SHORE UP! INC.

COMMUNITY ACTION

Helping People. Changing Lives.

JULY 1, 2026—JUNE 30, 2027

EMPLOYEE BENEFITS GUIDE

12 MONTH EMPLOYEES

SHORE UP! INC.
Helping People. Changing Lives.

WHAT'S INSIDE:

A MESSAGE TO OUR STAFF:

Dear SHORE UP! Employee,

We know how much work goes into making our company a success, so we ensure that our employees are provided with exceptional benefits including medical, dental, vision, life and disability insurance.

Employees can also benefit from included options such as a Health Savings Account (HSA) and CareFirst CloseKnit.

We make it a priority to keep you and your loved ones covered in the event of unforeseeable circumstances so you can focus on fulfilling your career potential and leading a healthy, well rounded life.

QUESTIONS?

MEET YOUR HEALTH PRO TEAM!

Our goal is to make sure that you receive the right coverage information regarding your benefit plans. Because the world of healthcare and insurance can be confusing and hard to navigate, we are pleased to introduce your Health Pro team who will be able to assist you with all things related to your benefits. We also know that sometimes you have to deal with healthcare issues for your family. Your Health Pro can assist your entire household. This includes spouses, domestic partners, dependents, and parents!

Whenever you need help navigating healthcare, your Health Pro® is there for you – at no additional cost to you and your family.

Freshbenies Health Pro line
877-412-3108
freshbenies@alight.com

AT A GLANCE

HOW YOUR HEALTH PRO CAN HELP YOU

- Resolve claims and billing issues/errors
- Answer benefit questions pertaining to your plans
- Locate in-network facilities, dentists & other healthcare providers near you
- Schedule your appointments
- Research cost and value comparisons for medical services and prescriptions
- Transfer medical records

YOUR HEALTH PRO CONTINUED

TRUSTED GUIDANCE

For comprehensive healthcare navigation, your Health Pro eliminates the healthcare hassle and optimizes the health plan network with high quality, cost-effective care. This high tech, high touch support meets you and your dependents at the right time, wherever you are in your healthcare journey.

Healthcare is complex, and people need help. Here's how your Health Pro simplifies healthcare navigation and lowers healthcare costs for you and your family:

Understand Health Benefits

Explain your benefits plans with unbiased guidance for medical, dental, vision and other health-related benefits.

Highly Rated, Cost-effective Care

Recommend in-network medical, dental, and vision providers are recommended based on cost, quality, and personal preferences.

Get Help with Medical Bills

Provide you an expert to fix problem medical bills. We track down and fix problem bills from any source, so you are not overcharged.

Compare Costs for Care

Get price comparisons before receiving procedures and care. Costs can vary by hundreds or thousands of dollars—even in-network.

Coordinate Care

Help you verify care coverage, schedule appointments, transfer medical records and coordinate care. Let us give you back all the time you've spent on hold only to not get what you needed.

Right Programs at the Right Time

Help you understand and use your health benefits like telemedicine, disease management and EAP—in the moment when you need them.

Drive Lower Cost Rx Options

Compare medication prices and help lower the cost of prescriptions to drive better medication adherence.

Nurse Navigation

Can connect you to a nurse to better understand a new diagnosis or care path.

CARRIER CONTACT INFORMATION

PLAN	CARRIER	GROUP NUMBER	CUSTOMER SERVICE INFORMATION
Medical	CareFirst	2UNJ	Website: www.carefirst.com Member Services Number: 800-537-5963
Health Savings Account	Further	—	Website: www.hellofurther.com Member Services Number: 800-859-2144 (CST)
Dental	Mutual of Omaha	G000CK43	Website: www.mutualofomaha.com/dental-insurance Member Services Number: 866-480-7566
Vision			Website: www.mutualofomaha.com/vision-insurance Member Services Number: 866-480-7566
Basic Life and AD&D			Website: www.mutualofomaha.com Member Services Number: 800-769-7159
Voluntary Life			
Short-Term Disability			Website: www.mutualofomaha.com Member Services Number: 800-877-5176

EMPLOYEE CONTRIBUTIONS

One of the major benefits of employer sponsored coverage is the ability to pay for your employee contributions through payroll deductions. Depending on the product, your deduction could be pre-tax or post-tax (noted below). If you choose to enroll, below are the amounts that will be payroll deducted for the coverages you select. Once you enroll in a pre-tax benefit, you'll need to wait until open enrollment or experience a qualifying event to change your selection. If you have additional questions concerning tax implications, please consult with Human Resources or a tax professional.

12 Month Employee: The amounts are listed on a bi-weekly basis with 26 pay periods per year.

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
BlueChoice Advantage 500	$99.09	$455.82	$183.31	$602.46
BlueChoice Advantage 2000	$69.35	$425.35	$128.30	$562.20
BlueChoice Advantage HSA 1700	$44.02	$332.96	$82.93	$433.65
Dental	$11.67	$23.69	$27.82	$42.32
Vision	$2.87	$5.29	$5.55	$8.31
Employee Life and AD&D	100% Paid by SHORE UP!			
Voluntary Life (post-tax)	100% Employee Paid (see Employee Navigator)			
Short-Term Disability	100% Paid by SHORE UP!			
Employee Assistance Program	100% Paid by SHORE UP!			

ELIGIBILITY AND ENROLLMENT

WHO IS ELIGIBLE

Employees | Full-time employees who work at least 30 hours per week are eligible for benefits on the first of the month following 60 days from the date of hire.

Dependents | Employees may enroll legal spouses and dependent children up to age 26, regardless of student or marital status.

Domestic Partners | A domestic partner is defined as a person who cohabitates or resides with the employee in a domestic partnership, same sex or otherwise, and can document evidence of financial interdependence existing for at least six consecutive months prior to application.

Domestic Partners Benefits | *Employees who wish to apply for domestic partner benefits must complete a statement of domestic partnership.* Please reach out to HR to learn more about our company's domestic partner policy, eligibility/benefit criteria, and documentation requirements.

Domestic Partners Tax Implications | Per IRS regulations, the fair market value of benefits for domestic partners (including coverage for a domestic partner's legal dependent(s)) must be reported as taxable income to the employee. Furthermore, a domestic partner's share of premium is not eligible for pre-taxation. Therefore, employee contribution towards the cost of adding a domestic partner will be deducted on an after-tax basis. We recommend consulting with a tax advisor to better understand the tax implications of your domestic partner benefit election.

