annual open enrollment, you may 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 60 days from date of hire

ELIGIBILITY

Full-time employees who work 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 partner
- A child under age 26 who is your natural child, stepchild, legally adopted child, or a child for whom you have obtained legal guardianship.
- An unmarried child over age 26 who cannot support themselves due to mental or physical disability, mental illness, or developmental disability.
- Some states extend dependent coverage regardless of student status. Age limits by plan type are outlined in this guide.

QUALIFYING EVENTS

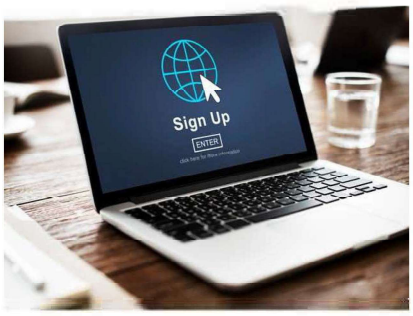
Benefit elections generally cannot be changed outside annual open enrollment unless you experience a qualifying event. Notify Human Resources within 30 days of the event. Examples include:

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

PLEASE NOTE: This booklet provides a brief summary of the benefits offered and is not contractually binding. Refer to all certificates of insurance for complete information. In the event of a discrepancy or omission, the carrier policy will govern.

HOW TO ENROLL IN YOUR BENEFITS

Visit our benefits website at **www.viziadxbenefits.com** for full plan documents and educational videos. When you are ready to enroll, please follow the instructions to enroll in ADP below.



- Log in to ADP at **https://www.workforcenow.adp.com.** Enter your User ID and password, and then click Sign In.
- Upon logging in, you will be presented with a pop-up showing important information about this Open Enrollment period. **Click Enroll Now.** You will be brought to the Welcome Note and Introduction page.
- The left side of the screen will indicate the different plan types that are available to enroll in. When you are viewing the selected plan type, all enrollment options will be displayed on screen.
- You may choose to click **Select Plan** for the desired enrollment or Waive This Benefit. If you choose to waive a benefit, you may be required to select a waive reason.
- When you choose to enroll in a plan, you may review your costs on a Per Pay Period, Monthly, or Annual basis by selecting the desired view in the calculator drop-down. The rate displayed to the left will be updated based on your selection, and it will also be updated if dependents are added for coverage.
- While enrolling in a plan, please be sure to indicate which dependents should be covered, if any. If you need to update or add a dependent, you may click the Manage Dependents link.
- Click **Continue to Preview.** Then, review your enrollment, costs, and covered individuals carefully. **Click Save and Continue to Next Benefit** to continue making your desired selections.
- Special Note on Basic Life & AD&D Insurance Coverage: When you elect Basic Life & AD&D, you will also need to select your beneficiaries.
  - Start by clicking Select Plan
  - Select your beneficiaries, including Primary and Secondary, if applicable. All beneficiary delegation percentages combined must equal 100% for each category.
- Continue through each step until all plan elections are complete and the Continue to Summary button is activated.
- Review all your selections for accuracy, then click Submit Enrollment. Note that your benefit elections will not be processed until you click Submit Enrollment. If you click Save For Later instead, these enrollments will not be submitted to your HR team until you fully submit the enrollment.
- If you would like to make additional changes or modifications during the Open Enrollment Period, you may log in and navigate to Myself > Benefits > Enrollments and click the Enroll Now option again in the Open Enrollment box, which will bring you back to the beginning of the profile to make any desired election changes.

Should you have any questions during your enrollment, please contact a member of your All Atlantic Benefits or Human Resources Team.

MEDICAL INSURANCE

curative

(855) 428-7284 • www.curative.com

Plan Name	PPOx		
Network Access	In Network - Baseline Completed	In Network - Non-Baseline Not Completed	Out of Network
Provider Network	Curative Direct + Cigna Healthcare® PPO Network 2026 (outside TX, FL & GA) + Cash Card		
Opportunities For Care			
Preventive Care	Covered 100%	Covered 100%	$50 Copay
Physician	Covered 100%	$25 Copay After Ded	$50 Copay After Ded
Telehealth/Virtual Visits	Covered 100%	Covered 100%	40% After Ded
Specialist	Covered 100%	$50 Copay After Ded	$100 Copay After Ded
Convenience Care Clinic	Covered 100%	$25 Copay After Ded	$50 Copay After Ded
Urgent Care	Covered 100%	20% After Ded	40% After Ded
Emergency Room	Covered 100%	20% After Ded	20% After Ded
Diagnostic Services			
Independent Clinical Lab / X-Ray	Covered 100%	20% After Ded	40% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Covered 100%	20% After Ded	40% After Ded
Outpatient & Inpatient Services			
Outpatient Surgery Ambulatory Surgical Center/Hospital	Covered 100%	20% After Ded	40% After Ded
Inpatient Hospital	Covered 100%	20% After Ded	40% After Ded
Provider Services Inpatient Hospital	Covered 100%	20% After Ded	40% After Ded
Pharmacy Benefits			
Prescription	$0 (Preferred; Includes Certain Generic, Brand Name, & Specialty) / $50 (Brand & Generic) / $250 (Specialty) **Excludes CVS & Walgreens / Includes H-E-B, Albertsons, Safeway, Publix + 30,000 plus pharmacies nationwide**	Ded then $50 (Preferred; Includes Certain Generic, Brand Name, & Specialty) / Ded then $100 (Brand & Generic Non-Preferred) / Specialty: 25% After Ded **Excludes CVS & Walgreens / Includes H-E-B, Albertsons, Safeway, Publix + 30,000 plus pharmacies nationwide**	40% After Ded
Deductible			
Deductible	$0 / $0	$5,000 / $10,000	$30,000 / $40,000
Member Co-Insurance	0%	20% (Medical) / 25% (Pharmacy)	40%
Maximum Benefits			
Member Out of Pocket Maximum	$0 / $0	$7,500 / $15,000	$30,000 / $40,000
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,

