Employee Benefits Overview

2026

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Where connections make a **difference.**

This Benefits Overview summarizes your available benefits. Please take time to educate yourself about the options and choose the best coverage for you and your family.

The following details In-Network benefits only. See plan documents for out-of-network benefit details.

Eligibility

Full time employees (30 hours per week) and their dependents are eligible the first of month on or following 60 days of employment. Eligible dependents are spouse and children to age 26 unless otherwise noted.

Premiums

- All Premiums Include Health, Dental and Vision Insurance.
- Weekly Premium Deductions Per Paycheck - 52 Pay Periods per Year (pre-tax).
- New hires are not eligible for "Wellness Incentive Rates." Requires completion of biometric screening which is held July and August each year. Wellness Incentive rates will be adjusted each January 1.

	Wellness Incentive Eligible Rates		Standard Insurance Rates	
Plan Options:	**Employee Only**	**Family**	**Employee Only**	**Family**
Health Partners **Traditional Plan** (1)	$69.00 per week	$221.50 per week	$88.50 per week	$285.00 per week
Health Partners **High Deductible Plan** (2)	$37.00 per week	$105.00 per week	$47.50 per week	$140.00 per week
Health Savings Account Contribution Minimum H.S.A. Contribution Required	$20 - $84 per week	$50 - $168 per week	$20 - $84 per week	$50 - $168 per week

When you select the Qualified HDHP (High Deductible Health Plan) offered through Schuster, you are required to **contribute a minimum of $20 for single coverage or $50 for family coverage per week to a Health Savings Account (HSA).**

If you enroll in Employee Only Medical, you will automatically be enrolled in Employee Only Dental + Vision. If you enroll yourself and one or more dependents, you will automatically be enrolled in that exact same level of coverage for Dental + Vision.

If you decline Medical insurance, you have the option of purchasing Dental + Vision coverage and are required to enroll in both coverages at the same coverage tier. If you enroll in Medical, you may add dependents not covered by Medical to the Dental + Vision coverage, but those same dependents must be added to both Dental + Vision.

Dental / Vision Only		
Employee	**Family**	**Employee Only Health, Family Dental/Vision**
$6.07 per week	$16.11 per week	$10.04 per week

Enrollment Process

Initial Enrollment for New Employees

Schuster's HR team will assist in scheduling a *required* Benefit Call with an Enrollment Counselor at SMBO who will explain all benefits and help you enroll in benefits over the phone. All employees are required to complete this benefit call, even if they are planning on waiving insurance. It is important you complete this call and your benefit elections timely. If you fail to complete your benefit call by the required date, you will WAIVE your rights of coverage for yourself and any dependents.

Open Enrollment for Existing Employees

Open enrollment is a short time each year when you can update your benefits. Elections you make during open enrollment will become effective on January 1 of each year and will stay in place for the year unless you experience a qualifying event. If you have questions about any of the benefits mentioned in this overview, please reach out to HR.

Our Open Enrollment is active each year and is completed through a call with SMBO where they complete your elections electronically. You also have the option to complete elections yourself during the Open Enrollment period at https://guardian.benselect.com/Enroll. You will receive Open Enrollment communication prior to the start of Open Enrollment each fall.

If you wish to make enrollment changes, you must complete an enrollment call with SMBO prior to the Open Enrollment Close date. Changes received after that date may not be accepted. If no election communication is received, your current elections will continue into the next plan year.

Enroll Over The Phone

Enrolling is easy.

1. Review the benefit material.
2. When ready, phone the Benefits Call Center to enroll.
3. If possible, be in front of a computer or smart device when calling.
4. Our representative will then enroll you over the phone.

877-282-0808

Monday-Friday 7:00am-5:00pm CST

Enroll Online

1. Go to *https://guardian.beneselect.com/Enroll*
2. Use the Login Example below for assistance.

Enrollment Software Log In Example:

Name: **John Smith** | Social: **555-55-5874**

Employee ID#:

smit5874 (First four of last name + last four of social)

Personal ID Number (PIN):

js5874 (First letter of first & last name + last four of social)

If you have questions, reach out to Tasha Vore at tvore@schusterco.com or Mark McCarty at mmccarty@schusterco.com for guidance.

If you experience a qualifying event and wish to make benefit changes, it is the employee's responsibility to request the enrollment change within 30 days of the qualifying event.

The following details In-Network benefits only. See plan documents for out-of-network benefit details.

Dental | Ameritas

The dental plan allows you to see any dentist; however, you will get the best value and pay the least out-of-pocket expenses if you utilize an Ameritas Preferred Provider dentist. Out-of-network providers can balance bill you for any charges that exceed UC&R (Usual, Customary & Reasonable).

This dental plan uses the **Ameritas Classic (PPO) & Plus** Network which can be searched at www.ameritas.com.

Services	In-Network
Preventive Services - Exams, cleanings, Bitewing X-rays (2 per benefit period) - Deductible waived for Preventive - Calendar Year Maximum does not apply	80%
Calendar Year Deductible - Preventive - Basic & Major Services - Orthodontia	 $0 $50 Individual / $150 Family $0
Basic Services - Simple Extractions, Surgical Extractions, Amalgam and Composite Fillings, Endodontics, Periodontics	80%
Major Services - 6 month waiting period before coverage for Major services begins - Crowns (1 in 5 years per tooth); Bridges, Dentures (1 in 5 years)	50%
Calendar Year Maximum per person (applies to Basic & Major)	$1,250
Orthodontia Services (for Children under age 19) - Lifetime maximum per child covered	50% $1,000
Out-of-Network Reimbursement	90^{th} Percentile

Vision | Ameritas (VSP Signature Network)

Schuster offers a voluntary vision plan through Ameritas Group. This plan brings you access to one of the nation's largest vision networks – VSP. You can see any vision provider; but choose from the VSP Signature Network and receive additional savings.

This vision plan uses the **VSP Signature** Network which can be searched at www.vsp.com.

Services	In-Network
Exam	$25
Materials	$25
Frames	$180 allowance for a wide selection of frames 20% savings on the amount over your allowance
Frequency (based on date of service) - Exams - Lenses - Frames - Contact Lenses	 12 Months 12 Months 24 Months 12 Months
Lenses - Single - Lined Bifocal - Lined Trifocal - Progressive - Lens Enhancements	 Included in Prescription Glasses Included in Prescription Glasses Included in Prescription Glasses Refer to Benefit Summary Average savings of 35-40% on other lens enhancements
Contact Lenses (instead of glasses) Contact lens services	$180 allowance for contacts; copay does not apply Contact lens exam Up to $60
Extra Savings	Go to vsp.com/offers

Note: You may only receive benefits for either contact lenses or lenses for your glasses in a given year (but not both); however additional discounts will be available

www.eyeconic.com is the in-network online eyewear store, which means you won't have to pay the full price now, then wait to be reimbursed later. Your vision benefits will be applied directly to your online order.