WHEN TO ENROLL

First Eligibility | If you are a new hire or newly eligible for benefits, you must enroll in your benefit plans within 30 days of your eligibility date. If you waive coverage upon first eligibility, you will be required to wait until the next open enrollment or when you experience a qualifying event.

Open Enrollment | Employees may make benefit changes during open enrollment, which is in May for a July 1 effective date. Your coverage will be in place until the next open enrollment.

Qualifying Event (QE) | A qualifying event is a documented, life status change. If you experience one of these events during the course of your benefit plan year, you may be able to make changes to your plans and coverage.

HOW TO ENROLL THROUGH EMPLOYEE NAVIGATOR

Online Enrollment | Enrolling in your benefits is quick and easy using the benefits portal through Employee Navigator—available 24/7 during your Open Enrollment or New Hire Enrollment.

Log onto: employeenavigator.com/benefits/Account/login

Returning users may reset their username and password by clicking the "Reset a forgotten password" link.

New users will receive a confirmation email from Employee Navigator prompting them to confirm their information as well as provide a company identifier which will be provided in the initial email sent out.

QUALIFYING EVENTS

Here is a list of approved qualifying events in accordance with IRS code Section 125:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or a child
- Change in residence or work location that affects benefits eligibility for you or your covered dependents
- You or one of your covered dependents gain or lose coverage due to a change in employment status i.e. employment termination or reduction of hours
- Gain or loss of qualified coverage

While this list contains the most relevant qualifying events, check with your Human Resources Department or your Health Pros to see if you may qualify for other enrollment periods. Depending on the type of change, you may need to provide proof of the qualifying event (for example, a marriage license or birth certificate).

If you do not notify Human Resources within 30 days of your QE, you will have to wait until the next annual open enrollment period to make benefit changes.

EMPLOYEE NAVIGATOR

MAKING INITIAL BENEFIT SELECTIONS

1. Update and confirm your personal information as well as your dependent information (if applicable).
2. Use the progress bar on the right hand side of the page to track your progress. Expand to see specifically what is still required to complete. Green indicates a section is complete. Orange indicates an incomplete section.
3. Be sure to specify who you would like to enroll in EACH specific benefit plan. Dependents enrolled in one benefit plan will not automatically be enrolled in another.
4. A brief summary of cost and enrollees will be shown for each benefit.
5. Once a selection has been made, click “Save & Continue” to elect or click “Don’t want this benefit” to waive coverage.

FINALIZING YOUR BENEFITS

Review your enrollments after selections have been made. The Enrollment Summary report breaks down cost per pay period, the effective date and coverage level is broken down per plan (Employee vs. Employee + Spouse).

We recommend printing or saving your election report for your personal records.

Enrollment is not complete until you have signed off at the bottom of the page. Your benefits WILL NOT be submitted to the carriers until you have signed off and approved these benefits.

GENERAL PORTAL KNOWLEDGE

- Any outstanding items will be available using the “Required Tasks” link from your home page.
- Update your password or username at any time by clicking the dropdown menu from your name at the top right from your home page.
- View your benefits at any time by selecting the “Enrollment Summary” shortcut from your home screen.
- Once your enrollment window is over you will be able to request updates to your benefits at any point during the policy year by selecting the “Life Events” shortcut. These requests will be sent for HR review.

MEDICAL

To locate an in-network doctor, visit
www.carefirst.com/doctor

BLUECHOICE ADVANTAGE 500 PLAN HIGHLIGHTS

- In Maryland, DC and Northern Virginia, members have access to the BlueChoice network. In Virginia, members have access to the HealthKeepers network. Outside of these service areas, members have access to the national BlueCard PPO network.
- Members are not required to select a Primary Care Physician (PCP) nor do you need referrals to see specialists.
- Members have the freedom to seek care from any provider. Care from out-of-network providers may result in additional costs.
- When traveling internationally, members have access to the BCBS Global Core program for emergency or urgent care.

BLUECHOICE ADVANTAGE 500 PLAN DETAILS

Below is a snapshot of your benefits.
The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE		
Individual / Family	$500 / $1,000	$1,000 / $2,000
ANNUAL OUT-OF-POCKET LIMIT		
Individual / Family	$4,500 / $9,000	$9,000 / $18,000
PREVENTIVE CARE		
Well Child Care, Adult Physical, Cancer Screenings, Immunizations	No charge	Ded., then No charge
OFFICE VISITS AND CONVENIENCE CARE		
Primary Care Physician (PCP)	$10 copay	Ded., then 30%
Specialist	$20 copay	Ded., then 30%
Convenience Care	$10 copay	Ded., then 30%
CareFirst CloseKnit Virtual Visits	No charge	N/A
DIAGNOSTIC SERVICES		
Labs (LabCorp / Hospital)	$20 copay / Ded., then 10%	Ded., then 30% / Ded., then 30%
X-ray (Non-Hospital / Hospital)	$20 copay / Ded., then 10%	Ded., then 30% / Ded., then 30%
Advanced Imaging	Ded., then 10%	Ded., then 30%
EMERGENCY AND URGENT CARE		
Urgent Care Center	$50 copay	$150 copay
Hospital Emergency Room (waived if admitted)	Ded., then 10%	Ded., then 10%
HOSPITALIZATION		
Inpatient Hospital Facility	Ded., then 10%	Ded., then 30%
Outpatient Facility Services	Ded., then 10%	Ded., then 30%
PRESCRIPTION		
Prescription Deductible	$0	
Preventive Drugs	No charge	
Generic Drugs (34-day supply / 90-day supply)	$15 copay / $30 copay	
Preferred Brand Drugs (34-day supply / 90-day supply)	$35 copay / $70 copay	
Non-Preferred Brand Drugs (34-day supply / 90-day supply)	$60 copay / $120 copay	
Preferred Specialty Drugs (34-day supply)	50% up to $100 max	
Non-Preferred Specialty Drugs (34-day supply)	50% up to $150 max	

MEDICAL

To locate an in-network doctor, visit
www.carefirst.com/doctor

BLUECHOICE ADVANTAGE 2000 PLAN HIGHLIGHTS

- In Maryland, DC and Northern Virginia, members have access to the BlueChoice network. In Virginia, members have access to the HealthKeepers network. Outside of these service areas, members have access to the national BlueCard PPO network.
- Members are not required to select a Primary Care Physician (PCP) nor do you need referrals to see specialists.
- Members have the freedom to seek care from any provider. Care from out-of-network providers may result in additional costs.
- When traveling internationally, members have access to the BCBS Global Core program for emergency or urgent care.