MEDICAL INSURANCE

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MEDICAL INSURANCE

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(855) 428-7284 • www.curative.com

Plan Name	PPO Max		
Network Access	In Network - Baseline Completed	In Network - Non-Baseline Not Completed	Out of Network **If Baseline Completed - All benefits Covered 100%
Provider Network	Curative Direct + Cigna Healthcare® PPO Network 2026 (outside TX, FL & GA) + Cash Card		
Opportunities For Care			
Preventive Care	Covered 100%	Covered 100%	$50 Copay
Physician	Covered 100%	$25 Copay After Ded	$50 Copay After Ded
Telehealth/Virtual Visits	Covered 100%	Covered 100%	40% After Ded
Specialist	Covered 100%	$50 Copay After Ded	$100 Copay After Ded
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Diagnostic Services			
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Pharmacy Benefits			
Prescription	$0 (Preferred; Includes Certain Generic, Brand Name, & Specialty) / $50 (Brand & Generic) / $250 (Specialty) **Includes Curative, CVS, Walgreens, Walmart, Rite Aid, H-E-B, Albertsons, Safeway, Publix + 60,000 plus pharmacies nationwide**	Ded then $50 (Preferred; Includes Certain Generic, Brand Name, & Specialty) / Ded then $100 (Brand & Generic Non-Preferred) / Specialty: 25% After Ded **Includes Curative, CVS, Walgreens, Walmart, Rite Aid, H-E-B, Albertsons, Safeway, Publix + 60,000 plus pharmacies nationwide**	40% After Ded
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Don't forget about your Baseline Visit!

As a Curative member, you can get the most out of your health plan by completing a Baseline Visit – virtually or at select in-person locations. By completing your Baseline Visit within 120 days of your plan effective date, you'll keep your $0 copays and $0 deductible for in-network care and preferred prescriptions throughout the year.

So, what exactly is a Baseline Visit?

- An individualized appointment that focuses on your complete well-being
- Done virtually from the comfort of home–mobile/in-person visits available in select locations
- Meet your Care Navigator to learn ways to make the most of benefits and resources. They'll be your point person moving forward to help you throughout your health journey
- Get a full picture of your health with a clinician, and discuss any potential health issues or areas you want to improve (dependent on state availability)

Baseline Visit completed within 120 days?	No	Yes
Deductible	$5,000	$0
Primary/Specialist	$25/$50	$0
Urgent Care/ER	20% coinsurance after deductible	$0
Preferred Rx	$50 after deductible	$0

Important things to know:

- **The Baseline Visit is 100% cost-free**
- **Results will not impact cost the cost of your health insurance premiums**
- **Results and conversations are completely confidential**
- **Only one adult member has to complete a Baseline for a minor dependent to qualify**

Let's get you scheduled—book your visit by logging into your member portal at

health.curative.com

Questions? Call 855-4-CURATIVE (855-428-7284) or check out our Baseline FAQ's at

curative.com/faq

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Get care when you need it with Curative

Find a provider near you

Use our network search tool to find your go-to care providers and pharmacies near you at curative.com/providers

Provider search tips

- Search using the provider, facility, or pharmacy name.
- Use filters to select a care type to get the most accurate results.
- Enable location services or add your location in the search box to populate providers or pharmacies near you.

Traveling? Simply enter your travel location to find in-network providers in that area (only within the U.S.)

- **When filtering**, be sure to select your language preference and check the box reading "Accepting new patients" when looking for a new provider.
- **When searching** for a primary care provider, note that providers may be found under "family medicine" or "internal medicine."

Don't see a retailer?

*If you are out-of-area for our preferred in-network pharmacies, go to the provider search tool at curative.com/providers or contact Member Services at 855-428-7284.

Free delivery from Curative Pharmacy — no more waiting in line. Overnight and same-day delivery options are available in select locations. Check your local pharmacy retailers for delivery options.

Questions?
Call Member Services at 855-428-7284

Meds made simple.

Transferring prescriptions? Follow these simple steps below or go to health.curative.com/pharmacy

Step 1

Get your Baseline Visit within 120 days of your plan's effective date to unlock $0 coverage for in-network care and preferred prescriptions.

Step 2

Visit an in-network provider who prescribes a preferred medication.

Step 3

Use the preferred in-network pharmacies.