Medical | Health Partners

In-Network Services	(1) Traditional Plan with Copays*	(2) High Deductible Health Plan (HSA Eligible)*
Calendar Year Deductible - Individual - Family	Embedded $2,500 $5,000	Non-Embedded $3,500 $6,850
Coinsurance	20%	0%
Out-of-Pocket Maximum - Individual - Family	 $5,000 $10,000	 $3,500 $6,850
Preventive Care	Covered at 100%	
Physician Office Services Specialist Office Services	$30 Copay $60 Copay	Deductible Deductible
Prescription Drugs - Tier 1 - Tier 2 - Tier 3 - Specialty	 $15 Copay $40 Copay $60 Copay $250 Copay	 Deductible Deductible Deductible Deductible

Embedded deductible means if the employee has family coverage, no one family member contributes more than the individual amount. Family members may combine their covered expenses to satisfy the required family deductible & out-of-pocket maximum.

Non-Embedded deductible means if the employee has family coverage, the entire family deductible must be met prior to any benefits becoming available. Family members may combine their covered expenses to satisfy the required family deductible.

Calendar year deductible begins on January 1st and ends on December 31st. Calendar-year deductibles reset every January 1st.

*Please see Summary of Benefits and Coverage (SBC) for detailed information regarding your benefits.

The plan will use HealthPartners' **Open Access Network** (search here) and **PreferredRx Prescription Drug List** (search here). Please check network status of your providers and check the PDL to see if any Rx changes impact you.

Health Savings Account | Prime Bank

When you select the Qualified HDHP (High Deductible Health Plan) offered through Schuster, you are required to **contribute a minimum of $20 for single coverage or $50 for family coverage per week to a Health Savings Account (HSA).**

Benefits of HSA	Eligible Expenses
Contributions made to the HSA are tax-free	Long-term care insurance
Funds can be invested or spent for eligible expenses — your decision. If invested, earnings grow tax-free	Qualifying medical, dental and vision expenses (IRS Section 213(d)) for you and eligible dependents incurred ON OR AFTER the date your HSA is established
Distributions are tax-free if used for qualified expenses	Health care coverage when unemployed
Unused funds carry over from year to year. No "use it or lose it" rule	Certain continuation of health care coverage
You own the account. Even if you change jobs, the HSA funds are yours to take with you.	Certain health insurance after age 65
You can change your pre-tax HSA election at any time during the year by completing a new salary reduction agreement	

IRS Maximum Contribution Limits	2025	2026
Employee Only HDHP Coverage	$4,300	$4,400
Employee with Dependents HDHP Coverage	$8,550	$8,750
Catch-Up Contributions -- Age 55 & Older (In addition to contribution limits above)	$1,000	$1,000

You are eligible to make contributions to an HSA if you:

- Do not have any other health insurance
- This includes a spouse's Section 125 FSA (unless it is a Limited Purpose FSA)
- Have not used VA benefits in the last 3 months
- Are enrolled in a qualified High Deductible Health Plan
- Are not claimed as a dependent on someone else's tax return
- Are not enrolled in Medicare

HSAs are individually owned savings accounts. It is the HSA owner's responsibility to monitor:

- Contributions into the account so the HSA contribution limit is not exceeded in the calendar year.
- Distributions out of the account are Eligible Expenses outlined in IRS Section 213(d).

IMPORTANT NOTICE REGARDING DEPENDENT ELIGIBILITY. While dependents are eligible to continue health coverage up to age 26, dependent eligibility for purposes of an HSA is based on IRS dependency rules (claimed as a dependent on your tax return).

Comparison Examples of Traditional and HDHP Plan

Illustrations based on Standard Rates.

Example 1 - $1,000 CT Scan Claim

Single Plan	Traditional Plan	High Deductible Plan
	$4,602 Premiums ($88.50 x 52 Payrolls) $60 (2 Doctor visits @ $30) $1,000 Claim Applies Toward Deductible	$2,470 Premiums ($47.50 x 52 Payrolls) $300 (2 Doctor visits @ $150) $1,000 Claim Applies Toward Deductible
	Employee Yearly Expense $5,662	**Employee Yearly Expense** $3,770

$1,892 Savings with High Deductible Plan

Family Plan	Traditional Plan	High Deductible Plan
	$14,820 Premiums ($285 x 52 Payrolls) $60 (2 Doctor Visits @ $30) $1,000 Claim Applies Toward Deductible	$7,280 Premiums ($140 x 52 Payrolls) $300 (2 Doctor visits @ $150) $1,000 Claim Applies Toward Deductible
	Employee Yearly Expense $14,880	**Employee Yearly Expense** $8,580

$6,300 Savings with High Deductible Plan

Example 2 - Office Visits & Prescriptions

Single Plan	Traditional Plan	High Deductible Plan
	$4,602 Premiums ($88.50 x 52 Payrolls) $90 (3 Doctor visits @ $30) $45 (3 RX @ $15)	$2,470 Premiums ($47.50 x 52 Payrolls) $450 (3 Doctor visits @ $150) $180 (3 RX @ $60)
	Employee Yearly Expense $4,737	**Employee Yearly Expense** $3,100

$1,637 Savings with High Deductible Plan

Family Plan	Traditional Plan	High Deductible Plan
	$14,820 Premiums ($285 x 52 Payrolls) $90 (3 Doctor visits @ $30) $45 (3 RX @ $15)	$7,280 Premiums ($140 x 52 Payrolls) $450 (3 Doctor visits @ $150) $180 (3 RX @ $60)
	Employee Yearly Expense $14,955	**Employee Yearly Expense** $7,910

$7,045 Savings with High Deductible Plan

Example 3 - $10,000 Car Accident Single, $20,000 Car Accident Family

Single Plan	Traditional Plan	High Deductible Plan
	$4,602 Premiums ($88.50 x 52 Payrolls) $2,500 Deductible $1,500 Coinsurance ($7,500 x 20%)	$2,470 Premiums ($47.50 x 52 Payrolls) $3,500 Deductible $0 Liability after Deductible
	Employee Yearly Expense $8,602	**Employee Yearly Expense** $5,970

$2,632 Savings with High Deductible Plan

Family Plan	Traditional Plan	High Deductible Plan
	$14,820 Premiums ($285 x 52 Payrolls) $5,000 Deductible $3,000 Coinsurance (15,000 x 20%)	$7,280 Premiums ($140 x 52 Payrolls) $6,850 Deductible $0 Liability after Deductible
	Employee Yearly Expense $22,820	**Employee Yearly Expense** $14,130

$8,690 Savings with High Deductible Plan

Example 4 - $4,848 ER Visit, X-Ray & Bloodwork with One Overnight Stay

Single Plan	Traditional Plan	High Deductible Plan
	$4,602 Premiums ($88.50 x 52 Payrolls) $2,500 Deductible $470 Coinsurance ($2,348 x20%)	$2,470 Premiums ($47.50 x 52 Payrolls) $3500 Deductible $0 Liability after Deductible
	Employee Yearly Expense $7,572	**Employee Yearly Expense** $5,970