BLUECHOICE ADVANTAGE 2000 PLAN DETAILS

Below is a snapshot of your benefits.
The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE		
Individual / Family	$2,000 / $4,000	$4,000 / $8,000
ANNUAL OUT-OF-POCKET LIMIT		
Individual / Family	$4,500 / $9,000	$9,000 / $18,000
PREVENTIVE CARE		
Well Child Care, Adult Physical, Cancer Screenings, Immunizations	No charge	Ded., then No charge
OFFICE VISITS AND CONVENIENCE CARE		
Primary Care Physician (PCP)	$20 copay	Ded., then 40%
Specialist	$40 copay	Ded., then 40%
Convenience Care	$20 copay	Ded., then 40%
CareFirst CloseKnit Virtual Visits	No charge	N/A
DIAGNOSTIC SERVICES		
Labs	Ded., then 20%	Ded., then 40%
X-ray	Ded., then 20%	Ded., then 40%
Advanced Imaging	Ded., then 20%	Ded., then 40%
EMERGENCY AND URGENT CARE		
Urgent Care Center	$50 copay	$150 copay
Hospital Emergency Room (waived if admitted)	Ded., then 20%	Ded., then 20%
HOSPITALIZATION		
Inpatient Hospital Facility	Ded., then 20%	Ded., then 40%
Outpatient Facility Services	Ded., then 20%	Ded., then 40%
PRESCRIPTION		
Prescription Deductible	$0	
Preventive Drugs	No charge	
Generic Drugs (34-day supply / 90-day supply)	$15 copay / $30 copay	
Preferred Brand Drugs (34-day supply / 90-day supply)	$35 copay / $70 copay	
Non-Preferred Brand Drugs (34-day supply / 90-day supply)	$60 copay / $120 copay	
Preferred Specialty Drugs (34-day supply)	50% up to $100 max	
Non-Preferred Specialty Drugs (34-day supply)	50% up to $150 max	

MEDICAL

To locate an in-network doctor, visit www.carefirst.com/doctor

BLUECHOICE ADVANTAGE HSA 1700 PLAN HIGHLIGHTS

- In Maryland, DC and Northern Virginia, members have access to the BlueChoice network. In Virginia, members have access to the HealthKeepers network. Outside of these service areas, members have access to the national BlueCard PPO network.
- Members are not required to select a Primary Care Physician (PCP) nor do you need referrals to see specialists.
- Members have the freedom to seek care from any provider. Care from out-of-network providers may result in additional costs.
- When traveling internationally, members have access to the BCBS Global Core program for emergency or urgent care.

BLUECHOICE ADVANTAGE HSA 1700 PLAN DETAILS

Below is a snapshot of your benefits.
The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE		
Individual / Family	NEW $1,700 / $3,400	$3,400 / $6,800
ANNUAL OUT-OF-POCKET LIMIT		
Individual / Family	$4,500 / $7,900	$6,550 / $13,100
PREVENTIVE CARE		
Well Child Care, Adult Physical, Cancer Screenings, Immunizations	No charge	Ded., then No charge
OFFICE VISITS AND CONVENIENCE CARE		
Primary Care Physician (PCP)	Ded., then 10%	Ded., then 30%
Specialist	Ded., then 10%	Ded., then 30%
Convenience Care	Ded., then 10%	Ded., then 30%
CareFirst CloseKnit Virtual Visits	Ded., then No charge	N/A
DIAGNOSTIC SERVICES		
Labs	Ded., then 10%	Ded., then 30%
X-ray	Ded., then 10%	Ded., then 30%
Advanced Imaging	Ded., then 10%	Ded., then 30%
EMERGENCY AND URGENT CARE		
Urgent Care Center	Ded., then 10%	Ded., then 30%
Hospital Emergency Room (waived if admitted)	Ded., then 10%	Ded., then 10%
HOSPITALIZATION		
Inpatient Hospital Facility	Ded., then 10%	Ded., then 30%
Outpatient Facility Services	Ded., then 10%	Ded., then 30%
PRESCRIPTION		
Prescription Deductible	Integrated with Medical	
Preventive Drugs	No charge	
Generic Drugs (34-day supply / 90-day supply)	Ded., then $15 / Ded., then $30	
Preferred Brand Drugs (34-day supply / 90-day supply)	Ded., then $35 / Ded., then $70	
Non-Preferred Brand Drugs (34-day supply / 90-day supply)	Ded., then $60 / Ded., then $120	
Preferred Specialty Drugs (34-day supply)	Ded., then 50% up to $100 max	
Non-Preferred Specialty Drugs (34-day supply)	Ded., then 50% up to $150 max	

HEALTH SAVINGS ACCOUNT (HSA)

HSA DETAILS

All eligible employees who participate in the **CareFirst BlueChoice Advantage HSA 1700 plan** have the option to enroll in a Health Savings Account (HSA) through Further. A HSA is an account that you can put money into and save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment.

CONTRIBUTING TO YOUR HSA

Contributions to your HSA can be made by you, your employer, or both. However, the total contributions are limited annually. Contributions may be made through a pre-tax salary reduction or, if made after-tax, you can deduct the contributions when completing your federal income tax return.

The contribution limits for the year 2026:

Employee Coverage $4,400
Family Coverage $8,750

Individuals age 55 and older can also make additional "catch-up" contributions. The maximum annual catch-up contribution is $1,000.

Unlike Flexible Spending Accounts, HSAs can roll over any unused funds year after year. There is no "use it or lose it" rule or lifetime maximum. The only stipulation is that you may not contribute more than the set IRS Contribution amount for that tax year.

USING YOUR HSA

You can use the money in your HSA account to pay for any "qualified medical expense" permitted under federal law.

Examples of eligible HSA expenses are:

- Medical deductibles
- Copays or coinsurance
- Dental
- Vision
- Prescription drugs
- Orthodontic
- Limited over-the-counter items

Other uses include COBRA or State Continuation premiums, qualified long-term care insurance, Medicare premiums and related expenses.

You can use the money in your account to pay for medical expenses for yourself, your spouse and your dependent children. You may use HSA funds for your dependents' expenses even if they are not enrolled in a Qualified High Deductible Health Plan (QHDHP).