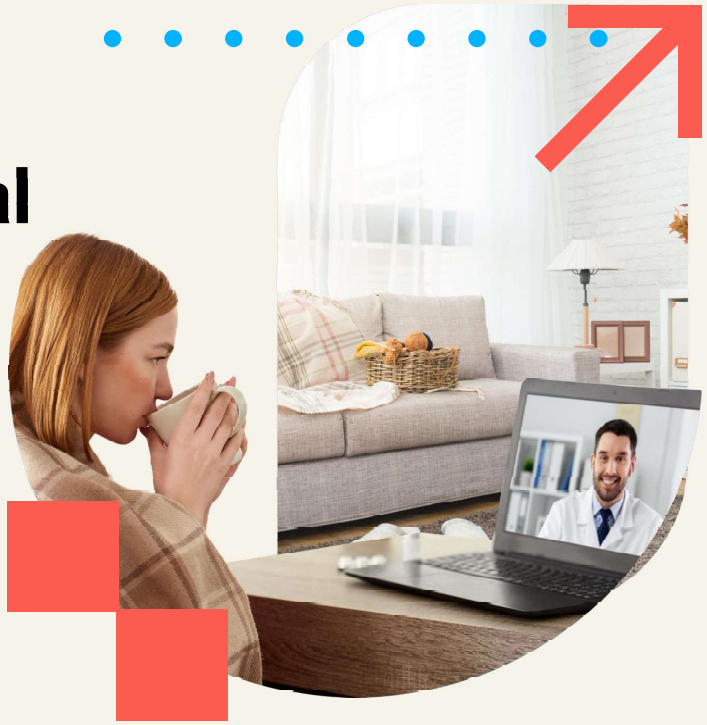
Our in-network pharmacies include all locations across the United States and include: Curative, H-E-B, ACME, Albertsons, Amigos, Carrs, Haggen, Jewel-Osco, Market Street, MedCart, Pavillions, Randalls, Safeway, Sav-on, Tom Thumb, United, Vons, Publix, Brookshire Brothers.

For more information on what's covered, prescription transfers, and updates on Curative Pharmacy's Expansion, visit curative.com/pharmacy

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curative telehealth

Curative Telehealth: Fast, seamless virtual care



Get the care you need, anytime, anywhere.

Curative Telehealth provides 24/7 nationwide virtual care, connecting you with a licensed provider in less than 7 minutes. Whether by phone or video, get fast, hassle-free care—directly through your Curative Member Portal.

Fast, easy access
See a provider **in minutes,** anytime, from home, work, or on the go.

Seamless experience
Access directly through your Curative Member Portal without the hassle of extra apps or logins.

Nationwide coverage
Available **in all 50 states**, so you always have a consistent virtual care option.

Online or phone
Select **video or phone** visits based on your needs and comfort level.

Guided symptom intake
Answer a few quick questions to get connected with the right care provider.

Getting started with Curative Telehealth is easy

1. **Log in or call**
   Start a visit through your Curative member portal or by phone.
   health.curative.com/curative-telehealth
2. **Answer a few questions**
   Our system will match you with the right provider.
3. **See a provider fast**
   Get care via **video or phone,** with visits starting **in less than 7 minutes.**

For more info, go to curative.com/telehealth

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MedAccess – Acute Program

Simplifying access to essential acute medications – when it matters most.

Acute conditions demand immediate action. Delays in treatment—due to network restrictions, prior authorizations, or pharmacy access—can lead to complications, ER visits, or even hospitalizations. Curative's MedAccess – Acute Program eliminates these barriers by providing open pharmacy access for essential, time-sensitive medications—ensuring members get what they need, when they need it.

What's new:

We are expanding pharmacy flexibility for EPO and PPO members by allowing them to fill acute prescriptions at any pharmacy, even if it's outside the standard network.

(Note: PPO Max members already enjoy a broader network and are not impacted by this change.)



No delays, no hassle

- **No prior authorizations**
  No step therapy
  No added costs (All medications are on formulary at Tier 1 pricing)
- **Open Pharmacy Access**
  Members can fill targeted acute prescriptions at any pharmacy
- **Member-Centric Design**
  Covers essential acute medications
  Focused on urgent care needs: pain, infections, asthma attacks, anaphylaxis, migraines, and more
- **Smarter Healthcare Spend**
  Prevents ER visits and complications by addressing issues early and effectively
  Reduces downstream costs through proactive intervention
- **What's Covered?**
  Over 50 medications across the most critical acute categories (full list available upon request)

Healthcare should be affordable, accessible, and radically simple — so your employees stay healthy, productive, and cared for.

Contact your Curative representative today to learn how MedAccess can enhance your benefits offering.

curative

Medications made simple.



Preferred	Non-Preferred
Consists of generic and select brand and specialty medications	Consists of lower value generics, brands, and specialty medications
$0 Copay*	**$50 / $250 Copay***

Download our preferred drug list to see what's covered.

Use the preferred in-network pharmacies, including Curative, H-E-B, Albertsons, Amigos, Carrs, Haggen, Jewel-Osco, Market Street, MedCart, Pavilions, Randalls, Safeway, Sav-on, Tom Thumb, United, Vons, Publix, Brookshire Brothers.

