

2026

Employee Benefits Packet



Enrollment Information and Summary of Benefits



Welcome to Maddock Insurance

Enclosed is an outline of the employee benefits program brought to you by Adisys/NSI and Maddock & Associates. The purpose of this packet is to give you a brief overview of the plans and to assist you with enrollment. Maddock & Associates is your insurance advocate. Please call us at 800-875-4490 with your questions or benefits issues. We are here to help you!

Your employer offers the following insurance benefits:

- Medical Insurance & Prescription Drugs
- Dental Insurance
- Vision Insurance
- Life Insurance & AD&D
- Disability Insurance
- Employee Assistance Program (EAP)

Detailed benefit summaries and forms are also available online at

[https:// hrhub360.ease.com](https://hrhub360.ease.com)

Benefits Summary

Adisys/NSI Employee Benefits Enrollment



Your employer is pleased to offer you an excellent employee benefits package. The purpose of this packet is to outline the plans, advise you of the costs and assist you with enrollment. On the next page is a brief description of the plans that are available to you. For full benefits and limitations, please refer to the attached summaries and the insurance carrier documents.

Open Enrollment

Anyone not enrolling for benefits when first eligible will NOT be eligible to enroll until January 1, 2027, unless they meet certain specific requirements. In the case of involuntary loss of coverage, you may enroll in these plans if you apply immediately upon losing coverage.

Enrollment Instructions

Online Insurance Enrollment

Benefits enrollment and changes are done through an online benefits portal called Ease. You will be receiving an email with your benefits enrollment login information. Employees who do not wish to enroll, are still required to log in to decline coverage. Your enrollment will not be complete until you electronically sign the forms, which is the final step of the online enrollment process. Employees who decline coverage on the group plan will not be eligible for federal subsidy on the exchange plans.

2026 BENEFITS SUMMARY

MEDICAL INSURANCE: United Healthcare

You will have a choice of 1 PPO plan and 3 EPO Plans. The PPO plan provides the best coverage when you use a preferred provider in the Choice Plus Network, but care from providers outside the network is covered at a lower percentage. The EPO plans provide benefits only when you use a provider in the Choice Network. The EPO plans offer no benefits outside the Choice Network, except for emergencies. Preferred providers can be found in the provider directory section at www.myuhc.com. Detailed information on your medical plans can be found on your online benefits portal.

UNITED HEALTHCARE WELLNESS

United Healthcare offers innovative wellness benefits which can be accessed at www.myuhc.com. Through the UnitedHealthcare Rewards program you can earn up to \$1,000 per year for meeting specific FIT goals. Through VirtualVisits you can connect to a doctor, get treated and get prescriptions 24 hours a day, 7 days a week over the phone or via the mobile app. Did you know that more than 70% of doctors' office visits can be avoided simply by using virtual care? You now have access to save time and money.

DENTAL INSURANCE: Principal Financial

This plan covers preventive, basic restorative and major services. The deductible is waived for preventive care. You may use the dentist of your choice; however, your out-of-pocket costs will almost always be lower if you use a preferred dentist. Preferred dentists can be found in the dental provider directory section of your website at www.principal.com. A plan summary is attached.

VISION INSURANCE: Principal Financial/VSP

Principal uses VSP to administer their vision plans. A list of VSP providers can be found at www.vsp.com. Select the Choice Network. A plan summary is attached.

LIFE INSURANCE: Principal Financial

Each eligible employee will receive base group life and accidental death & dismemberment insurance. This policy pays double if death is accidental. A plan summary is attached.

SUPPLEMENTAL LIFE INSURANCE: Principal Financial

Each eligible employee may opt to purchase voluntary life insurance for themselves and their dependents. Newly eligible employees under age 70 can elect up to \$100,000 with no health statement. Please note that a benefit reduction schedule applies beginning at age 65. A plan summary and rates are attached.

LONG TERM DISABILITY INSURANCE: Principal Financial

A percentage of income is available after 90 days of continuous disability. Benefits are also available for partial disability. Please see the attached plan summary for details.

SHORT TERM DISABILITY INSURANCE: Principal Financial

Each eligible employee will receive short-term disability insurance. Please see the attached plan summary for details.

EMPLOYEE ASSISTANCE PROGRAM (EAP): Principal/Magellan EAP

This confidential service gives you free, 24-hour access to nurses, counselors, attorneys and financial consultants to answer your questions or direct you to the most appropriate resource for your personal, legal or financial concerns.

SECTION 125 PLAN:

Section 125 of the Internal Revenue Code allows employers to set up a plan that allows you to pay for you and your dependents' portion of the insurance premiums on a tax-free basis. The premium amount is deducted from the payroll before taxes are figured, so you use your money tax-free. Participation is voluntary. All employees will be automatically enrolled in the Section 125 plan. If you do not wish to have your dependent premiums taken on a pre-tax basis, you must notify your plan administrator within 30 days of the date you are eligible.

ELIGIBILITY:

All employees working a minimum of 30 hours per week are eligible for coverage effective the first of the month following their date of hire.

COSTS:

Your employer pays 100% of the employee-only premium for the E50030 medical plan. If you select a higher deductible plan, the remaining portion of the employer contribution will be applied toward the cost of dependent coverage. In addition, your employer covers 100% of the employee cost for dental, vision, basic life, and disability insurance for employees enrolled in medical coverage.

For Further Information

Feel free to contact any of the following if you have any questions:

Adisys Human Resources.....	hr@adisys.com
Maddock & Associates	(253) 854-0199
United Healthcare Medical	(866) 414-1959
United Healthcare Website	www.myuhc.com
Principal Financial Dental, Life & Disability	(800) 986-3343
Principal Financial Website	www.principal.com
Principal/Vision Service Plan (VSP)	(800) 877-7195
Principal/Vision Service Plan Website	www.vsp.com
Principal EAP by Magellan Healthcare	(800) 450-1327
Principal EAP Program Website	http://MagellanAscend.com
Ease Online Enrollment Website	https://hrhub360.ease.com

Please visit [https:// hrhub360.ease.com](https://hrhub360.ease.com) to download details about this important information.