ADVANTAGES OF HSA

Health Savings Accounts provide triple tax savings:

(1) tax deductions when you contribute to your account
(2) tax-free earnings through investment
(3) tax-free withdrawals for qualified medical expenses

Accounts are employee-owned and completely portable regardless of whether you change jobs, change medical coverage or move to another state.

FURTHER℠
by HealthEquity

For more information:


www.hellofurther.com


800-859-2144

CAREFIRST MEMBER BENEFITS

MY ACCOUNT

My account is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips.

Go to carefirst.com/myaccount or download the CareFirst Mobile app from your favorite app store.

YOUR PLAN INFORMATION

- Check the status of claims, remaining deductibles and out-of-pocket totals
- Review your Explanation of Benefits (EOBs)
- View copays and identity other expenses for which you may be responsible
- View, order or print your member ID card
- Confirm if a referral or preauthorization is required for a specific service

SUPPORT FOR A HEALTHIER YOU

- Access Closeknit, CareFirst's Behavioral Health Digital Resource and CareFirst WellBeing directly from your member portal
- Blue365 which is an exciting program that offers exclusive health and wellness deals. Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more. www.blue365deals.com

YOUR DOCUMENTS

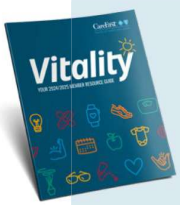
- Download forms for claim submissions, drug requests, authorizations and more

DOCTORS, SPECIALISTS AND HEALTHCARE FACILITIES (FIND A DOCTOR TOOL)

- Choose or change your primary care provider (PCP) as applicable
- Find and select in-network:
    - Doctors, specialists, dentists and behavioral health providers
    - Hospitals, urgent care centers, labs and imaging facilities
- Locate nearby pharmacies or access the Mail Order Pharmacy
    - Read and write reviews or providers and facilities

SAVINGS TOOLS

- Calculate costs for treatments and services - based on your plan's benefit - with our Treatment Cost Estimator tool
- Compare hospitals to determine which is best for the care you need with our Provider Comparison tools
- Research drug and pharmacy information with our Drug Pricing tool



Vitality—your Member Resource Guide

Vitality brings together important information about your plan in one place. Get helpful tips about online resources, accessing care, prescription medications and coverage to make the most of your CareFirst plan. Downloadable digital versions are available in English, Spanish and Mandarin at carefirst.com/vitality.

CAREFIRST MEMBER BENEFITS

CAREFIRST WELLBEING

CareFirst WellBeing is your personalized digital connection that offers motivating resources accessible anytime, plus specialized programs for extra support—at no cost to you.

DIGITAL RESOURCES TO KEEP YOU MOTIVATED

Your health and well-being is not a single statistic or one-and-done goal. It's a product of everything in your daily life—family, friends, relationships, responsibilities, stressors, habits and more.

CareFirst WellBeing is here to help you navigate it all.

Our web- and app-based platform connects you to resources and programs designed to support your overall well-being—physical, emotional, social and financial.

CareFirst WellBeing | GET IT ON Google Play | Download on the App Store

To get started, download the CareFirst WellBeing app from your favorite app store.

RealAge®: Age is nothing but a number. But your RealAge can tell you a whole lot about your overall health. Take the assessment to learn your body's RealAge and steps you can take to a healthier life.

Challenges: Stay motivated by joining a challenge to make achieving your health goals more entertaining.

Trackers: Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.

A personalized health timeline: Receive content based on your health and well-being goals, along with your motivation and interests.

Meditation, relaxation and more: Break free from stress with mindfulness tools, unwind at the end of the day or ease into a restful sleep with meditation, streaming music and videos—explore your options through CareFirst WellBeing and begin recharging yourself for better health.

WEIGHT MANAGEMENT AND DIABETES PREVENTION

CareFirst | NOOM

Noom's psychology-based approach to behavior change has helped millions take control of their physical health. Available through your CareFirst BlueCross BlueShield (CareFirst) wellness program, Noom can help improve population health and lower healthcare costs. It also helps support healthier weight goals and reduce the risk of developing type 2 diabetes by offering:

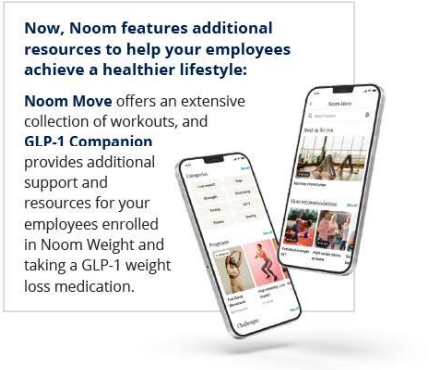
- Techniques that teach the "why" behind their habits and how to change them
- Daily lessons tailored to each person's goals
- One-on-one support with a Noom coach specially trained in diabetes to help improve outcomes
- Peer support and group interaction

NOOM WEIGHT

Using evidence-based techniques to empower behavior change, Noom Weight's personalized, mind-first approach combines technology and human support to create healthier daily habits that lead to lasting results.

NOOM DIABETES PREVENTION PROGRAM (DPP)

Tailored to support employees identified as "at-risk" for diabetes, Noom DPP is the first CDC recognized digital diabetes prevention lifestyle change program.



CAREFIRST MEMBER BENEFITS

BLUE365 WELLNESS DISCOUNT PROGRAM

Get great deals on premier items from national and local retailers. With the Blue365 wellness discount program, great deals are yours for every aspect of your life—like discounted nutrition products or a gym membership for only $28 a month.

To take advantage of Blue365, register now at www.blue365deals.com. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your CareFirst member ID card handy. If you have medical coverage, use your member ID number to register for Blue365. If you do not have CareFirst medical coverage, but instead only have wellness, vision, dental or disability benefits, enter 233 instead of a member ID number.

BLUECROSS BLUESHIELD GLOBAL CORE®

Just like your passport, you should always carry your CareFirst member ID card when traveling outside the United States. Our Global Core program—included in every CareFirst plan—ensures you can get medical assistance services and access to providers, hospitals and other healthcare professionals in nearly 200 countries. The process is the same as if you were in the United States, with the following exceptions:

- In most cases, you shouldn't have to pay upfront for inpatient care at Global Core hospitals; the hospital should submit your claim. You are responsible for the usual out-of-pocket expenses.
- At non-Global Core hospitals, you pay the provider or hospital for inpatient care, outpatient hospital care and other medical services. To be reimbursed, you'll need to complete an international claim form and send it to the Global Core Service Center. The claim form is available online at bcbsglobalcore.com.
- To find a BlueCard provider outside the United States, visit bcbs.com, select Find a Doctor.