Delivery as soon as same day available in select cities in the Austin, Dallas, Houston, and San Antonio areas. Rapid delivery across the remaining TX geographies, AZ, CA, CO, CT, DE, FL, HI, IL, IN, LA, MN, MO, MT, NC, NJ, NM, NY, OH, PA, SC, UT, WA, WI, WY and Puerto Rico

*Every Curative member can qualify for the $0 deductible or copay for in-network care and preferred prescriptions. Just complete your Baseline Visit within 120 days of your plan's effective date. See curative.com to learn more. Curative Insurance Company.

Curative Pharmacy

See what's covered, make prescription transfers, and find updates on Curative Pharmacy's expansion at curative.com/pharmacy

Questions? Call Member Services at **855-428-7284 (855-4-CURATIVE)** for more information.

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curative cash card

A better guarantee for access



At Curative, we are dedicated to empowering our members to navigate healthcare with confidence.

The **Curative Cash Card** serves as their trusted ally, ensuring they access the benefits they deserve promptly and without any unnecessary hassles.



With this convenient card, we take care of in-network expenses and provide peace of mind about coverage – if the provider is in our directory, consider it covered.

But we don't stop there. It not only grants immediate support for in-network care but also connects members with top specialists, whether they are already a part of the Curative network, in the contracting process or a smaller practice open to welcoming new members outside the network by using a nomination form to becoming Cash Card eligible: **Nomination Form**

Unlock healthcare with ease. For detailed information, visit us at **curative.com/cash-card** for hassle-free healthcare at your fingertips.

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curative cash card

Your Ticket to Hassle-free Care

We guarantee $0 copays and deductibles for any doctor in our search. There are two options to provide payment covered by Curative:

1) insurance billing using the Curative Member ID Card

2) self-pay using our unique Curative Cash Card.

Either way, you don't pay.

What will be approved?

- It can be used for office visits, urgent care, behavioral health, and certain services without hospital stays at approved providers listed in the Curative Provider Search.*

What will not be approved?

- Prescriptions

Questions?

Call Member Services, available 24/7 at 855-428-7284

**To maintain $0 copays and deductibles, a Baseline Visit must be completed within the first 120 days of plan activation.*

Curative Cash Card Visa® Commercial Credit cards are issued by Celtic Bank. Additional Terms & Conditions can be found in your Member Portal Account at health.curative.com.

Here's how you can access your Curative Cash Card:

Step 1

To get started, you'll first need to activate the Curative Cash Card by logging into the member portal at **health.curative.com** and selecting "Cash Card" to follow the activation steps. Once completed, you'll have access to the digital Curative Cash Card instantly.

A physical Cash Card will be delivered soon after your plan start date.

Note: Curative members must be 18 or older to access the card.

Step 2

Before attempting to use the Curative Cash Card, please try using your Curative Member ID Card first. If declined, then proceed with the digital or physical Curative Zero Card.

Step 3

Use the Curative Cash Card for any provider that shows as Cash Card in our search. Tell the front desk you will pay the self-pay price and hand over your Cash Card. Think of it as a payment card with no impact on credit.

Backup: If a provider appears in our search but does not take your Member ID Card for any reason or tries to charge a copay, say you'll self-pay instead and hand over your Curative Cash Card.

Employee Benefits Corporation

Flexible Spending Accounts

Help employees save on eligible health and dependent care expenses.

A flexible spending account (FSA) is a benefit that offers money-saving, tax-advantaged funds for participants to use on their everyday health and dependent care expenses. Employers choose from healthcare, limited health, and/or dependent care FSA options.

2027 FSA LIMITS

HEALTHCARE FSA CONTRIBUTION
$3,500

MAXIMUM CARRYOVER
$700

FSA Options

When choosing to offer an FSA, employers can offer one or more of the following account types:

Healthcare FSA | Pay for eligible medical, vision, and dental expenses that are not covered by another health plan, including prescriptions and over-the-counter medications and products.

Limited Health FSA | Pay for eligible vision and dental expenses that are not covered by another health plan.

Dependent Care FSA | Pay for eligible dependent care expenses for children or other eligible dependents.

Plan Design Options

Customize your plan to fit your benefits offering.

Rollover is a popular plan option that allows up to a specified amount of unused funds to roll from one plan year to the next. Rollover is not available for dependent care FSAs.

Grace Period gives an additional period of time to incur claims after the end of the plan year when rollover is not offered.

Runout allows extra time after the end of the plan year to submit claims for eligible expenses incurred during the plan year.

Benefits Card

The Benefits Card lets participants pay for eligible expenses directly from their healthcare FSA or limited health FSA rather than needing to submit a claim and wait for reimbursement.

- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Benefits Card documentation can be uploaded directly to the EBCentral app—documentation is reviewed right away to validate qualified expenses or determine if further review is needed
- Additional and replacement cards available at no cost
- Primary cardholders can add the Benefits Card to their digital wallet and use wherever Apple Pay®, Samsung Pay, and Google Pay are accepted
- Benefits Card management available through the *EBCentral*® app or online
- Participant Services contact information on the back of the card

The Benefits Card is available for the healthcare and limited health FSAs. Dependent care FSA participants can conveniently submit claims online or through the mobile app.

Technology Features

Employer administration and participant account management is available all day, every day with our online accounts and mobile app, *EBCentral*. Claims submitted through the online account or mobile app are processed within 2 business days and electronically deposited in the participant's bank account when direct deposit is set up.