	UHC Level Funded E500i80 (Base Plan)		UHC Level Funded P50030		UHC Level Funded E2000i80		UHC Level Funded E4000i7021B	
MEDICAL INSURANCE	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Calendar Year)	\$500/Prsn (2X Fam)	No coverage out of network except for emergency care	\$500/Prsn (2X Fam)	\$1,000/Prsn (2X Fam)	\$2,000/Prsn (2X Fam)	No coverage out of network except for emergency care	\$4,000/Prsn (2X Fam)	No coverage out of network except for emergency care
Percentage Plan Pays	80%		80%	50%	80%		70%	
Out of Pocket Max (Incl. Deductible)	\$3,000/Prsn (2X Fam)		\$3,000/Prsn (2X Fam)	\$6,000/Prsn (2X Fam)	\$7,900/Prsn (2X Fam)		\$8,150/Prsn (2X Fam)	
PRESCRIPTIONS	United Healthcare RX1 Advantage, 4 Tiers		United Healthcare RX2 Advantage, 4 Tiers		United Healthcare RX2 Advantage, 4 Tiers		United Healthcare RX4 Advantage, 4 Tiers	
Tier 1	\$10 Copay, Deductible Waived		\$15 Copay, Deductible Waived		\$15 Copay, Deductible Waived		\$10 Copay, Deductible Waived	
Tier 2	\$35 Copay, Deductible Waived		\$35 Copay, Deductible Waived		\$35 Copay, Deductible Waived		\$35 Copay, Deductible Waived	
Tier 3	\$60 Copay, Deductible Waived		\$75 Copay, Deductible Waived		\$75 Copay, Deductible Waived		\$75 Copay, Deductible Waived	
Tier 4	\$200 Copay, Deductible Waived		\$250 Copay, Deductible Waived		\$250 Copay, Deductible Waived		\$250 Copay, Deductible Waived	
Mail-Order (90 Day Supply)	2.5 times pharmacy cost		2.5 times pharmacy cost		2.5 times pharmacy cost		2.5 times pharmacy cost (no Specialty)	
PROFESSIONAL CARE	United Healthcare Choice Network		United Healthcare Choice Plus Network		United Healthcare Choice Network		United Healthcare Choice Network	
Preventive Visits / Screenings	100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived	
Office Visits Primary	\$25 Copay, Deductible Waived		\$30 Copay, Deductible Waived		\$25 Copay, Deductible Waived		\$25 Copay, Deductible Waived	
Office Visits Specialist	\$75 Copay, Deductible Waived		\$30 Copay, Deductible Waived		\$75 Copay, Deductible Waived		\$75 Copay, Deductible Waived	
Telehealth Virtual Care	100%, Deductible Waived (Healthiest You®)		100%, Deductible Waived (Healthiest You®)		100%, Deductible Waived (Healthiest You®)		100%, Deductible Waived (Healthiest You®)	
Urgent Care (Stand Alone Clinic)	\$50 Copay, Deductible Waived		\$100 Copay, Deductible Waived		\$50 Copay, Deductible Waived		\$50 Copay, Deductible Waived	
Mental Health (Office Visit)	\$75 Copay, Deductible Waived		\$30 Copay, Deductible Waived		\$75 Copay, Deductible Waived		\$75 Copay, Deductible Waived	
Basic Diagnostic Lab & Xray	100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived	
Complex Imaging	Deductible, then 80%		Deductible, then 80%		Deductible, then 80%		Deductible, then 70%	
ALTERNATIVE CARE	United Healthcare Choice Network		United Healthcare Choice Plus Network		United Healthcare Choice Network		United Healthcare Choice Network	
Chiropractic	\$25 Copay, Deduc Wvd, 20 visits per year		\$30 Copay, Deduc Wvd, 20 visits per year		\$25 Copay, Deduc Wvd, 20 visits per year		\$25 Copay, Deduc Wvd, 20 visits per year	
Acupuncture	\$25 Copay, DW, 10 vsts/yr (spec diag only)		\$30 Copay, DW, 10 vsts/yr (spec diag only)		\$25 Copay, DW, 10 vsts/yr (spec diag only)		\$25 Copay, DW, 10 vsts/yr (spec diag only)	
FACILITY CARE	United Healthcare Choice Network		United Healthcare Choice Plus Network		United Healthcare Choice Network		United Healthcare Choice Network	
Hospital	Deductible, then 80%		Deductible, then 80%		Deductible, then 80%		Deductible, then 70%	
Emergency Room	\$300 Copay, Deductible, then 80%		\$300 Copay, then 80%		\$300 Copay, Deductible, then 80%		\$300 Copay, Deductible, then 70%	
DENTAL INSURANCE	Principal Financial							
Deductible	\$50 Deductible, Waived for Preventive							
In-Network Coverage	100% Preventive/90% Basic/60% Major							
Out of Network Coverage	100% Preventive/80% Basic/50% Major							
Annual Maximum	\$3,000 Maximum/Person/Year							
VISION INSURANCE	Principal Financial/Vision Service Plan (VSP) - Choice Network							
	\$10 Copay Exam/\$25 Copay Hardware							
	Exam & Hardware every 12 months							
LIFE INSURANCE	Principal Financial							
Base Life Insurance*	2X Annual Salary to a maximum of \$500,000 - Employer paid for all eligible employees							
Supplemental Life Summary	To \$300,000, \$100,000 Guaranteed Issue for employess under 70 who enroll when first eligible							
DISABILITY INSURANCE	Principal Financial							
Short-Term Disability*	60% of Pre-Disability Income, maximum benefit of \$1,500/week							
Long-Term Disability*	60% of Pre-Disability Income, maximum benefit of \$6,000/week							

The above is a summary description of benefits. For complete details and limitations, see company brochure.