$1,602 Savings with High Deductible Plan

Family Plan	Traditional Plan	High Deductible Plan
	$14,820 Premiums ($285 x 52 Payrolls) $4,848 Deductible $152 Deductible remains, then 20% Coins.	$7,280 Premiums ($140 x 52 Payrolls) $4,848 Deductible $2,002 Deductible remains, then no cost
	Employee Yearly Expense $19,668	**Employee Yearly Expense** $12,128

$7,540 Savings with High Deductible Plan

Example 5 - $15,000 Routine Maturity/Delivery

Family Plan	Traditional Plan	High Deductible Plan
	$14,820 Premiums ($285 x 52 Payrolls) $5,000 Deductible $2,000 Coinsurance (10,000 x 20%)	$7,280 Premiums ($140 x 52 Payrolls) $6,850 Deductible $0 Liability after Deductible
	Employee Yearly Expense $21,820	**Employee Yearly Expense** $14,130

$7,690 Savings with High Deductible Plan

How much will you have in your Health Savings Account if you contribute the difference in premium costs?

Single: $2,132 / Year ($41 x 52 Payrolls)   Family: $7,540 ($145 x 52 Payrolls)

Note: All examples assume the use of In-Network Providers and make assumptions for cost of services. Actual costs will vary based on individual providers, prescriptions, and circumstances. Illustrations are based on Standard rates.

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High Deductible Health Plan

What is an HDHP?

A specially designed health plan that meets IRS requirements. Once enrolled in our HDHP, you are eligible to make contributions to your Health Savings Account (HSA) on a tax-advantaged basis.

What is the difference between an HDHP and a Health Savings Account (HSA)?

A High Deductible Health Plan and a Health Savings Account are coupled together but are two different plans. The HDHP is a health insurance plan insured by Health Partners and the HSA is a savings account with Prime Bank.

Do I still benefit from discounts when I use a PPO Provider?

Yes, in-network provider discounts will apply in the same way they would on a Traditional Plan.

How is Preventive Care covered on an HDHP?

Just like a Traditional Plan, routine preventive care (as detailed in Health Care Reform regulations) is covered at 100% and is not subject to your deductible.

How is a HDHP different than a Traditional PPO Plan?

Our Traditional plan has copays for prescription drugs. All other covered expenses are subject to the deductible. In the HDHP, ALL expenses (including prescription drug expenses) are subject to deductible with NO copays for prescription drugs.

How will my cost of medical care be different with an HDHP?

Cash flow is different since you are responsible for 100% of covered medical expenses up to the amount of your deductible. For prescription drugs expenses, if you are covered on the Traditional Plan, you are only responsible for the prescription drug copay. If you are covered under the HDHP, you are responsible for the entire cost of the prescription, subject to the deductible and then coinsurance of the HDHP plan.

If my cost of care is higher, why would enrolling in an HDHP be an advantage?

If you are enrolled in an HDHP, you are eligible to make contributions to an HSA, which allows you to pay most of your expenses tax free.

Will being on a HDHP change how I spend my health care dollars?

One of the important features of an HDHP is that it puts you as the consumer in a position to benefit if you can spend less on your health care by keeping yourself healthier. Money you do not spend on health care stays in your HSA so you can accumulate funds to use for future needs.

Group Life/AD&D | Guardian

Schuster provides a basic term Life and AD&D policy to full-time employees at no cost to you.

	Term Life Insurance	Accidental Death & Dismemberment
Employee Benefit	$15,000	$15,000
In the enrollment process, you will be asked to name a beneficiary for this policy.		

If you cover any dependents on Schuster's medical insurance, Schuster pays for a term life benefit in the following amounts where applicable. You must provide complete dependent information including date of birth and social security number. Without this information, dependent enrollment will be delayed.

	Term Life Insurance
Legal Spouse	$2,500
Child(ren) – age 14 days to 26 years	$1,000
The employee is automatically the beneficiary for any dependent coverage.	

All coverage is subject to a reduction schedule beginning at age 65 for all Life & AD&D.

Voluntary Short-term Disability | Guardian

	Short-term Disability
Benefits Begin	15th Day
Benefits Payable	11 weeks
Percentage of Income Replaced	60% of weekly income
Maximum Benefit	$1,000 per week
Who Pays for Coverage	Employee

- As a new hire, we base your premium off a salary of $63,000, but you will get paid out 60% of what you personally gross up to plan maximum.
- Once you have a full year W-2, we will base your premium off your prior W-2 earnings.

If you waive STD coverage when you are first eligible to enroll, future requests for coverage will be subject to approval of a health statement.

NOTE: This policy does have a Pre-Existing Condition Exclusion. You have a pre-existing condition if:
- The date of disability is in the first 12 months after your effective date of coverage
- AND in the 3 months prior to your effective date you consulted with a physician, received medical treatment, or took prescribed drugs or medicines relating to that specific condition.

Voluntary Long-term Disability | Guardian

	Long-term Disability
Benefits Begin	91st Day
Benefits Payable	5 years
Percentage of Income Replaced	60% of monthly earnings
Maximum Benefit	$6,000 per month
Who Pays for Coverage	Employee

- As a new hire, we base your premium off a salary of $63,000, but you will get paid out 60% of what you personally gross up to plan maximum.
- Once you have a full year W-2, we will base your premium off your prior W-2 earnings.

If you waive LTD coverage when you are first eligible to enroll, future requests for coverage will be subject to approval of a health statement.

NOTE: This policy does have a Pre-Existing Condition Exclusion. You have a pre-existing condition if:
- The date of disability is in the first 24 months after your effective date of coverage
- AND in the 6 months prior to your effective date you consulted with a physician, received medical treatment, or took prescribed drugs or medicines relating to that specific condition.

Voluntary Life/AD&D | Guardian

Who is Eligible?	Voluntary Term Life & AD&D	Guarantee Issue Amount for Life at Initial Eligibility
Employee	$5,000 Increments Up to $200,000	$200,000
Spouse	$5,000 Increments Up to 100% of Employee amount, maximum $30,000	$30,000
Child(ren) – age 14 days to 26 years	$2,500 Increments Up to 100% of Employee amount, maximum $10,000	$10,000

- Guarantee Issue amount(s) of $200,000 employee; $30,000 spouse and $10,000 child(ren) with no health questions upon initial eligibility.
- If you and your eligible dependents have already elected voluntary life coverage, you may increase your benefit amount during the annual Open Enrollment period up to the Guarantee Issue amount(s) listed above.
- If you waive voluntary life coverage when you and/or your dependents are first eligible, you can request coverage at a future open enrollment but will need to complete evidence of insurability.
- Guardian accepts Evidence of Insurability electronically. If you apply for coverage that is subject to evidence of insurability, you will receive an e-mail or letter with a unique link to submit your health history questionnaire online.
- Coverage is subject to a reduction schedule beginning at age 65 for all Life & AD&D.
- Rates are determined by age and tobacco status.