Plan Features

- Runout, grace period, and/or rollover support for mid-year takeovers
- Multiple claim funding options
- Compatible with health savings account (HSA) and health reimbursement arrangement (HRA)
- Auto-convert feature available for participants with a standard health FSA who are interested in enrolling in an EBC HSA. Funds in the standard health FSA are automatically converted to a limited health FSA to maintain HSA-eligibility.

Included Compliance Support

- Nondiscrimination testing at the end of the plan year, including all 9 required tests for FSAs and cafeteria plans
- FSA Plan Document and Summary Plan Description
- Annual Form 5500 filing (if required)

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Google Play and Google Pay are trademarks of Google LLC.
Samsung and Samsung Pay are trademarks of Samsung Electronics Co., Ltd.

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

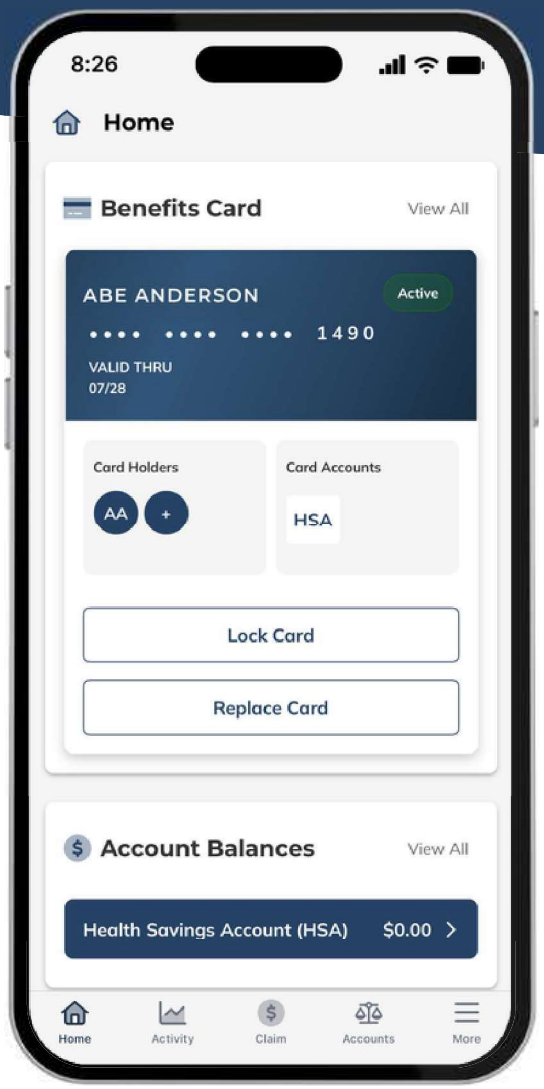
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EBCentral℠

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.

© Employee Benefits Corporation ID P1-077 0526

DENTAL INSURANCE

Sun Life

(800) 786-5433 | www.sunlife.com

Plan Name	PPO Low		PPO High	
	In Network	Out of Network	In Network	Out of Network
Network	Sun Life Dental Network		Sun Life Dental Network	
Individual Deductible	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150
Waived for Preventative	Yes		Yes	
Deductible Calendar Year	Calendar Year		Calendar Year	
Annual Maximum	$750		$2,000	
Preventative - Type 1	100%	100%	100%	100%
Basic - Type 2	80%	80%	80%	80%
Major - Type 3	50%	50%	50%	50%
Ortho - Type 4	N/A		50%	
Ortho Age Limit	N/A		Adult & Child(ren)	
Ortho Maximum	N/A		$1,500	
Endodontics	Major		Major	
Periodontics - Non-Surgical	Major		Major	
Periodontics - Surgical	Major		Major	
Oral Surgery (Complex)	Major		Major	
Implants	Not Included		Major	
Out-of-Network Reimbursement	MAC		90th UCR	
Maximum Rollover	Included		Included	
Waiting Periods	None		None	
Dependent Child/Student Age	Up to age 26; benefit terminates at the end of the calendar year			

SPECIAL NOTE: The above is 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 an error or omission, the carrier policy will govern.

DENTAL

Tips for using your dental plan

Your dentist's office will want to know that you are a Sun Life plan member at your next visit. Simply share a copy of your new dental ID card with them. You can access a copy of your dental ID card through your Sun Life account. Quick references to register and access your account are included on this page. Please note that printed dental ID cards are not provided and/or mailed to your home.

Check out our short video for step-by-step instructions on downloading your dental ID card at sunlife.com/dentalIDCard.

Online services

Your mobile-responsive Sun Life account gives you access to everything you need to know about your dental plan, including your dental ID card, benefit schedule and more. To complete your registration, you will need your Social Security number or member ID, and date of birth. Register today at sunlife.com/account.

24/7 virtual dental visits

Sun Life PPO dental members[1] have access to dental visits through teledentistry.com/sunlife.[2]

Find a dentist

If your plan leverages one of our networks, you can easily search for a dentist online. Your network is listed on the back of your dental ID card. To find a participating dentist, visit sunlife.com/findadentist.

Is your dentist not in our network? Nominate your dentist at sunlife.com/findadentist!