*Employees hired after April 2019 must be enrolled in medical coverage to receive employer paid base life and disability benefits.

RATES - SEMI-MONTHLY PAYROLL DEDUCTIONS

	UHC Level Funded E500i80 (Base Plan)	UHC Level Funded P50030	UHC Level Funded E2000i80	UHC Level Funded E4000i7021B
Employee Only	\$0.00	\$35.34	\$0.00	\$0.00
Employee + Spouse	\$389.67	\$470.94	\$290.42	\$251.13
Employee + Spouse + Child(ren)	\$659.44	\$772.50	\$521.36	\$466.69
Employee + Child(ren)	\$269.77	\$336.91	\$187.78	\$155.32

Employee Only
Employee + Spouse
Employee + Spouse + Child(ren)
Employee + Child(ren)

DENTAL	VISION
\$0.00	\$0.00
\$29.87	\$4.48
\$79.68	\$9.89
\$44.47	\$4.52

Policyholder: ADISYS CORPORATION

Group dental insurance

Benefit summary



What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	\$0	\$0	100%	100%
Basic	\$50	\$50	90%	80%
Major	\$50	\$50	60%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your deductibles that are in-network for basic and major services are combined. Your deductibles that are out-of-network for basic and major services are combined.			
Combined maximum	Maximums for basic and major procedures are combined. In-network calendar year maximums are \$3,000 per person or non-network calendar year maximums are \$3,000 per person.			
Preventive passport	Included			
Plan type	Unscheduled			

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
 - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive

Routine exams	Twice per calendar year
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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Routine cleanings	Four per calendar year
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Twice per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 24 months
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit

Basic

Fillings	Replacement fillings every 24 months
Composite (tooth colored)	Covered on posterior teeth
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planning	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months
Occlusal guards (night guards)	One guard per 36 months
Harmful habit appliance	Covered only for dependent children under age 14

Major

Crowns	Each 84 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 84 months per tooth
Implants	Each 84 months per tooth
Bridges	84 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)

Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90 th percentile of the usual and customary charges.
Preventive passport	Benefits paid for preventive services will not be applied to your annual benefit maximum
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth –The initial placement of bridges, partials, and dentures to replace teeth missing before this coverage starts won't be covered. If this policy replaces coverage with another carrier, continuous coverage under the prior plan may be applied to the missing tooth provision requirement. This doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information.

Policyholder: ADISYS CORPORATION

Group vision

Benefit summary for mbrs electing medical



What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after \$10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to \$250 every 12 months; 20% off amount over allowance ¹	\$25 copay <ul style="list-style-type: none">• Single lenses• Lined bifocal lenses• Lined trifocal lenses• Lenticular lenses• Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a \$0 copay ¹ Most other popular lens enhancements are covered after a copay, saving our members an average of 30% ¹
Elective contacts	Covered up to \$250 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to \$60 copay
Necessary contacts	Covered in full after \$25 copay every 12 months Contact lenses can be chosen instead of glasses.

¹This can vary based on state laws and provider location Savings may not apply at participating retail chains.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$135 which is equivalent to a \$250 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 12 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
 - Non-prescription glasses
 - Medical or surgical treatment of the eyes
 - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.

Policyholder: ADISYS CORPORATION



Group term life insurance

Benefit summary for all members electing medical

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue ¹	Maximum	Benefit reduction ²
You	200% of your annual salary , rounded to the next higher \$1,000	\$10,000	If you're under 70: \$200,000 If you're 70 or older: The lesser of \$200,000 or the amount with the prior carrier	\$500,000	35% reduction at age 65, with an additional 15% reduction at age 70

¹Amount of coverage you may buy without answering medical questions.

²As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above will require health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000

Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Conversion of terminated coverage	If you terminate employment, you may be able to convert coverage to an individual policy.

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



principal.com

This is a summary of group term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Policyholder: ADISYS CORPORATION



Group voluntary term life insurance

Benefit summary for all members

What's available to me?

Protect what means the most to you – the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue ¹	Maximum	Benefit reduction ²
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70: \$100,000 If you're 70 or older: \$10,000	\$300,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse ³	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: \$20,000 If your spouse is 70 or older: \$10,000	\$100,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren) ³	Options ⁴ : <ul style="list-style-type: none">\$10,000				

¹Amount of coverage you may buy without providing health information.

²As you get older, your life insurance benefit amount decreases.

³Amount of coverage may not exceed 100% of your benefit.

⁴Dependent children under 14 days old receive a \$1,000 benefit.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you may need to provide health information for review, or if you have a qualifying event.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse may require you to provide health information.

May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you or your spouse are accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
Conversion of terminated coverage	If you terminate employment, you may be able to convert coverage to an individual policy.

What are the limitations and exclusions of my coverage?

This benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

ADISYS CORPORATION

Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.93	\$1.00	\$1.40	\$2.14	\$3.19	\$5.07	\$7.85	\$10.81	\$6,500	\$12.86	\$5,000	\$16.17
\$20,000	\$1.86	\$2.00	\$2.80	\$4.28	\$6.38	\$10.14	\$15.70	\$21.62	\$13,000	\$25.73	\$10,000	\$32.34
\$30,000	\$2.79	\$3.00	\$4.20	\$6.42	\$9.57	\$15.21	\$23.55	\$32.43	\$19,500	\$38.59	\$15,000	\$48.51
\$40,000	\$3.72	\$4.00	\$5.60	\$8.56	\$12.76	\$20.28	\$31.40	\$43.24	\$26,000	\$51.45	\$20,000	\$64.68
\$50,000	\$4.65	\$5.00	\$7.00	\$10.70	\$15.95	\$25.35	\$39.25	\$54.05	\$32,500	\$64.32	\$25,000	\$80.85
\$60,000	\$5.58	\$6.00	\$8.40	\$12.84	\$19.14	\$30.42	\$47.10	\$64.86	\$39,000	\$77.18	\$30,000	\$97.02
\$70,000	\$6.51	\$7.00	\$9.80	\$14.98	\$22.33	\$35.49	\$54.95	\$75.67	\$45,500	\$90.04	\$35,000	\$113.19
\$80,000	\$7.44	\$8.00	\$11.20	\$17.12	\$25.52	\$40.56	\$62.80	\$86.48	\$52,000	\$102.91	\$40,000	\$129.36
\$90,000	\$8.37	\$9.00	\$12.60	\$19.26	\$28.71	\$45.63	\$70.65	\$97.29	\$58,500	\$115.77	\$45,000	\$145.53
\$100,000	\$9.30	\$10.00	\$14.00	\$21.40	\$31.90	\$50.70	\$78.50	\$108.10	\$65,000	\$128.64	\$50,000	\$161.70
\$110,000	\$10.23	\$11.00	\$15.40	\$23.54	\$35.09	\$55.77	\$86.35	\$118.91	\$71,500	\$141.50	\$55,000	\$177.87
\$120,000	\$11.16	\$12.00	\$16.80	\$25.68	\$38.28	\$60.84	\$94.20	\$129.72	\$78,000	\$154.36	\$60,000	\$194.04
\$130,000	\$12.09	\$13.00	\$18.20	\$27.82	\$41.47	\$65.91	\$102.05	\$140.53	\$84,500	\$167.23	\$65,000	\$210.21
\$140,000	\$13.02	\$14.00	\$19.60	\$29.96	\$44.66	\$70.98	\$109.90	\$151.34	\$91,000	\$180.09	\$70,000	\$226.38
\$150,000	\$13.95	\$15.00	\$21.00	\$32.10	\$47.85	\$76.05	\$117.75	\$162.15	\$97,500	\$192.95	\$75,000	\$242.55
\$160,000	\$14.88	\$16.00	\$22.40	\$34.24	\$51.04	\$81.12	\$125.60	\$172.96	\$104,000	\$205.82	\$80,000	\$258.72
\$170,000	\$15.81	\$17.00	\$23.80	\$36.38	\$54.23	\$86.19	\$133.45	\$183.77	\$110,500	\$218.68	\$85,000	\$274.89
\$180,000	\$16.74	\$18.00	\$25.20	\$38.52	\$57.42	\$91.26	\$141.30	\$194.58	\$117,000	\$231.54	\$90,000	\$291.06
\$190,000	\$17.67	\$19.00	\$26.60	\$40.66	\$60.61	\$96.33	\$149.15	\$205.39	\$123,500	\$244.41	\$95,000	\$307.23
\$200,000	\$18.60	\$20.00	\$28.00	\$42.80	\$63.80	\$101.40	\$157.00	\$216.20	\$130,000	\$257.27	\$100,000	\$323.40
\$210,000	\$19.53	\$21.00	\$29.40	\$44.94	\$66.99	\$106.47	\$164.85	\$227.01	\$136,500	\$270.13	\$105,000	\$339.57
\$220,000	\$20.46	\$22.00	\$30.80	\$47.08	\$70.18	\$111.54	\$172.70	\$237.82	\$143,000	\$283.00	\$110,000	\$355.74
\$230,000	\$21.39	\$23.00	\$32.20	\$49.22	\$73.37	\$116.61	\$180.55	\$248.63	\$149,500	\$295.86	\$115,000	\$371.91
\$240,000	\$22.32	\$24.00	\$33.60	\$51.36	\$76.56	\$121.68	\$188.40	\$259.44	\$156,000	\$308.72	\$120,000	\$388.08
\$250,000	\$23.25	\$25.00	\$35.00	\$53.50	\$79.75	\$126.75	\$196.25	\$270.25	\$162,500	\$321.59	\$125,000	\$404.25
\$260,000	\$24.18	\$26.00	\$36.40	\$55.64	\$82.94	\$131.82	\$204.10	\$281.06	\$169,000	\$334.45	\$130,000	\$420.42
\$270,000	\$25.11	\$27.00	\$37.80	\$57.78	\$86.13	\$136.89	\$211.95	\$291.87	\$175,500	\$347.31	\$135,000	\$436.59
\$280,000	\$26.04	\$28.00	\$39.20	\$59.92	\$89.32	\$141.96	\$219.80	\$302.68	\$182,000	\$360.18	\$140,000	\$452.76
\$290,000	\$26.97	\$29.00	\$40.60	\$62.06	\$92.51	\$147.03	\$227.65	\$313.49	\$188,500	\$373.04	\$145,000	\$468.93
\$300,000	\$27.90	\$30.00	\$42.00	\$64.20	\$95.70	\$152.10	\$235.50	\$324.30	\$195,000	\$385.91	\$150,000	\$485.10

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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ADISYS CORPORATION

Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$5,000	\$0.47	\$0.50	\$0.70	\$1.07	\$1.60	\$2.54	\$3.93	\$5.41	\$3,250	\$6.44	\$2,500	\$8.09
\$10,000	\$0.93	\$1.00	\$1.40	\$2.14	\$3.19	\$5.07	\$7.85	\$10.81	\$6,500	\$12.86	\$5,000	\$16.17
\$15,000	\$1.40	\$1.50	\$2.10	\$3.21	\$4.79	\$7.61	\$11.78	\$16.22	\$9,750	\$19.30	\$7,500	\$24.26
\$20,000	\$1.86	\$2.00	\$2.80	\$4.28	\$6.38	\$10.14	\$15.70	\$21.62	\$13,000	\$25.73	\$10,000	\$32.34
\$25,000	\$2.33	\$2.50	\$3.50	\$5.35	\$7.98	\$12.68	\$19.63	\$27.03	\$16,250	\$32.16	\$12,500	\$40.43
\$30,000	\$2.79	\$3.00	\$4.20	\$6.42	\$9.57	\$15.21	\$23.55	\$32.43	\$19,500	\$38.59	\$15,000	\$48.51
\$35,000	\$3.26	\$3.50	\$4.90	\$7.49	\$11.17	\$17.75	\$27.48	\$37.84	\$22,750	\$45.03	\$17,500	\$56.60
\$40,000	\$3.72	\$4.00	\$5.60	\$8.56	\$12.76	\$20.28	\$31.40	\$43.24	\$26,000	\$51.45	\$20,000	\$64.68
\$45,000	\$4.19	\$4.50	\$6.30	\$9.63	\$14.36	\$22.82	\$35.33	\$48.65	\$29,250	\$57.89	\$22,500	\$72.77
\$50,000	\$4.65	\$5.00	\$7.00	\$10.70	\$15.95	\$25.35	\$39.25	\$54.05	\$32,500	\$64.32	\$25,000	\$80.85
\$55,000	\$5.12	\$5.50	\$7.70	\$11.77	\$17.55	\$27.89	\$43.18	\$59.46	\$35,750	\$70.75	\$27,500	\$88.94
\$60,000	\$5.58	\$6.00	\$8.40	\$12.84	\$19.14	\$30.42	\$47.10	\$64.86	\$39,000	\$77.18	\$30,000	\$97.02
\$65,000	\$6.05	\$6.50	\$9.10	\$13.91	\$20.74	\$32.96	\$51.03	\$70.27	\$42,250	\$83.62	\$32,500	\$105.11
\$70,000	\$6.51	\$7.00	\$9.80	\$14.98	\$22.33	\$35.49	\$54.95	\$75.67	\$45,500	\$90.04	\$35,000	\$113.19
\$75,000	\$6.98	\$7.50	\$10.50	\$16.05	\$23.93	\$38.03	\$58.88	\$81.08	\$48,750	\$96.48	\$37,500	\$121.28
\$80,000	\$7.44	\$8.00	\$11.20	\$17.12	\$25.52	\$40.56	\$62.80	\$86.48	\$52,000	\$102.91	\$40,000	\$129.36
\$85,000	\$7.91	\$8.50	\$11.90	\$18.19	\$27.12	\$43.10	\$66.73	\$91.89	\$55,250	\$109.34	\$42,500	\$137.45
\$90,000	\$8.37	\$9.00	\$12.60	\$19.26	\$28.71	\$45.63	\$70.65	\$97.29	\$58,500	\$115.77	\$45,000	\$145.53
\$95,000	\$8.84	\$9.50	\$13.30	\$20.33	\$30.31	\$48.17	\$74.58	\$102.70	\$61,750	\$122.21	\$47,500	\$153.62
\$100,000	\$9.30	\$10.00	\$14.00	\$21.40	\$31.90	\$50.70	\$78.50	\$108.10	\$65,000	\$128.64	\$50,000	\$161.70

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family) --Child(ren) are covered until age 26

\$10,000 \$2.00

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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Policyholder: ADISYS CORPORATION

Group long-term disability insurance

Benefit summary



Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary monthly benefit	60% of your earnings up to \$6,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	3 months
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 60% of your earnings prior to your disability up to \$6,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is 3 months. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

Once I start receiving benefits, how long will they continue?

Age disability occurs	Benefits are payable until the later of:
Under age 62	Until the later of the date you reach age 65 or 42 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

Do I need to provide health information?

- Amounts above \$6,000 require you to provide health information.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 80% of your indexed income prior to your disability.

Do I qualify if I have a preexisting condition?

- You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

Are mental nervous and drug/alcohol covered?

- It'll be considered a disability if it's caused by:
 - A mental health condition for up to a lifetime maximum of 24 months
 - Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months
- The amount of time you receive benefits for these covered conditions will be limited to a combined lifetime maximum of 24 months.

Additional benefits:

Work incentive benefit	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability.
Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Survivor benefit	If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit minus other income sources, which includes but is not limited to Social Security.

What are the limitations and exclusions of my coverage?

Preexisting conditions	<p>A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:</p> <ul style="list-style-type: none">• Received medical treatment, consultation, care or service; or• Were prescribed or took prescription medications <p>Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.</p>
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Treatment of mental health conditions and drug and alcohol abuse conditions

A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions.

Maximum benefit payment periods for:

Mental health conditions – 24 months

Alcohol, drug or chemical abuse conditions – 24 months

The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.

However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.



This is a summary of long-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Policyholder: ADISYS CORPORATION

Group short-term disability insurance

Benefit summary



Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary weekly benefit	60% of your earnings up to \$1,500
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	8th day for accidents and 8th day for sickness
Benefit payment period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability

What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is 60% of your earnings prior to your disability up to \$1,500 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, state disability (if applicable), and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is completed on the 8th day for accidents and the 8th day for sickness. The elimination period is the amount of time before you start receiving benefits.

Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 12 weeks.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

Additional benefits:

Work incentive benefit	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit. You can't receive more than 100% of your earnings prior to your disability.
Rehabilitation plan	<p>If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work.</p> <p>You may also receive this benefit if you're not disabled but have a condition that prevents you from working.</p>
Rehabilitation incentive benefit	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
Mandatory rehabilitation	You may be paid for any expenses associated with an approved rehabilitation plan.