Voluntary Benefits | Guardian

Accident*

Accident Expense insurance pays a benefit directly to you when you receive treatment from a physician for a covered accident.

Accident Expense insurance is guaranteed issue no medical exams or tests

This plan also includes a Wellness Benefit which pays $50 once per year for many covered medical screening tests or procedures including but not limited to: Immunizations, Annual Physical, Blood Tests, Chest X-rays, Stress Tests, Colonoscopies, Mammograms, and Pap smears.

Critical Illness*

Critical Illness covers you should the unexpected happen and you are diagnosed with a listed critical illness such as Heart Attack, Stroke, Cancer, Kidney Failure, Major Organ Failure, as well as additional major illnesses. This policy will help to reduce the financial impact of the major illness, so that you can focus on getting well.

This plan includes a Health Screening Benefit that pays $50 benefit once each calendar year. Benefit is payable once per calendar year for employee, spouse, and one child. Covered health screenings include but are not limited to: Immunizations, Annual Physical, Blood Tests, Chest X-rays, Stress Tests, Colonoscopies, Mammograms, and Pap smears.

Coverage is guaranteed issue to $30,000 for employee and $30,000 for spouse.

In the enrollment process, you will be asked to name a beneficiary for this policy.

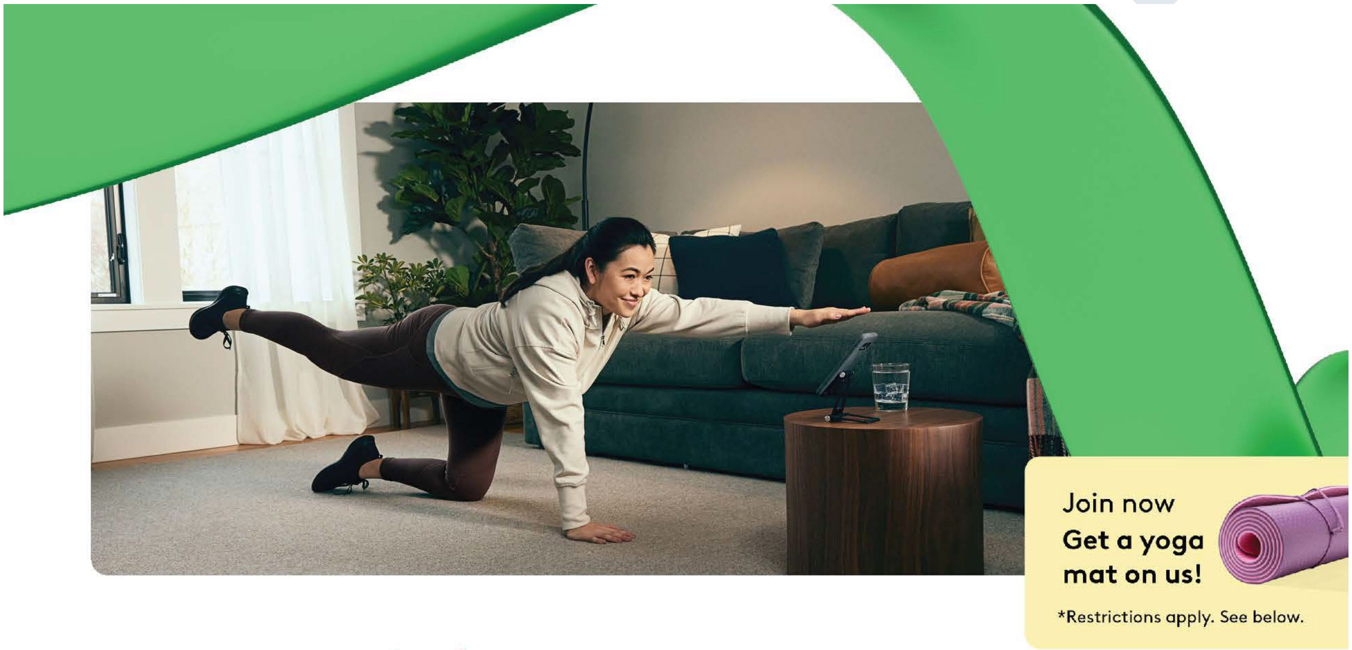
Hospital Indemnity*

Hospital Insurance helps covered employees and their families cope with the financial impact of a hospitalization. You can receive benefits when you are admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you.

The policy pays $1,000 for each covered hospital admission (once per year). It also pays $100/day up to 30 days if confined to a hospital and $200/day up to 30 days for each day spent in intensive care (once per year).

*Please see the benefit website for additional information.

Hinge Health | Virtual physical therapy and MSK care



HealthPartners | Hinge Health

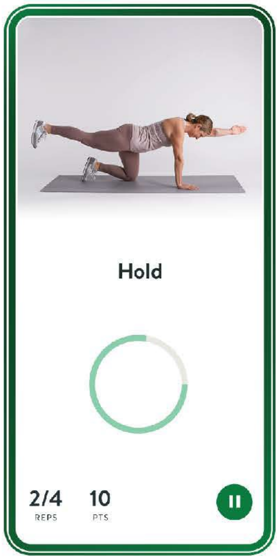
Ready, set, enroll!

Open enrollment is here.

Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joint pain in just 15 minutes a day. Best of all, there's no cost to you — your Hinge Health benefit is 100% covered by HealthPartners.

Join Hinge Health to:

- Overcome pain or limited movement
- Recover from a recent or past injury
- Keep your joints healthy and pain free

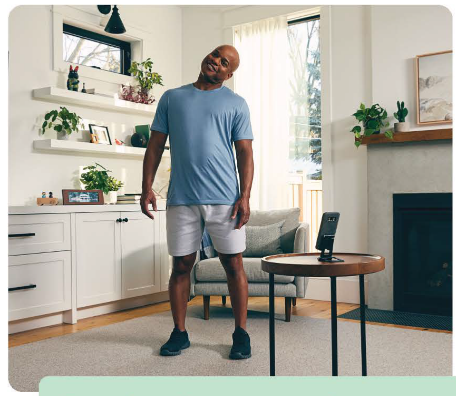


Scan the QR code to learn more or visit:
hinge.health/resources
Questions? Call (855) 902-2777

*Eligibility to receive yoga mat is based on the program in which you are placed.
Participants must be 18+ and enrolled in a HealthPartners medical plan to be eligible.

HealthPartners | Hinge Health

What is Hinge Health?



Exercise therapy made easy

Follow along in the app for simple, 10-minute exercise therapy sessions.

How does the program work?