Dental Health Center

Get the most from your dental plan by visiting our Dental Health Center. Learn more about dental treatments, average costs, and you can even pose questions through ask-a-dentist. Take control of your dental health at sunlife.com/dentalhealthcenter.



We look forward to providing you and your family with dental benefits and great service!

Sun Life®

24/7 Virtual Dental Visits – provided by Teledentistry.com



Dental emergencies can happen at any time. Luckily, Sun Life Dental members[1] now have access to 24/7 virtual dental visits through TeleDentistry.com[2].

Use TeleDentistry.com Virtual Dental Visits[3] when you:

- Are having a dental emergency and do not have a dentist
- Need access to a dentist after hours and your regular dentist is not available
- Need to consult a dentist without leaving home or while traveling and your regular dentist is not available

Virtual visits are completed in four easy steps!

Step 1	Step 2	Step 3	Step 4
Visit the Sun Life – Virtual Dental Visits patient portal and create an account.	Complete all required online forms.	Describe the problem. (photos are optional)	Get connected with a Teledentistry.com dentist to begin the consultation.

Want to start a virtual visit now?
Call our 24/7 hotline at 866-410-9849 | Visit Teledentistry.com/Sunlife to get started

1. Teledentistry.com services are only available to members covered under dental PPO plans issued or administered by Sun Life Assurance Company of Canada or, in New York, dental PPO plans issued or administered by Sun Life and Health Insurance Company (U.S.) who have access to the Sun Life Dental Network, Sun Life Focus Dental Network, Assurant Dental Network or Assurant Focus Dental Network. Members covered under a prepaid or indemnity plan are not eligible for services through Teledentistry.com

2. Only available where permitted by applicable law. Teledentistry services may not be available in all states. A TeleDentistry.com consultation may count as a problem-focused exam (D0140) under your dental plan. Plans contain limitations and exclusions. Coverage for exams may be subject to frequency limitations. Please review your applicable coverage.

3. Virtual appointment services are provided directly by Teledentistry.com. To receive services, members must establish an account directly with Teledentistry.com. See teledentistry.com/privacy-policy/ to review Teledentistry's Account Terms and Privacy Policy.

In all states except New York, group dental insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) (SLOC) or by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by SLOC. In New York, group dental insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) (SLHIC) or by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by SLHIC.

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GDFL-10677-c

#1244170820 11/23 (exp 11/25)

VISION INSURANCE

Sun Life

(800) 877-7195 | www.sunlife.com

Plan Name	Vision
	In Network Copays & Allowances
Network	VSP Choice
Exam Copay	$10
Materials Copay	$15
Frequency - Exam / Lenses / Frames	12 / 12 / 12
Single Lenses	Covered in full after copay
Bifocal Lenses	
Trifocal Lenses	
Frames - After Copay	$200 allowance + 20% off balance
Contacts (Elective)	$200 allowance
Dependent Child/Student Age	Up to age 26; benefit terminates at the end of the calendar year

SPECIAL NOTE: The above is 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 an error or omission, the carrier policy will govern.

Vizia Diagnostics

Using your vision plan

1. Review your plan information
2. Find an eye doctor – Create an account[1] or log in at vsp.com before you search to make sure you find a doctor in your network. You'll get more and save more in-network!
3. Make an appointment and let the office know you are a VSP® member

That's it! Your doctor will take care of the rest.

Doctor's name: _____

Office number: _____

Visit vsp.com Answers anytime, anywhere

- Choose a VSP® doctor
- View your personal eyecare coverage
- Find the latest eye health information
- Learn about special discounts and promotions

www.vsp.com or 800-877-7195

1. You will need your social security number to create an account.

Insurance products are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01. In New York, insurance products are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01.

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GVISPC-6195-d

eSERVICES

Online Services for Members

With your Sun Life account, you can manage your benefits online, on your schedule.

Questions?

We provide online support with a friendly, dedicated team willing to assist you by email or phone.

What can you do on your Sun Life account?

- Have immediate access to your plan information
- View and/or print personalized dental ID cards
- View and/or print benefit information pages
- View most recent dental visits and procedures
- View and/or print booklets
- File STD and LTD claims[1]
- View status and payment details for submitted claims[2]
- Apply for Evidence of Insurability (EOI) for Life, STD, and LTD
- Find a vision or dental network provider and/or specialist
- Access our Dental Health Center, where you can ask a question, estimate the cost of service, or learn about dental issues

Easy registration—sign up today!

Go to **www.sunlife.com/account** and follow the registration instructions. To complete your registration, you will need your Social Security number or member ID, and date of birth.

Benefit Tools

Many of these services are also available on our mobile app—Benefit Tools. Download it today!

Android download

Apple download

Register to access your account today!
For more information or to register by phone, call 800-247-6875.