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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Group disability insurance



Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the Employee Assistance Program (EAP), provided by Magellan Healthcare, is all about.



With an EAP, you and your family household members have access to free, confidential resources to help handle life's everyday — and not so everyday — challenges.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things:

- LifeMart Discount Center, with savings on a variety of products and services
- Self-care mobile apps to help with insomnia, anxiety, depression, substance use, obsessive compulsive disorder and chronic pain
- Health and wellness articles, guides, webinars and podcasts
- Online assistance with elder care, child care and other family life resources
- Help with teen and adolescent issues, including eating disorders and relationships
- Tips on parenting and grandparenting
- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources*
- Ongoing personal coaching sessions with scheduled telephonic appointments

Help when and where you need it — day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



800-450-1327

International: 800-662-4504

TTY: 800-456-4006



MagellanAscend.com

When you create an account, use **Principal Core** for the company name.

* You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.

Help is just a click or call away —24/7

Online: MagellanAscend.com

Enter **Principal Core** for the company name

Call: 800-450-1327 | **TTY:** 800-456-4006

International: 800-662-4504

Magellan
HEALTHCARESM

Your Employee Assistance Program is provided by Magellan Healthcare.

Glossary of Health Coverage and Medical Terms

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Preferred Provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Non-Preferred Provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Primary Care Provider

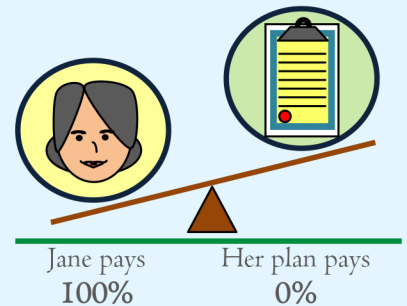
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

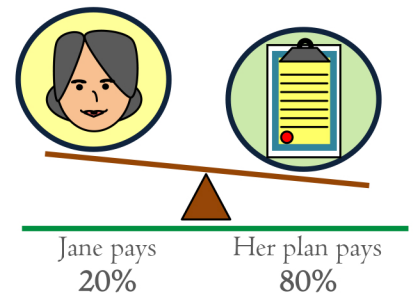
Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance *plus* any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



Glossary of Health Coverage and Medical Terms (cont.)

In-network Co-insurance

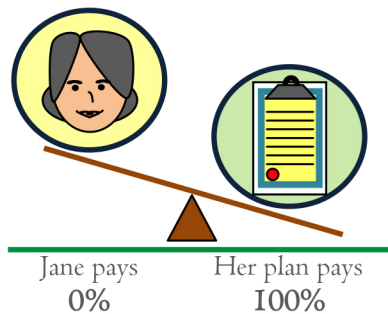
The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

Out-of-network Co-insurance

The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do *not* contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.



Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may *not* balance bill you for covered services.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Excluded Services

Health care services that your health insurance or plan doesn't pay for or cover.



Welcome

Explore the ways your health plan is designed
to help you take better care of yourself

United
Healthcare®

Hello



We're here to help make each step of your health care experience easier. Take a look at this guide to help you better understand your benefits and care options, manage costs and get more out of your health plan – and start experiencing all that care can do for you.

New to UnitedHealthcare®? There's some information to know before your plan goes into effect as well as some steps you may need to take to help transfer your care. Learn how to make your experience easier from day one at [uhc.com/transferringcare](https://www.uhc.com/transferringcare).




Call toll-free

If you don't have computer access, need language assistance or still have questions after reading this, please call the toll-free member phone number on your health plan ID card.



Connect with us

-  [Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare)
-  [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare)
-  [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

It's easier to connect to your plan

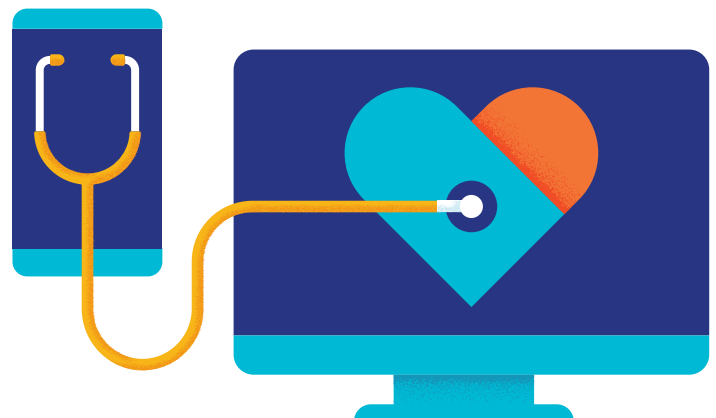
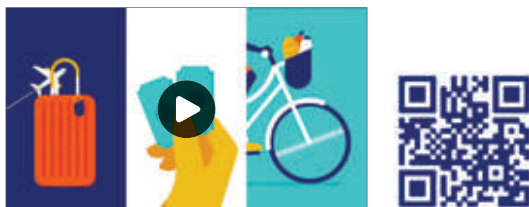
Your benefits include personalized digital tools to help you check on your plan whenever you want, which may help make it easier to stay on top of your benefit details.



Your personalized digital tools – the UnitedHealthcare app and **myuhc.com**® – give you quick access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care, which may help you save money
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

Once your plan begins, you can download the UnitedHealthcare app to connect with your plan while you're on the go or sign in from home with **myuhc.com**.



Get on-the-go plan info

See how you can access your plan with **myuhc.com** and the UnitedHealthcare app.

Watch video: Digital tools to manage your plan (3:12)

Simple ways to help you save

Here are a few good-to-know things you can do to help you get more out of your health plan.