Hinge Health provides personalized care plans to help people accomplish their health goals related to musculoskeletal (**back, muscle, and joint)** health.

How does Hinge Health help?

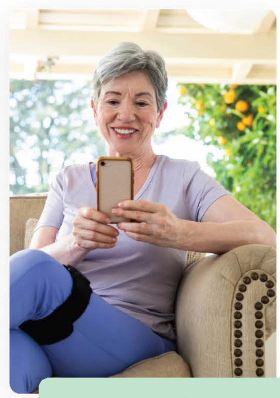
They assess your condition and match you to a care team to help personalize your treatment to you.

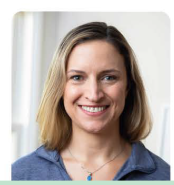
Who is in my care team?

Depending on your treatment plan, your care team could include a physical therapist and a health coach. You will keep the same care team throughout your experience.

What could be included in my treatment plan?

1. **Access to the Hinge Health app** with guided exercise therapy
2. **Virtual visits** with members of your care team
3. **Kit with a tablet and tools** to assist in guiding exercise therapy





Treatment from your care team

Get help overcoming pain, recovering from an injury, preparing for surgery, and more!

How much does the program cost?

It's free for eligible participants. This includes access to your care team, the Hinge Health app, and any materials that we send to assist in your care.

Who is eligible?

Participants must be 18+ and enrolled in a HealthPartners medical plan to be eligible.

How do I apply?

Take a short online questionnaire following the link below, telling us about your pain. No referral or diagnosis needed from a doctor.

Scan the QR code to learn more or apply at **hinge.health/hpem** or call (855) 902-2777

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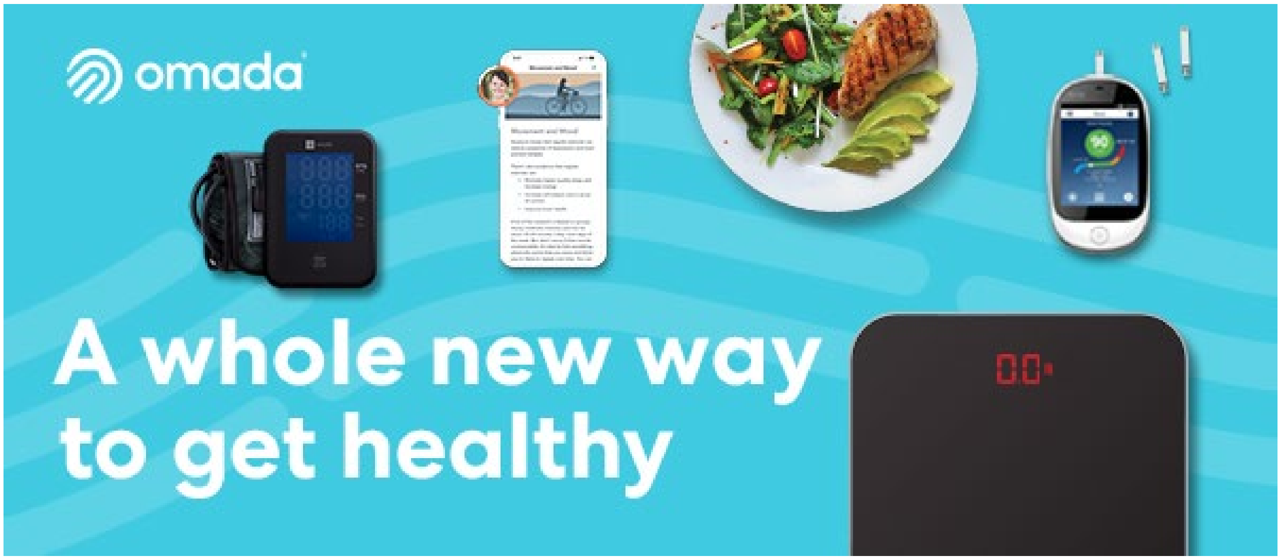
Omada Diabetes & Hypertension Management



We are excited to announce that Schuster is continuing to offer **Omada**®—a lifestyle change program that could help you reach your health goals, whether that's losing weight, lowering your blood pressure, or staying on top of your diabetes.

All at no cost to you. If you or your adult family members are at risk for type 2 diabetes or heart disease or are living with diabetes or high blood pressure, and enrolled in a HealthPartners® health plan, your company will cover the entire cost of the program.

Join and you will get:

- **A professional health coach** for tailored support and guidance
- **A connected scale** to track progress (and keep for good)
- **An online community** personalized to your interests
- **Weekly interactive lessons** to educate and inspire you
- **Insightful health** metrics to learn what is (and isn't) working

If you are living with diabetes, you'll also get:

- Specialized coaching from a Certified Diabetes Educator (CDE)
- A connected glucose meter and as many test strips as needed
- Personalized feedback to help you make sense of your readings
- Strategies to help you manage (or potentially reduce) medications

If you are living with high blood pressure, you'll also get:

- A connected blood pressure monitor for seamless tracking
- Personalized feedback to help you make sense of your readings
- Hypertension-specific support from your coach, peers, and lessons
- Strategies to help you manage (or potentially reduce) medications

If member is enrolled in health insurance today, Omada is available NOW and member can visit the site to apply today.

If member is newly enrolling in health insurance, Omada is available on your benefits effective date, so can apply after that date.

To apply, all interested covered employees and covered adult dependents will first go to omadahealth.com/omadaforhealthpartners to complete a 1-minute-screener. If you're at risk, you're eligible for the program and can apply on the spot in less than 5 minutes.

Prescription Resources

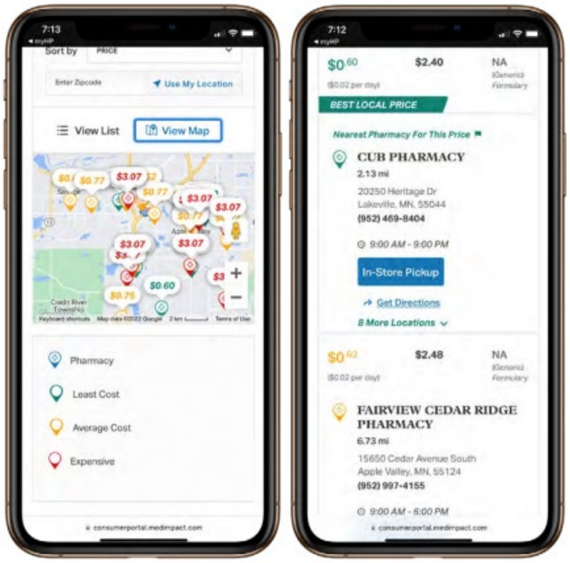
Find the best medicine cost
Shopping for the lowest price medicine is easier than comparing prices for airline travel. Visit http://www.healthpartners.com/pharmacy or sign in to your member account.

Pharmacy solutions in the palm of your hand

Use our prescription shopping tool to save both time and money.