Medical assistance when outside the United States

Call 800-810-BLUE (2583) for information on doctors, hospitals and other healthcare professionals or to receive medical assistance services. A medical assistance vendor, in conjunction with a medical professional, will make an appointment with a provider or arrange hospitalization if necessary.

Blue Cross Blue Shield Global Core mobile app

With the Global Core mobile app, you have help in the palm of your hand and convenient access to doctors, hospitals and resources worldwide. At a glance, you can find doctors, translate medical terms and access local emergency information. To learn more, visit bcbsglobalcore.com/Home/MobileApp.

BlueCross BlueShield Global | Core

CAREFIRST MEMBER BENEFITS

BLUEREWARDS

Blue Rewards lets you earn incentives for completing simple, healthy activities that support your well-being. You and your spouse or domestic partner can earn rewards that load onto a CareFirst Blue Rewards Visa® card, which you can use for eligible healthcare or over-the-counter expenses.

How you can use your rewards depends on your specific health plan, but your card will continue to update as you earn more incentives throughout the year.

CONNECTING INCENTIVES TO ACTION

Blue Rewards connects you to CareFirst WellBeing resources, support and programs. Available anytime, anywhere, the program's highly personalized digital experience can help them live a healthier life. Once your employees take the RealAge® health assessment—one of the incentivized activities—they start to receive tailored recommendations and resources.

HOW IT WORKS

Blue Rewards helps employees become more aware of their health status and take steps toward improving it. Participants can choose which activities they want to complete and rewards will be earned for accomplishing one, all or any of the following activities:

INCENTIVE TYPE

When you earn rewards for the first time, you'll receive a CareFirst Blue Rewards Visa® medical expense debit card. Your rewards load directly onto this card and can be used for eligible medical and over-the-counter items such as pain relievers, prenatal vitamins, first-aid supplies and more. You can also use the card for deductibles, copays or coinsurance, based on your plan's requirements.

Rewards may be used through the end of the benefit period, plus an additional 90 days for reimbursement of eligible expenses from that period. If you have CareFirst vision or dental benefits, you can choose to use the card only for eligible vision or dental expenses before meeting your deductible.

Start earning your rewards today. Download the CareFirst WellBeing app or visit carefirst.com/wellbeing to log in or register for your account.

CAREFIRST VIRTUAL URGENT AND PRIMARY CARE

CloseKnit is our leading virtual-first care practice, offering high-quality, personalized care via your desktop or the CloseKnit mobile app. With CloseKnit, you can access a wider variety of care services available in all 50 states and Washington D.C., including:

PRIMARY CARE

Full-service primary care from a dedicated Care Team.

(For adults age 18+)

- Preventive care and support for chronic conditions
- 24/7/365 access to live chat with your dedicated Care Team
- Convenient appointments, including nights and weekends

URGENT CARE

Average wait time is 30 minutes or less.

(For adults and children age 2+)

- Great for common illnesses and minor injuries
- 24/7/365 access to providers—no appointments necessary

BEHAVIORAL HEALTH SERVICES

Expert help from licensed therapists and psychiatrists.

(For adults and children ages 2+)

- Short- and long-term therapy and medication management
- Appointments built around your schedule

NEW PARENT SUPPORT

Lactation services and support for new parents and nursing mothers.

- Prenatal risk assessments
- Postnatal feeding education and weaning programs
- Appointments built around your schedule

NUTRITION SERVICES

Guidance and support for healthy eating, weight loss and more.

- Great for getting support to help you meet your goal(s)
- Work with experienced, registered dietitian nutritionist

$0 Primary care and $0 mental health virtual visits through CloseKnit, after deductible.

Learn more and register at closeknit.com.

DENTAL

To locate an in-network doctor, visit
www.mutualofomaha.com/dental-insurance

MUTUAL OF OMAHA DENTAL PLAN HIGHLIGHTS

- You have access to one of the nation's largest networks with over 200,000 participating dentists and specialist nationwide.
- You have the freedom to choose any dentist. However, in-network providers will offer the deepest discounts.
- There are no claims to file when seeing in-network dentists.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.
- When seeing out-of-network dentists, you may incur additional costs subject to balance billing.

MUTUAL OF OMAHA DENTAL PLAN DETAILS

Below is a snapshot of your benefits.
The benefit summary from the carrier will always prevail.

When seeing non-participating dentists, watch out for balance billing!

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE Individual / Family *(per plan year)*	$50 / $150	
ANNUAL MAXIMUM *Maximum amount the plan will pay per year*	Plan pays $1,000 maximum	
CLASS I—DIAGNOSTIC/PREVENTIVE SERVICES Cleanings, Oral Exams, Fluoride Treatments**, X-rays, Sealants, Space Maintainers	Plan pays 100% of AB*	Plan pays 100% of AB*
CLASS II—BASIC SERVICES/MAJOR SURGICAL Fillings, Simple and Surgical Extractions, Periodontics, Endodontics, Oral Surgery, General Anesthesia, Palliative Treatment	Ded., then plan pays 80% of AB*	Ded., then plan pays 80% of AB*
CLASS III— MAJOR SERVICES/RESTORATIVE Inlays, Onlays, Crowns, Prosthetics (bridges and dentures)	Ded., then plan pays 50% of AB*	Ded., then plan pays 50% of AB*
CLASS IV— ORTHODONTIC SERVICES Orthodontic Lifetime Maximum	Plan pays $1,000 maximum	
Available for covered members who meet treatment criteria (for children up to age 26)	Plan pays 50% of AB*	Plan pays 50% of AB*

**AB is Allowed Benefit*
***Fluoride Treatments available for children up to age 19*

When contacting a dental provider, be sure to ask about participation in the leased network associated with your plan—not just Mutual of Omaha. Some dental offices may not recognize the Mutual of Omaha name directly, so referencing the leased network will help confirm whether your provider is considered in-network and ensure you receive the highest level of benefits available.

DENTAL (continued)

As a Mutual of Omaha dental member, you can benefit from the Dental Maximum Rollover. See below for more details.