LIFE INSURANCE

THE HARTFORD

(800) 523-2233 | www.thehartford.com

EMPLOYER PAID BASIC LIFE & AD&D

Eligibility	Eligible full-time employees
Life Insurance Benefit	$25,000
AD&D; Benefit	$25,000
Age Reduction	Coverage reduces 50% at age 70
Coverage Ends	At retirement

VOLUNTARY LIFE & AD&D

Benefit	Employee	Spouse	Child
Minimum / Increment	$10,000 increments	$5,000 increments	$10,000 benefit
Benefit Maximum	$500,000; not to exceed 3x annual salary	$250,000; not to exceed 50% of employee election	$10,000
Guarantee Issue	Up to $150,000 at initial enrollment	Up to $30,000 at initial enrollment	$10,000
Eligibility / Age	Eligible full-time employees	Coverage terminates at age 70	14 days old through age 26
Other Benefits	Living Care, waiver of premium, portability and conversion		

PLAN NOTES

Employees must elect voluntary coverage to enroll dependents. Amounts over the guarantee issue may require evidence of insurability. AD&D; pays benefits for covered accidental losses. Please refer to the certificate for full policy terms, exclusions and restrictions.

SPECIAL NOTE: The above is 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 an error or omission, the carrier policy will govern.

DISABILITY INSURANCE



THE HARTFORD

(800) 523-2233 | www.thehartford.com

EMPLOYER PAID SHORT-TERM DISABILITY

Elimination Period	7 days accident / 7 days sickness
Class Definitions	Active Employees - Class 1: annual earnings under $100,000; Active Employees - Class 2: annual earnings over $100,000
Maximum Weekly Benefit	Class 1: 60% up to $1,000; Class 2: 60% up to $2,500
Benefit Duration	12 weeks
Pre-existing Period	None

EMPLOYER PAID LONG-TERM DISABILITY

Elimination Period	90 days
Class Definitions	Class 1: Active Employees with annual earnings under $100,000 Class 2: Active Employees with annual earnings over $100,000
Maximum Monthly Benefit	Class 1: 60% up to $5,000; Class 2: 60% up to $10,000
Benefits Duration	5 years
Own Occupation	24 months
Pre-existing Period	3 months / 12 months

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.
Maximum Benefit: The benefit amount you receive when disabled.
Benefit Duration: The maximum period benefits are paid during a disability.
Definition of Disability: You are unable to perform the main duties of your occupation on a full-time basis due to a non-work-related injury or sickness. Refer to the summary for details.
Eligibility: Permanent employees regularly scheduled to work at least 30 hours per week must be actively at work on the coverage effective date.
Program Effective Date: The first day of the month following completion of the waiting period. Late entrants may require satisfactory Evidence of Insurability.

SPECIAL NOTE: The above is 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 an error or omission, the carrier policy will govern.

SUPPLEMENTAL BENEFITS

Sun Life

(877) 820-5306 | www.sunlife.com

Financial protection for you and your family

These voluntary benefits provide cash payments that may help with expenses following an accident, hospital stay or covered critical illness. Refer to the plan summaries for complete benefits, exclusions and limitations.

ACCIDENT

Hospital / ICU Admission	$1,500
Hospital Confinement	$400 per day
ICU Confinement	$600 per day
Coverage	Benefits for covered on- and off-the-job accidents

HOSPITAL INDEMNITY

Hospital Admission	$1,000 per admission
Daily Hospital Confinement	$100 per day
ICU Confinement	$200 per day
Purpose	Helps with medical expenses and everyday living costs

CRITICAL ILLNESS

Employee & Spouse Coverage	$10,000 or $20,000
Spouse Benefit	100% of the employee's elected benefit
Child Benefit	50% of employee principal sum, up to $5,000
Child Eligibility	Coverage begins at birth and terminates at age 26
Benefit Payment	Lump-sum cash benefit after a covered diagnosis

Supplemental coverage pays in addition to other insurance you may have. Benefits may be used for medical or non-medical expenses, subject to the policy's terms and exclusions.

SPECIAL NOTE: The above is 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 an error or omission, the carrier policy will govern.

LEGAL EASE

LegalEASE

We've Got You Covered

With the LegalEASE Plan, you're covered when you run into life's challenges with paid in full benefits for personal legal matters. LegalEASE has the largest and most highly qualified Attorney Provider Network, with attorneys in all 50 states focusing in over 60 areas of law. We've got you covered no matter your situation or location.

What's Included?

- **FAMILY LAW**
- **ESTATE PLANNING & WILLS**
- **AUTO & TRAFFIC**
- **HOME & RESIDENTIAL**
- **FINANCIAL & CONSUMER**
- **GENERAL COVERAGE**

Plan Details:

$17.95 Monthly via payroll deduction

Who's Covered:
Employee, Spouse, Dependent Children up to age 26, Parents – Elder benefits designed for Plan member's and spouse's parents

Enroll Today!

Offered only during Open Enrollment, don't miss this opportunity to sign up for the LegalEASE Plan for paid in full legal coverage in 2024. Visit legaleaseplan.com/viziadx or give us a call at 1(800) 248-9000 to learn more about enrolling in the LegalEASE Plan.

Enroll in the LegalEASE Plan
Visit: www.legaleaseplan.com/viziadx
Call: 1(800) 248-9000

LEGAL EASE

LegalEASE has over 50 years of experience in Legal Plans. With over 21,500 attorneys in network and 13 million members served, we know we can help no matter what's going on in your life. Here's what LegalEASE members are saying about the plan:



"My Member Advocate, Tamara, helped me through a litany of questions. She was well prepared, had answers to my questions, and went above and beyond to explain my benefits."