Compare prices at nearby pharmacies

You'll find real-time prices, including all available discounts, so you can be sure you're getting the best possible price. You can also use it to transfer prescriptions to a lower-cost pharmacy and see what's covered by your health plan. Get started at **healthpartners.com/pharmacy** and scan the code below to view a short video highlighting how to use the tool.



healthpartners.com/viewrxtoolvideo

You can use the Prescription shopping tool to:

- Find the lowest cost for your medicine
- Compare current prices at pharmacies near you
- Understand what medicines are covered by your health plan
- Transfer prescriptions to the lowest cost pharmacy
- Know if you have available refills
- See if you have a prior authorization and when it expires
- Download tax reports of what you spent last year

PRESCRIPTION PRICE VARIATION

Did you know not all prescriptions cost the same?
Prices for both generic and brand drugs can vary drastically pharmacy to pharmacy. The Health Partners Prescripton Shopping Tool allows you to search for the most cost-efficient pharmacies in your area.

The results display the pharmacies within your search area and the corresponding prices for the drug, lowest to highest. This showcases how the cost of your medication varies pharmacy to pharmacy to help you make more informed decisions. Below is an example comparison for some commonly prescribed drugs.

Drug Name	Walgreens	Hy-Vee
Lisinopril Tab 20 mg (30 Day Supply)	$12.66	**$2.50**
Escitalopram Tab 10 mg (30 Day Supply)	$11.92	**$2.97**
Sertraline Tab 50 mg (30 Day Supply)	$14.76	**$2.58**

Pharmacy Transfers
Transferring your medications to a lower cost pharmacy is easy!

You may complete this change within Health Partners Prescripton Shopping Tool.

You may call the NEW pharmacy you wish to use and request they transfer in your prescription from your current pharmacy. Alternatively, you can ask your prescriber to call in your prescription to the NEW pharmacy.

Health Partners can assist with any questions you may haveregarding your prescription benefit by calling 866-843-3461.

Medicine delivered to your door
Skip the trip to the pharmacy. Get your prescriptions mailed to your home with HealthDyne.

5 great things about mail order

1. Avoid the drive (and the line!) and instead get your medicine delivered directly to your home
2. It's easy to refill your medicine online or with our mobile app
3. Save money with 90-day supplies and free standard shipping
4. Get your package delivered safely and discreetly in 7-10 days
5. We are available 24/7 to help you with your order – just call the dedicated phone line

TIP: You can track the status of your order at each step, from receipt and processing to shipping and delivery.

To check the status of your order, sign in to your online account or call our responsive phone system.

How to get started

- Call **800-591-0011**
- Visit **healthpartners.com/mailorder**

Meet with a Medication Therapy Management pharmacist

If you or a family member are managing multiple or complex medicines, or if you have questions about interactions or side effects, we can help. Our specially trained pharmacists are experts at looking at your medications holistically. At a no-cost in-person or phone appointment, they'll review your medicines to make sure they're working and right for your lifestyle. Learn more at **healthpartners.com/mtminfo**.

Where to Get Care

Get the right care at the right price

Your health plan covers lots of options when you need care. Knowing the differences between the options can help you choose where to get care at the best cost.

When you need	Go to	Average cost	Average time spent
Health advice from a registered nurse for: • At-home remedies • When to go in for care	CareLine℠ service Call 24/7 at **800-551-0859**	Free	15 minutes
Treatment and prescriptions for minor medical issues, like: • Bladder infection • Pink eye • Upper respiratory infections	Virtuwell®*, UnityPoint Health Virtual Care or Doctor On Demand 24/7 online care Convenience clinics (found in retail and grocery stores)	$	15 minutes
A regular checkup or special care during the day for things like: • Diabetes management • Vaccines	Primary care clinics	$$	30 minutes
Care for urgent problems when your doctor's office is closed, like: • Cuts that need stitches • Joint or muscle pain	Urgent care clinics	$$$	45 minutes
Help in an emergency, such as: • Chest pain or shortness of breath • Head injury	Emergency room	$$$$	60 minutes

Still not sure where to go? We'll help you figure out the best place based on the urgency of your care needs. Call CareLine at **800-551-0859**.

Rachel, Registered Nurse, CareLine

Telemedicine Resources

Skip the clinic trip with online care
Save time and money by getting treated right from your smartphone, tablet or computer. Your plan covers three options.

UnityPoint Health Virtual Care (secure online video)

- **Anytime. Anywhere.** Whether it's the middle of the night or over the weekend, see a doctor when it works best for you. Visit **unitypointvirtualcare.org**.
- **Trusted.** Enter information about your symptoms and medical history and you'll meet with a UnityPoint Clinic or American Well® doctor by video.
- **Low cost.** Costs are provided before each visit.

Doctor On Demand (video chat)

- **Convenient.** Get started when and where it works for you at **doctorondemand.com**. Video capabilities are required.
- **Quick.** See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.
- **Affordable.** A visit to treat conditions like colds, the flu and allergies** costs less than a clinic visit. It's free to sign up and easy to check your coverage when you register.

Virtuwell® (online questionnaire)

- **Easy.** In fact, 99% of Virtuwell users say it's simple and 98% highly recommend it. Answer a few questions at **virtuwell.com** anytime, anywhere.*
- **Fast.** Get a treatment plan and prescription from a nurse practitioner. They can help with more than 60 common conditions, and it usually takes just one hour.
- **Guaranteed.** You're only charged if Virtuwell can treat you. Plus follow-up calls about your treatment are free. If you need to be seen in person, we will let you know – but it's not usually needed.
- **Affordable.** Virtuwell visits are a fraction of the cost of walk-in, urgent or primary care visits. Use your member ID card to check your cost at **virtuwell.com/cost/healthpartners**.

*Available anywhere in the U.S. to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA and WI.
** The cost for behavioral health services varies depending on the services provided and duration of service.

Discount Programs

Living healthier just got a little less expensive

Get special savings from handpicked retailers as a HealthPartners member. There are lots of products and services available to you at a discounted rate – all designed to help you live healthy every day.

Save big by showing your member ID card to participating retailers

Save money on:

- Eyewear
- Exercise equipment
- Eating well
- Healthy mom and baby products
- Hearing aids
- Pet insurance
- And more!

See where you can save

Visit **healthpartners.com/discounts** for a list of participating retailers and discounts.

Discounts on gym memberships

GlobalFit's Gym Network 360

Provides discounts on memberships at more than 11,000 fitness centers, weight loss programs and wellness brands

The Active&Fit Direct™ program

Offers more than 11,000 fitness centers nationwide for a flat monthly fee

Digital workouts

Wellbeats

Get access to 200 free workout videos across all fitness levels, featuring top fitness brands and names

Tobacco Cessation

Quit for good

Quitting tobacco and vape may be one of the hardest things you'll ever do. You don't have to do it alone. HealthPartners is here to help.