Stay in the network

The doctors and facilities in the network may have agreed to provide services at a discount – so visiting an out-of-network provider could end up costing you more for care or may not be covered at all. Sign in to myuhc.com > **Find Care & Costs** to locate:

- Labs
- Hospitals
- Mental health professionals
- Network providers



Shop around

With such a wide variety of services – from minor procedures to major surgeries – it's a good idea to check approximate pricing first. Visit myuhc.com > **Find Care & Costs** to estimate your costs.

With a PCP, there's a doctor in your corner

A PCP is a primary care provider, sometimes called a primary care physician. They are the doctor who can help connect you to the care you need – and may help you avoid cost surprises. A PCP can be a family practitioner, internist, pediatrician or general medicine physician.* Although your plan may not require you and each covered family member to select a network PCP**, it can be a good idea to have one.

Your PCP:



Generally knows your health history and health goals



Provides routine care, which may help identify potential health issues earlier



Advises you when to see a specialist and provides electronic referrals

*Laws in some states allow you to choose a specialist, like an OB/GYN, as your PCP.
**Depending on your health plan, selection of a PCP may be required.



Keep up on preventive care

Preventive care – such as routine wellness exams and certain recommended screenings and immunizations – is covered by most of our plans when you see network providers. A preventive care visit may be a good time to help establish your relationship and create a connection for future medical services. Learn more at uhc.com/health-and-wellness/preventive-care.



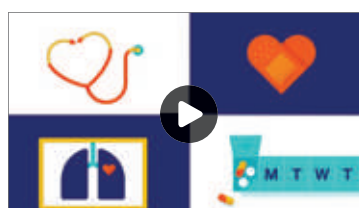
Choose a doctor

The **UnitedHealth Premium® program** uses national, evidence-based measures to evaluate physicians in multiple specialties to help you make more informed choices for your medical care. Find UnitedHealth Premium Care Physicians by going to myuhc.com > **Find a Provider** and look for blue hearts.

Meet your health guide

Learn more about the benefits of having a PCP – and how to find one.

Watch video: Value of a PCP (1:49)



Find a network provider

Sign in to myuhc.com > **Find Care & Costs** to find a network PCP, clinic, hospital or lab based on location, specialty, availability, hours of operation and more. You can even see patient ratings and estimate the cost of care before you choose a provider. If you would like more information about a provider's qualifications, call the member phone number on your ID card.

Here's an example of how a typical health plan works

Let's take a look at an example of how a typical plan works when you receive care from a network provider. Your plan may be different than this example, so to find your specific details, go to myuhc.com > Coverage & Benefits.

Plan start



You pay 100%*

At the start of your plan year, you pay 100% of your covered health services until you meet your **deductible**, which is the amount you pay before your plan starts sharing costs.

Deductible reached

You pay 20%

Your plan pays 80%

Now, your health plan starts to share a percentage of the costs with you – this is your **coinsurance**.*

Out-of-pocket limit met

Your plan pays 100%



Here, your plan's got you covered at 100%. Your **out-of-pocket limit** is the most you could pay for covered services in a plan year – copays and coinsurance count toward this.

Along the way, you may also be required to pay a fixed amount – or **copay** – each time you see a provider.

*Your deductible and coinsurance may vary by plan or service. This example is for illustrative purposes only. Please refer to your official plan documents for coverage details.

Here's what to do if you need:



Hospital care

Talk to your PCP first to determine which hospital in your network can meet your medical or surgical needs. You or the admitting physician may be required to notify us before you're admitted.



Referrals

If your ID card says, "Referrals Required," have your PCP send us an electronic referral before you make an appointment with a specialist or other network provider. Without it, your care may not be covered and you may end up paying more. To learn what services require referrals, or to confirm that a referral has been made, sign in at myuhc.com > Coverage & Benefits.



Prior authorization

Your plan may also require prior authorization, sometimes called preauthorization, before you receive certain services. Call the member phone number on your ID card or sign in at myuhc.com > Coverage & Benefits to check if prior authorization is needed.

See a plan in action






Take a look at how copays, deductibles and more work together throughout your plan year.

Watch video: How a health plan works (1:37)



Compare options, help keep costs down

Getting care at the place that may best fit your condition or situation may save you up to \$2,500 compared to an emergency room (ER) visit.*

Care options to consider	START HERE				
					
	Primary care provider (PCP) The provider who may know you best	24/7 Virtual Visits A care provider over the phone** or by video	Convenience care Nurse practitioners and physician assistants at retail pharmacy clinics	Urgent care Physicians and care teams at walk-in clinics	Emergency room Physicians and care teams at hospital emergency departments
Average cost*	In-person: \$175 Virtual: \$99 or less**	Less than \$54 [†]	\$100	\$185	\$2,700
Allergies	✓	✓			
Bladder infection/UTI	✓			✓	✓
Broken bone				✓	✓
Bronchitis	✓	✓		✓	
Chest pain					✓
Cough	✓	✓	✓		
COVID-19 symptoms	✓			✓	
Earache	✓	✓	✓		
Fever	✓	✓	✓		
Flu/common cold	✓	✓	✓		
Migraine/headache	✓	✓			
Muscle ache/sprain	✓		✓		
Pinkeye	✓	✓	✓		
Shortness of breath					✓
Sinus infection	✓	✓	✓		
Skin rash	✓	✓	✓		
Sore throat	✓	✓	✓		
Stomach pain (nausea, vomiting, diarrhea)	✓			✓	
Yeast infection	✓	✓			

✓ Indicates the care option to consider for the common conditions listed above

To learn more, visit uhc.com/quickcare

*2022: Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated \$2,500 difference between the average emergency room visit, \$2,700 and the average urgent care visit \$185) The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

**Virtual primary care are services available with a provider via video, chat, email, or audio-only where permitted under state law. Virtual primary care services are only available if the provider is licensed in the state that the member is located at the time of the appointment. Virtual primary care is not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Certain prescriptions may not be available, and other restrictions may apply.