MUTUAL OF OMAHA'S DENTAL MAXIMUM ROLLOVER

The Rollover Benefit provision allows you and your dependents to save your dental benefit dollars for when you need them most. With this provision, Mutual of Omaha will roll over a percentage of the Policy Year Maximum Benefit for each insured person in a given calendar year, increasing the following Policy Year maximum for that insured person (subject to certain conditions). Rollover calculations are determined based on In-Network provisions.

PLAN ANNUAL MAXIMUM	THRESHOLD	MAXIMUM ROLLOVER AMOUNT	MAXIMUM ROLLOVER ACCOUNT LIMIT
$1,000	$500	$250	$1,000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Plan Annual Maximum plus Maximum Rollover cannot exceed $2,000 for the Plan

- Employees who have at least one cleaning and exam in a policy year but spend less than 50% of the policy year maximum benefit, can enjoy a higher max benefit amount in future years
- Employees can roll over 25% of the policy year maximum benefit dollars to the next year
- A higher max in future years makes the plan more valuable to keep in place
- Adjusted annual maximum can grow up to 2x the policy year maximum benefit
- Employees can track available max dollars through mutualofomaha.com/dental

Rollover benefit is administered automatically for all enrolled members.

VISION

To locate an in-network doctor, visit
www.mutualofomaha.com/vision-insurance

MUTUAL OF OMAHA VISION PLAN HIGHLIGHTS

- Vision services are administered through the EyeMed national network of providers.
- You have the freedom to choose any provider, however, as a Mutual of Omaha member, you'll receive the deepest discounts in-network.
- There are no claims to file when seeing in-network providers.
- When seeing out-of-network providers you may incur additional costs subject to balance billing.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.

MUTUAL OF OMAHA VISION PLAN DETAILS

Below is a snapshot of your benefits.
The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK YOU PAY	OUT-OF-NETWORK REIMBURSEMENT
EYE EXAM		
Once every 12 months	$10 copay	Plan pays $37
EYEGLASS FRAMES		
Once every 24 months	$0 copay, Plan pays up to $130 + 20%	Plan pays $58
EYEGLASS LENSES		
Once every 12 months		
Single	$25 copay	Plan pays $20
Bifocal	$25 copay	Plan pays $36
Trifocal	$25 copay	Plan pays $64
Lenticular	$25 copay	Plan pays $64
LENS OPTIONS		
Progressives (Tier 1)	$85 copay	Plan pays $36
Anti-Reflective	$45 copay	N/A
Photochromic– Transitions	$75 copay	N/A
Scratch Resistant Coating	$0 copay	Plan pays $12
Polycarbonate	$40 copay	N/A
CONTACT LENSES		
Once every 12 months		
Elective—Conventional	$0 copay, Plan pays $130 + 15%	Plan pays $89
Elective—Disposable	$0 copay, Plan pays $130	Plan pays $104
Medically Necessary	No copay	Plan pays $210
LASER VISION CORRECTION	Up to 15% of AB* or 5% off any advertised special	
ADDITIONAL PAIR OF GLASSES OR CONTACTS	40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses	

**AB is Allowed Benefit*

LIFE AND AD&D INSURANCE

SHORE UP! recognizes the importance of planning for the unexpected. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech or use of your limbs due to an accident.

EMPLOYEE BASIC LIFE AND AD&D

SHORE UP! provides you with Basic Term Life and AD&D insurance at a flat $50,000 through **Mutual of Omaha** at no cost to you.

Employee benefits are reduced to 50% at age 75. Benefits terminate upon your retirement or when your employment ends.

You have one option for continuing your life coverage if you leave the company:

- **Conversion** allows you to convert the coverage to an individual policy if any or all of your life insurance ends while you are insured under the group plan.

VOLUNTARY LIFE INSURANCE

Voluntary Life Insurance provides employees with a way to purchase additional life insurance outside of what SHORE UP! provides already to you by way of Basic Life. You may purchase additional life insurance amounts through a convenient payroll deduction. Coverage is provided by **Mutual of Omaha**.

Employee Coverage | You may elect up to 5x your annual salary, up to $500,000. Medical underwriting is required for an election above $100,000 at your first eligibility and for any amount afterwards should you waive at your first eligibility.

Spouse Coverage | You may elect 100% of your employee amount, up to $250,000 for your spouse. Medical underwriting is required for an election above $20,000 at your spouse's first eligibility and for any amount afterwards should waive for your spouse at first eligibility.

Child(ren) Coverage | You may elect 100% of your employee amount, up to $10,000 for your children. One election will cover all children up to 26 years of age. Medical underwriting is not required.

You can continue your voluntary life insurance should your employment end.

- Portability will allow you to keep your term life policy for you and your dependents without providing evidence of insurability. You will be responsible for paying the premium.
- Conversion will allow you to convert your term policy to an individual life insurance policy without having to provide evidence of insurability. You will be responsible for paying the premium.

IMPORTANT NOTE ABOUT EVIDENCE OF INSURABILITY (EOI)

If you do not elect Employee or Spousal Supplemental Life Insurance when you are first eligible, any amount elected later may be subject to EOI. For new hires, EOI will be required if you elect an amount over $100,000 for yourself or $20,000 for your spouse. EOI is not required for child life coverage.

DISABILITY INSURANCE

SHORE UP! understands that there may be times of illness or injury that prevent you from working for a period of time. In fact, statistics show that 1 out of every 4 persons in the U.S. workforce will suffer a disabling injury before retirement. Disability insurance provides financial protection in the event that you become disabled and are unable to work.

SHORT-TERM DISABILITY (STD)

Short-term disabilities are often the most prevalent in the workplace. Disabilities can stem from minor injuries or illnesses to major instances like surgery or maternity. Once you have been disabled for 7 days due to an accident or 7 days due to an illness, your STD plan pays 60% of your weekly base salary up to a maximum of $700 per week, for up to 12 weeks.

Eligible employees will be enrolled in STD Insurance at no cost. Coverage is offered through **Mutual of Omaha**.

BENEFIT	SHORT-TERM DISABILITY
Elimination Period	7 days accident / 7 days illness
Benefit Percentage	60%
Max Benefit Amount	$700 per week
Benefit Duration	12 weeks

MUTUAL OF OMAHA ADD ONS

WILL PREP SERVICES

Will Preparation Services, powered by Epoq, Inc., offers a secure account space that allows you to prepare a will and other legal documents.