Get help from a health coach

Work with a health coach to set goals around tobacco use and vaping that fit your lifestyle. You'll get support and encouragement to reach your goals and live nicotine free. Plus, you can schedule phone calls or email your health coach when it works best for you.

Medicine to support quitting

Your health plan might pay for medicines to help you quit. Visit **healthpartners.com/formulary** to view your formulary. Or, call our Member Services team at the number on the back of your member ID card.

How to get started

Sign up with a health coach at **800-311-1052**.

UNICO

Member Services

Here for you, 24/7

Call HealthPartners at one of these numbers if you have questions about your health or what your plan covers. They're ready to help.

Member Services		
For questions about: • Your coverage, claims or plan balances • Finding a doctor, dentist or specialist in your network • Finding care when you're away from home • Health plan services, programs and discounts		Monday – Friday, 7 a.m. to 6 p.m. CT Call the number on the back of your member ID card, **866-843-3461** Interpreters are available if you need one. Español: **866-398-9119** **healthpartners.com**
Member Services can help you reach:		
Nurse Navigator℠ program	**For questions about:** • Understanding your health care and benefits • How to choose a treatment	Monday – Friday, 7:30 a.m. to 5 p.m. CT
Pharmacy Navigators	**For questions about:** • Your medicines or how much they cost • Doctor approvals to take a medicine (prior authorization) • Your pharmacy benefits • Transferring medicine to a mail order pharmacy	Monday – Friday, 8 a.m. to 5 p.m. CT
Behavioral Health Navigators		
For questions about: • Finding a mental or chemical health care professional in your network • Your behavioral health benefits		Monday – Friday, 8 a.m. to 5 p.m. CT **888-638-8787**
CareLine℠ service nurse line		
For questions about: • Whether you should see a doctor • Home remedies • A medicine you're taking		24/7, 365 days a year **800-551-0859**
BabyLine phone service		
For questions about: • Your pregnancy • The contractions you're having • Your new baby		24/7, 365 days a year **800-845-9297**

Getting the Most Out of Your Doctor Office Visits

One secret to getting the most from doctor visits is to take the time to plan.

- Before the visit, think about the main reason you are going to the doctor and other concerns you have about your health. Know in advance what you expect the doctor to do for you.
- Make sure the receptionist allows enough time when scheduling your appointment. If, for some reason, you feel you need to talk over something at length with your doctor, let the receptionist know at the time you make the appointment.
- If you have a choice, note that the first appointment of the day is usually best in terms of being seen promptly. The last appointment of the day is usually best for consultation visits.
- Ask the receptionist if you need to arrive early to fill out any pre-visit form or questionnaires. Also ask the receptionist exactly what information or forms you need to bring with you on the first visit.
- Know your past medical history if it's not already listed on your patient chart. Make notes and take the notes with you.
- Know your family's medical history if it's not already listed on your patient chart.
- Make a list of the names of the medications you are taking, if any. Also note how often you take the medications and the dosage. Don't forget to list non-prescription medicines such as aspirin, antacids, or vitamins.
- Ask questions! If you don't understand something, ask your doctor to repeat it. Ask to see photographs or illustrations, when appropriate.
- Don't be afraid to take notes while the doctor is speaking to you. When your doctor sees that you are writing things down, he/she might be more careful about using technical language and talking too fast.
- When appropriate, ask your doctor to recommend reading material that you can consult to learn more about a particular subject.
- Share your thoughts, fears, and feelings with your doctor. If you don't think the prescription your doctor is about to write will work or is what you need, speak up. If your doctor's "wait and see" attitude has you worried, say so.

Questions to Ask?

- What is wrong?
- How serious is this?
- What caused the problem?
- Can I prevent it from happening again?
- Are tests needed? Which tests and why?
- How will the results of these tests help you?
- What treatment are you recommending?
- When and where will I have treatment?
- How long will it take before I see improvement?
- What are the side effects of this treatment?
- What are the pros & cons of the alternatives?
- What will happen if I don't have this treatment?

Employee Assistance Program | EFR

EFR EMPLOYEE & FAMILY RESOURCES

Understanding Your EAP Benefits

EFR is dedicated to helping people manage life's challenges so they can reach their full potential.

When should I call the EAP?

Call **800-327-4692** whenever you are experiencing one of life's challenges. We are available 24/7/365.

What happens when I call?

A master's level counselor will answer your call and is available to talk with you about your issues, concerns, or struggles.

The counselor will gather demographic information and help you connect with an EAP counselor.

What happens when I see the EAP counselor?

- The master's level EAP counselor will listen to your concerns.
- The counselor will also help you explore other areas of your life to assess for strengths and supports, or factors contributing to your presenting issue or concern.
- The counselor will meet with you up to **3 sessions** to complete a comprehensive assessment of your current circumstances and work with you to establish a plan.

Options for EAP sessions include:

- Assessment completed and remaining sessions are used for brief counseling and problem resolution.
- Assessment completed and a referral is recommended for services that fall outside the scope of EAP services.

Common Questions

Can I use the EAP more than once a year?

- Yes, but each time you use the EAP, the counselor will be assessing your current life circumstances. You will be eligible for a new set of **3 sessions** if your circumstances have changed, or in 12 months, whichever comes first.

What is a new set of circumstances?

- A new development in your life that has changed since your last EAP assessment, such as death of a loved one, a breakup/divorce, or job loss/layoff.

Why can't I use the EAP more often?

- EAP is an assessment, referral, and brief counseling model to help employees manage a wide variety of personal issues, but is not intended to replace therapy, treatment, or ongoing counseling.

Call EFR today!

800-327-4692

505 5th Avenue | Des Moines, IA 50309 | www.efr.org *Understanding-Your-EAP-Benefits-3-session-06090-1*

Employee Assistance Program | EFR

Employee & Family Resources
EAP Support for Managers

Are you experiencing a difficult employee concern or situation? Your Employee Assistance Program (EAP) from Employee & Family Resources (EFR) is here to help!

With the **24/7/365 access** to your EAP's **masters-level clinicians**, you can get the guidance you need. We offer a number of services exclusively for managers and supervisors as part of your EAP benefit:

EFR EMPLOYEE & FAMILY RESOURCES

PHONE-BASED SUPPORT

Call us any time you have an issue, concern, or question, no matter how big or small.

All calls are answered by masters-level clinicians 24 hours a day, 7 days a week, 365 days a year. **Call today: 800.327.4692**

WORKPLACE SOLUTIONS

Our FREE **quarterly** newsletter offers information and tips for responding to relevant issues affecting the workplace.

We provide this publication to you each quarter, but current and previous content can be accessed at **www.efr.org/myeap**.