- DAN, MEMBER



"Member Advocate, Benton, made using my benefits the first time easy. I got the help I needed with great customer service."

- JACQUELYN, MEMBER



"Needing to reach out for legal services is stressful enough, so it's VERY comforting to speak with someone who will walk you through the process and answer all questions thoroughly and with patience."

- RANNISHA, MEMBER

How it Compares:

	ATTORNEY FEES AT LEGALEASE	ATTORNEY FEES ON YOUR OWN
Attorney prepared Estate Plan	$0	$400/hr or up to $2,000
Debt Collection Defense	$0	$400/hr or up to $4,000
Auto & Traffic Matters	$0	Up to $2000
Buying or Selling a Home	$0	Up to $2000

50+
Years of Experience

13 Million
Members Served

4.8/5
Google Review

For more information:
Visit: www.legaleaseplan.com/viziadx
Call: 1(800) 248-9000 and reference "Vizia Diagnostics"
(Monday - Friday 7am- 7:30pm CST)

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Underwritten by Virginia Surety Company in all states except where underwriting is not required but the product is available. Please contact LegalEASE for complete details.
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VALUE ADDED SERVICES



MAKE THE MOST OF YOUR BENEFITS PACKAGE
ADDITIONAL SERVICES FROM THE HARTFORD

Life and Disability insurance from The Hartford can help you protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

FUNERAL CONCIERGE SERVICES[1]

Helps provide peace of mind when it's needed most.

The Hartford's Funeral Concierge offers a suite of online tools and live support to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings.

For more information, call: **866-854-5429**
Visit: **www.everestfuneral.com/hartford**
Use code: **HFEVLC**

BENEFICIARY ASSIST® COUNSELING SERVICES[2]

Getting through a loss is hard. Getting support shouldn't be.

The Hartford offers you Beneficiary Assist counseling that can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited 24/7 phone access for legal and financial advice or emotional counseling with up to five* face-to-face sessions or equivalent professional time for one service or a combination of services, for up to a year from the date a claim is filed.

For more information, call: **800-411-7239**

ESTATEGUIDANCE® WILL SERVICES[2,3]

Create a simple will from the convenience of your home.

Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Visit: **www.estateguidance.com**
Use code: **WILLHLF**

THE HARTFORD

VALUE ADDED SERVICES

What do I do first?

In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance.

Then, contact Travel Assistance via phone:

U.S. and Canada:
800-243-6108 (toll-free)
Outside U.S.: **202-828-5885**
Or email: **assist@imglobal.com**

Ability Assist® & HealthChampion℠

Call toll-free:
800-96-HELPS
(800-964-3577)

To register, visit:
www.guidanceresource.com

Use Company Code: **HLF902**
Use Company Name: **ABILI**
Select: "Ability Assist Program" to create your own confidential user name and password

(Cut here, or snap a photo with a mobile device to capture information above.)

TRAVEL ASSISTANCE WITH IDENTITY THEFT SUPPORT SERVICES[4]

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.
- Pre-trip information, lost luggage/document assistance and legal referrals.

Identity Theft Support Services provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs.

Caseworkers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards and more.

ABILITY ASSIST® COUNSELING SERVICES WITH HEALTHCHAMPION℠ HEALTH CARE NAVIGATION[2,5]

Disability can be a challenge. Getting support doesn't have to be.

Ability Assist Counseling Services offers 24/7 access to master's level clinicians. Includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.

If your company provides life or disability coverage for less than 5,000 people, Ability Assist is available to you at any time if you're covered by a group policy or Leave Management services with The Hartford. If your company provides disability coverage for more than 5,000 people, you'll have access to this service once you have an approved claim or leave. See your benefits manager for details.

HealthChampion offers Health Care Navigation support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Visit **TheHartford.com/employeebenefits**

THE HARTFORD

Business Insurance
Employee Benefits
Auto
Home

The Hartford Financial Services Group, Inc. (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2022 The Hartford

Some services may not be available in all states. For more information, visit http://www.TheHartford.com/employee-benefits/value-added-services.

*California residents are limited to three prepaid behavioral health counseling sessions in any six-month period. Except for acute emergencies and other special circumstances, additional sessions for California employees are available on a fee-for-service basis.

[1] Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC, as described in these materials and reserves the right to discontinue any of these services at any time.

[2] Beneficiary Assist, EstateGuidance, Ability Assist and HealthChampion are offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time.

[3] The EstateGuidance® website is secured with a GoDaddy.com WebServer Certificate. Transactions on the site are protected with up to 256-bit Secure Sockets Layer encryption. A simple will does not cover printing or certain other features. These features are available at an additional cost to you.

[4] Travel Assistance and Identity Theft Support services are offered through a vendor which is not affiliated with The Hartford. These services are not insurance. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states.

[5] HealthChampion℠ specialists are available during business hours only. Inquiries outside this time frame can request a callback or schedule an appointment.

The Hartford's Privacy Policy is available at: http://www.TheHartford.com/online-privacy-policy.

4339 NS 06/22

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

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	Varies by plan type	less than $50	$90	$170	$2,000
✔ 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.

Brought to you by:

All Atlantic Benefits

200 S Park Road
Suite 475
Hollywood, FL 33021
305 809 8211