Services include:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works—life insurance clients simply:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer simple questions related to your estate
- Download, print and share any document instantly
- Make the document legally binding—clients should check with their state for requirements

This services is provided by Epoq, Inc. To get started, simply visit: https://willprep.clientsecured.com/willprep/

HEARING DISCOUNT SERVICE

Mutual of Omaha has partnered with Amplifon USA to provide participants with discount hearing products, hearing aids and batteries. Amplifon works with leading national brands including Phonak, ReSound, Starkey, Siemens and more. Members can take advantage of price guarantees, significant savings and free batteries.

There are no enrollment fees and access to the hearing program is completely free. To start, simple follow the steps below:

1. Call Amplifon at **1-888-534-1747**. Amplifon's Patient Care Advocate will help you find a hearing care provider near you.
2. The Patient Care Advocate will explain the details of the Amplifon program, help identify a local hearing care provider and assist you with making an appointment.
3. Amplifon will send you and your provider all the necessary information to activate your program.

For additional information or to sign up, please visit:

www.amplifonusa.com/mutualofomaha

TRAVEL ASSISTANCE

Travel Assistance can help you, your spouse and dependent children avoid unexpected bumps in the road from 100 miles away from your home to anywhere in the world. Take comfort in knowing that Travel Assistance provided by AXA Assistance USA travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

IDENTITY THEFT

- Comprehensive ID theft assistance guide
- Recovery information regarding the steps to recover from credit card, check, fraud or personal information that's been compromised

PRE-TRIP ASSISTANCE

- Information regarding passport visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Daily foreign currency exchange rates

MEDICAL ASSISTANCE

- Locating medical providers and referrals
- Emergency evacuation if adequate medical facilities are not available, including payment of covered services
- Communication on your medical status with family, physicians, employer, travel company and consulate

EMERGENCY TRAVEL SUPPORT SERVICES

- Telephonic translations and interpreter services 24/7
- Baggage– assistance with lost, stolen, or delayed baggage
- Emergency payment and cash—assistance with advance funds for medical expenses or other travel emergencies
- Document replacement—coordination of credit card, airline ticket or other documentation replacement

Services are available for business and personal travel 24 hours a day, seven days a week. For inquiries, please call below:

Within the US **1-800-856-9947**
Outside the US **312-935-3658**

EMPLOYEE ASSISTANCE PROGRAM

FEATURES	VALUE TO COMPANY AND EMPLOYEES
Employee Family Clinical Services	• An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments • Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters • Access to subject matter experts in the field of EAP service delivery
Counseling Options	• Three sessions per year (per issue) conducted by face-to-face counseling or telehealth (text, chat, phone, or video) via a secure, HIPAA compliant portal
Exclusive Provider Network	• National network of more than 10,000 licensed clinical providers for face-to-face counseling • National network of more than 30,000 licensed clinical providers for telehealth counseling • Network continually expanding to meet customer needs • Flexibility to meet individual client/member needs
Access	• 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests • EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	• Valuable resources available via website ◦ Legal libraries & tools ◦ Legal forms ◦ 25% discount for ongoing legal services for same issue • 1 Legal consultation with an attorney per year (up to 30 minutes)
Employee Family Financial Services	• Inclusive financial platform powered by Enrich • Personal financial assessment tool • Personalized courses, articles & resource to meet financial needs • Ongoing progress reports on financial health • A counseling session may be substituted for one financial consultation (up to 30minutes) with an attorney
Employee Family Work/Life Services	• Child care resources and referrals • Elder care resources and referrals
Online Services	• An inclusive website with resources and links for additional assistance, including: ◦ Current events and resources ◦ Family and relationships ◦ Emotional well-being ◦ Financial wellness ◦ Substance abuse and addiction ◦ Legal assistance ◦ Physical well-being ◦ Work and career • Bilingual article library
Employee Communication	• All materials available in English and Spanish
Eligibility	• Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	• EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Visit www.mutualofomaha.com/eap

Call 800-316-2796

URONE BENEFITS

MEDICARE SOLUTIONS

Medicare is the health insurance program run by the federal government. It is available to those 65 and older, those under 65 with certain disabilities, and those with end-stage renal disease.

Choosing the right Medicare Coverage is an important because everyone has different needs and budgets. Our Medicare enrollment specialists will help you assemble the Medicare plan that meets all your personal needs. This professional service is free.

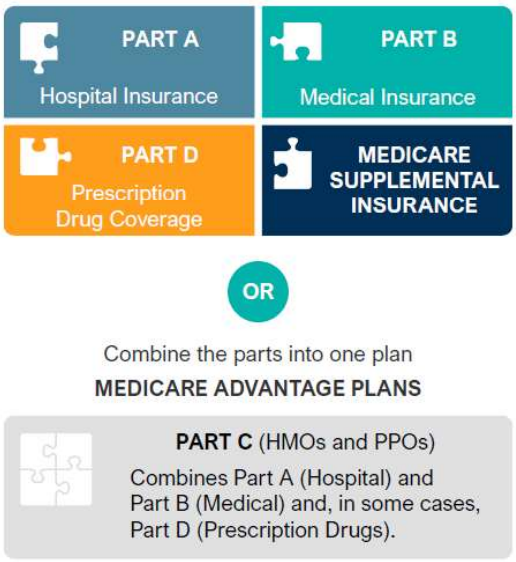
COBRA OPTIONS

Individuals who are currently or will soon be eligible for COBRA because of loss of employment or a landscape of insurance providers, plans and costs.

We provide individuals and families the opportunity to work with a personal consultant to evaluate eligibility for governmental subsidies which may drastically decrease the cost of insurance.

SERVICES

- Medicare Solutions for Individuals
  - Medicare Enrollment
  - Medicare Advantage
  - Customized and Personalized Attention
- Family and Individual Health Insurance
  - ACA (Affordable Care Act)
  - Short Term Insurance
- Dental
- Vision
- Pet Insurance
- Life Insurance
- GeoBlue Travel Insurance



UNDERSTANDING YOUR MEDICARE BENEFITS

Employees who are over the age of 63 may already be receiving information about the Medicare open enrollment period starting in July. We want you to know that you have resources on the details associated with Medicare.

Our goal is to educate employees approaching age 65 and older that Medicare might be a preferred or less costly option as they make decisions regarding their personal insurance.

This free service gives the employees a one-on-one consultation to review Medicare fully licensed with the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS), which work closely with our team on your employee benefit program.