***Data rates may apply.

†The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time. Check your official health plan documents to see what services and providers are covered by your plan.

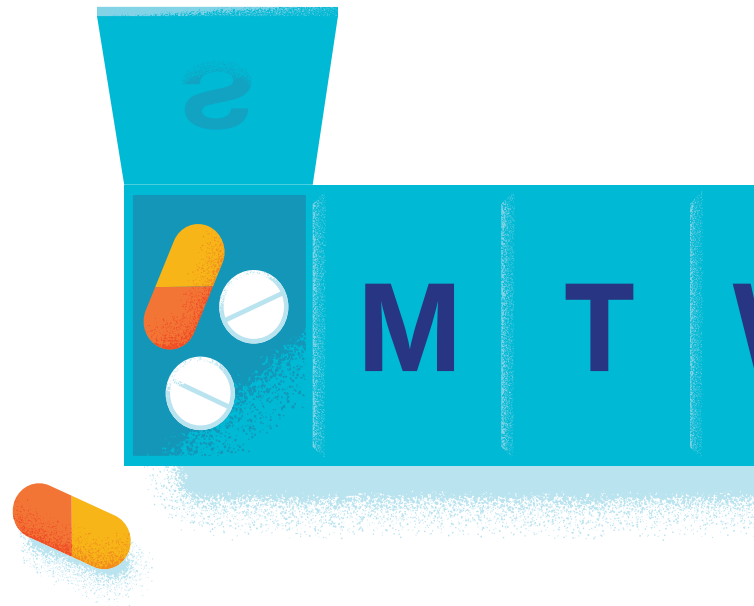
Say hello to Optum Rx

Optum Rx® pharmacy services help make it easier to save on medications and keep track of them, too – whether you're online or on the go.

Manage your meds

When you go to myuhc.com > **Pharmacies & Prescriptions** you can:

- Find and compare medication costs
- Locate a network pharmacy
- See if your medications have any requirements before filling them



How to use the pharmacy network to fill prescriptions



Choose home delivery

Imagine getting a 3-month supply of the medication you take regularly, brought to you with free standard shipping. That's what you can get if you choose Optum Home Delivery.* And there's always a pharmacist ready to help, too.

*Not all prescriptions are eligible for home delivery. You are not required to use home delivery for your prescriptions. There are other pharmacies in your network.



Pick up at the pharmacy

Show your ID card at any network pharmacy – which can be found by checking the Pharmacy Locator at myuhc.com, on the UnitedHealthcare app or by calling the member phone number on your ID card.

Keep costs in check

Your Prescription Drug List (PDL) – available on myuhc.com – lists the most commonly prescribed medications covered by your plan. Choosing medications in the lower tiers may help you save money. And consider generic medications instead of brand names, which may keep costs down.



Explore pharmacy benefits

Learn how Optum Rx is designed to help make it easier for you to manage and save on medications.

Watch video: Optum Rx (1:46)

Health and wellness benefits powered by care

As part of your health plan benefits, you can sign up for wellness programs and health support services. To learn more about any of the programs below, visit myuhc.com.



24/7 Virtual Visits

Get care, virtually anywhere

With 24/7 Virtual Visits, you can connect to a care provider by phone or video* through myuhc.com or the UnitedHealthcare app. Providers can treat a wide range of nonemergency health conditions – from flu and pinkeye to migraines and more – and may even prescribe medication as needed.*

*Data rates may apply.

*Certain prescriptions may not be available, and other restrictions may apply.



Real Appeal

Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program. It's designed to help you live a healthier life with online coaching, access to online fitness content, tools to track your progress and more.



Behavioral Support

Tap into behavioral health support

Get connected to self-help digital tools, in-person or virtual behavioral health providers and other resources that may help with a variety of concerns, such as stress relief, depression and anxiety, relationship difficulties, grief and loss, medication management, alcohol and drug use, compulsive habits, eating disorders and more.



UnitedHealthcare Rewards

Get in on a new way to earn rewards

What's better than earning rewards for reaching goals? Being able to choose how those rewards are earned. It's all possible with UHC Rewards, which is included in your health plan at no additional cost. Some of the ways you can earn dollars include getting a biometric screening, completing a health survey and tracking sleep or fitness.



Get in on UHC Rewards



Good news—your health plan comes with a way to earn up to \$1,000.
UnitedHealthcare Rewards is included in your health plan at no additional cost.



There's so much good to get

With UHC Rewards, a variety of actions—including things you may already be doing, like tracking your steps or sleep—lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	\$65
Take a health survey	\$25
Get an annual checkup	\$50
Get a biometric screening	\$75

Visit UHC Rewards for the full list of rewardable activities that are available to you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
\$1,000

There are 2 ways to get started



On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning



Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to \$1,000 for completing rewardable activities

Questions?

Call customer service at **1-866-230-2505**

United Healthcare

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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EMPLOYEE BENEFITS COMPLIANCE & NOTIFICATION SHEET

Below is a list of rights and notices that apply to you through your Employee Benefit plan. Please visit your EASE online portal to download details about this important information. You will receive your username and password via e-mail. Paper copies are available upon request from your HR department.

1. ERISA Summary Plan Description
2. Summaries of Benefits and Coverage
3. Section 125 Premium Reduction Plan Explanation of Benefits
4. Medicare Credible Coverage Notice
5. HIPAA Special Enrollment Rights & Preexisting Condition Exclusion Notice
6. Genetic Information Nondiscrimination Act
7. Mental Health Parity & Addiction Equity Act
8. The Newborns' & Mothers' Health Protection Act
9. Women's Health and Cancer Rights Act Notice
10. Uniform Services Employment and Reemployment Rights Act Notice
11. Medicaid & Children's Health Insurance Notice (CHIP)
12. New Health Insurance Marketplace Coverage Options