MANAGEMENT CONSULTATION

Support for supervisors, managers, HR professionals, and other leaders on workplace performance issues

Assistance includes, but is not limited to:
- Managing a difficult employee
- Addressing employee performance concerns and implementing a plan for improvement
- Responding to a workplace conflict and determining the best course of action

Call for consultation: 800.327.4692

MANAGEMENT REFERRAL

A tool for responding to an employee with a work performance issue or company policy violation with the goal of improving job performance, productivity & retention

The EAP provides an **assessment** of the employee's challenges, **recommendations** for the employee to resolve those challenges, and **ongoing case management** of followthrough with recommendations.
Call for assistance: 800.327.4692

CRISIS RESPONSE SERVICES

When your workplace is impacted by a critical incident, we provide **immediate services** to help your employees process the incident.

Examples of critical incidents include, but are not limited to:
- Employee death
- Robbery
- Workplace changes/reorganization
- Natural disasters
- Terminal illness
- On-site and/or off-site employee injuries

Consult with our crisis response team to arrange services, including on-site group debriefings, typically held wihin 72 hours of the incident.
Contact our crisis response team: 800.327.4692

We're Here To Help.
800.327.4692

Employee & Family Resources
505 Fifth Avenue, Suite 600
Des Moines, IA 50309

www.efr.org
800.327.4692

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Benefits FAQ

Whether you've lost your ID card, need help understanding your Explanation of Benefits (EOB), or have experienced a qualifying life event, this FAQ provides the guidance you need.

If you need further assistance, please reach out directly to the appropriate resource—be it your plan's customer service team, HR, or the carrier portal.

I lost my ID card. What do I do?

Login or register on your carrier's member portal website to print a replacement or request a mailed card.

I received an Explanation of Benefits (EOB) and don't understand it or think there might be a discrepancy between this and what my provider billed me.

Review the EOB: Start by carefully reading your EOB. Pay special attention to the remark codes, which provide additional details about the charges and coverage.

Use Resources to Understand the EOB: Visit the following resources for help in understanding your EOB:

https://www.cms.gov/medical-bill-rights/help/guides/explanation-of-benefits

https://www.cms.gov/files/document/11819-sample-explanation-benefits-508.pdf

Get in Contact: If you feel there is a discrepancy, contact the Carrier Customer Service phone number to discuss. If you are not able to resolve, then you may reach out to HR.

I think I had a Qualifying Event, what do I do next?

Experiencing a significant life change may allow you to change your health plan and some other benefits plans outside of the annual enrollment period (also called open enrollment).

Changes due to a QE can only be completed within 30 days of the qualifying life event occurring, or you must wait until the next open enrollment period to make the change.

Check your plan materials, contact HR, and gather documentation that shows proof of the qualifying event as it will be required to make the change. Once you report the event to HR, you login to Ease or Employee Navigator to view which coverages are affected by this qualifying event and make enrollment changes.

Qualifying life events include (but are not necessarily limited to):

- Having or adopting a child
- Getting married
- Moving to a new area
- Turning 26
- Experiencing a shift in employment status in your family
- Getting divorced
- Death of someone who shares your health plan
- Earning U.S. citizenship
- Turning 65

For more information about qualifying life events and special enrollment periods, visit https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/

How do I file a Life Insurance claim?

The family member, beneficiary or Employer can file the claim online, submit paper claim form by email/fax or by calling the carrier. A copy of the death certificate is required for the carrier to consider the claim for payment. If you need assistance at any step, reach out to your HR department or the insurance carrier's customer service team for help.

How do I file a Disability claim?

Register with the Disability Insurance Carrier Portal: Start by registering on your disability insurance carrier's online portal if you haven't already done so. This portal is where you can initiate and manage your claim.

Open the Claim Online: Once registered, you can open a new disability claim directly through the portal.

Gather Required Documentation:

- **Physician Statement:** Obtain a completed statement from your physician detailing your condition and the need for disability.
- **Employer Statement:** Your employer must also complete a statement confirming your employment status and the details related to your claim.

These documents can be submitted separately, but all must be received by the carrier before your claim can be considered for payment.

Deciding Whether to Withhold Taxes from Your Short-term Disability (STD) Claim Payment: Your STD payments are taxable is crucial because it can impact your tax situation. Deciding now whether to withhold taxes can help you avoid an unexpected tax bill when you file your tax return.

How Were the Premiums Paid?

- **Employer-Paid Premiums:** If your employer paid the premiums, your STD payments are taxable. You should consider withholding taxes.
- **Employee-Paid Premiums (After-Tax):** If you paid with after-tax dollars, your benefits are not taxable, so no need to withhold taxes.
- **Employee-Paid Premiums (Pre-Tax):** If you paid with pre-tax dollars, your benefits are taxable, so you should consider withholding taxes.

If you're unsure how your premiums were paid, check your paystub or ask HR for clarification. As always when dealing with anything tax-related, talk to a tax professional for guidance.

Opt for Direct Deposit: To ensure prompt payment, consider setting up direct deposit, so you don't have to wait for a check to arrive by mail. You may need to specifically request this from the carrier.

Maternity Claims: If your disability claim is related to maternity leave, you can file the claim ahead of time if the leave is planned. This can help expedite the process.

Your short-term disability (STD) policy provides a 6-week benefit for maternity leave after a vaginal or C-section delivery. However, your benefits start after the **elimination period**—the waiting period before payments begin.

For example, if your elimination period is 1 week (7 days), your benefits will start after that week, and you'll receive payments for the remaining 5 weeks.

To summarize:

- **Total Maternity Benefit:** 6 weeks
- **Elimination Period:** 1 week (7 days)
- **Paid Benefit Period:** 5 weeks

If you have any questions, please contact HR or your insurance carrier for more information.

Contact Information

TOPIC	CALL	ONLINE
Enrollment Assistance SMBO	877-282-0808	https://guardian.benselect.com/Enroll
Medical Coverage HealthPartners Policy # 30769	866-843-3461	www.healthpartners.com
Dental Ameritas Policy # 301818	800-487-5553	www.ameritas.com
Vision Coverage Ameritas (VSP) Policy # 301818	800-487-5553 (Ameritas) 800-877-7195 (VSP)	www.ameritas.com and vsp.com
Health Savings Account Prime Bank	712-546-4175	www.primebank.com
Life, Disability, Worksite Guardian Policy # 70525 Life/AD&D Short Term Disability Long Term Disability Accident Critical Illness Hospital Indemnity	 800-525-4542 800-268-2525 800-538-4583 800-541-7846 800-541-7846 800-541-7846	www.guardian.com Group_life_claims@glic.com Group_STD_Claims@glic.com Group_LTD_Claims@glic.com AccidentBenefits@glic.com CriticalillnessBenefits@glic.com HospitalindemnityBenefits@glic.com
Employee Assistance Program EFR – Employee Family Resources	800-327-4692	www.efr.org
General Benefit Questions Onsite Contacts	Tasha Vore 712-546-5124 x1403 Mark McCarty 712-546-5124 x1402	tvore@schusterco.com mmccarty@schusterco.com

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