URONE™ BENEFITS

For more information:

1-800-722-7331

NMiklos@UROneBenefits.com

UROneBenefits.com

SOFI

ABOUT SOFI

SoFi is a new kind of finance company taking a radical approach to lending and wealth management. SoFi offers a unique employee benefit—student loan refinancing—as a crucial way to build financial wellness at your company. With student loan debt for undergrads getting closer to six-figures for many graduate student loans, more employees than ever are looking to their employers for solutions to help them reduce their debt.

STUDENT LOAN REFINANCING

This program can help you save on your student loans. With low rates and no fees, SoFi can refinance student loans and save you money. Our members save $316 per month on average. Plus they get access to great perks, like career strategy services and local member events.

- Special interest rate for employees
- Quick setup and enrollment, with comprehensive educational resources
- No cost for you
- No integration needed

THREE EASY STEPS

If you have questions, our friendly customer support team is standing by to help you through the process seven days a week.

1 **ONLINE PRE-APPROVAL**

Our quick pre-approval process lets you know if you qualify before you complete the full application.

2 **SELECT A LOAN**

Compare the plans available to you with specific payments, rates and terms.

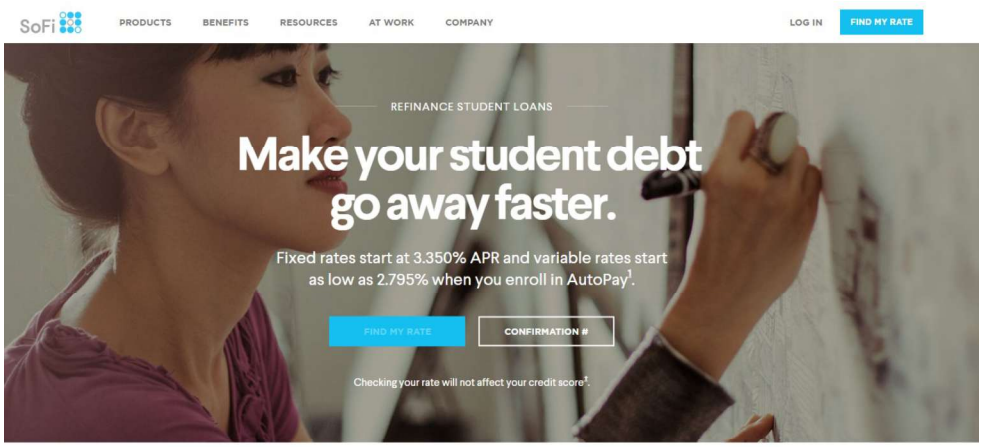
3 **UPLOAD & SIGN**

Easily upload documents via screenshots or smartphone photos, then sign your paperwork electronically.

GET STARTED BY CHECKING YOUR RATES TODAY

Apply using this link and get a 0.125% discount when you refinance.

Visit www.sofi.com/ebsmd



BENEFITHUB

BENEFITHUB

Welcome to your Discount Marketplace! BenefitHub is a web portal where you can enjoy discounts, cash back rewards and perks on thousands of the brands you love in a variety of categories!

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Insurance
- Sports & Outdoors

BenefitHub

IT'S EASY TO ACCESS AND START SAVING!

If you have questions, BenefitHub's friendly customer support team is standing by to help you through the process!

1 **VISIT THE UNIQUE URL**

ebsmd.benefithub.com

2 **CLICK ON ANY OFFER**

With 21 categories, 100+ subcategories, and a powerful search engine, it's simple to find what you're looking for!

3 **COMPLETE REGISTRATION**

Whether it's discounts on everyday items or health and financial wellness, everything needed to help facilitate a healthy work-life balance is available on BenefitHub!

FREQUENTLY ASKED QUESTIONS

WHAT IS A "COPAYMENT [COPAY]"?

A **Copayment** is a fixed dollar amount (for example, $15) that you must pay for certain covered benefits. Your copay is due at the time of service. If you have a plan that includes copays, your copay amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT IS A "DEDUCTIBLE"?

A **Deductible** is a **fixed dollar amount** that you pay for your covered benefits that have a coinsurance cost share before your health insurance begins to pay. For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible. **NOTE**: Not all health care costs that you pay will count towards your deductible. Your Summary of Benefits & Coverage will include these details.

WHAT IS "COINSURANCE"?

Coinsurance is your share of the costs of a covered health care service. It is calculated as a percent (for example, 20%) of the allowed amount for the service. **Coinsurance** only takes effect once you have **met your deductible**. For example, if the health insurance plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. Your health insurance pays the rest of the allowed amount. If you have a plan that includes coinsurance, your coinsurance amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT ARE "COVERED BENEFITS"?

Covered Benefits are the products and services that you are **eligible** to receive or obtain payment for under your health plan. Treatment for medical emergencies or accidental injuries are also included in your covered benefits.

WHAT IS AN "ALLOWABLE AMOUNT"?

An **Allowable Amount** is the negotiated amount paid to providers for the services covered by the medical carrier. This is the maximum amount on which payment is based for covered health care services. It is typically a **discounted cost** rather than the actual (billed) amount.

WHAT ARE "OUT OF POCKET COSTS"?

Out-of-pocket costs are any **expenses** for medical care that are **not reimbursed** by your insurance. These include deductibles, coinsurance, and copayments. Your premium is not considered an out-of-pocket cost.

Your out-of-pocket costs vary depending on the actual care you receive. An example of an out-of-pocket cost is what you pay when you visit a doctor or get a prescription filled. Copays, deductibles and coinsurance are all out-of-pocket costs because you pay them **out of your own pocket**.

Medical plans have a maximum out-of-pocket amount that limits the amount you have to pay for your covered benefits each calendar year. **Once you reach the out of pocket maximum, your plan will pay for all additional non-excluded services and you will not have to pay for any services.**

WHAT IS A "PREMIUM"?

A **premium** is the amount that you pay each month for your health insurance coverage. Your premium stays the same whether or not you see a doctor. If you are a member in an individual plan, you may pay your premium payments through the Member Portal. If you are in a group plan, your employer pays your insurance premium through a combination of employer contributions and employee deductions.

Notes

Notes

Notes

This guide describes the benefit plans available to you as an employee of SHORE UP!. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your summary plan description. If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation.

EBS OF RCM&D

EMPLOYEE BENEFIT SERVICES