



2026



Employee Benefits Guide

Effective Coverage Dates:

Medical: April 1, 2026 - December 31, 2026

Dental & Vision: April 1, 2026 - March 31, 2027

Voluntary (Aflac & Mass Mutual Benefits):

June 1, 2026 - Mary 31, 2027



Scan the QR code with your smartphone to view a short presentation about your benefits or visit www.brainshark.com/hilbgroup/EvolveLifeCenters



| | | | |
|----|----------------------------------|----|---------------------|
| 3 | Employee Resources | 12 | Dental Plan |
| 4 | Benefits Hotline | 13 | Vision Plan |
| 5 | Eligibility | 14 | Medicare Assistance |
| 6 | How To Enroll | 15 | Voluntary Benefits |
| 7 | Medical Highlights | 16 | 401(k) |
| 8 | Thatch Member Resources | 17 | Glossary of Terms |
| 9 | Know Before You Go | 18 | Contributions |
| 10 | Health Savings Account (HSA) | 19 | Notes |
| 11 | Health Savings Account (HSA) FAQ | | |



Evolve Life Centers takes pride in providing a comprehensive employee benefits program, and we recognize the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry.



| Plan | Phone Number and Website/Email |
|---|--|
| Benefits Hilb Group | 1-877-716-6618 memberadvocacy@hilbgroup.com |
| Medical Thatch | support@thatch.com |
| Health Savings Account Paylocity | 1-888-631-3539 (Mon - Fri, 7 am - 6 pm CT) batinfo@paylocity.com |
| Dental Humana | 1-844-324-6918 www.humana.com/dental |
| Vision Humana | 1-866-597-0895 www.humana.com/vision |
| Voluntary Benefits Mass Mutual Aflac | Laura Roettger 1-904-687-8724 laura.roettger@mwepartnership.com |
| 401(k) Capital Group | 1-800-421-4225 www.capitalgroup.com |
| UBS | 1-410-576-3222 (for investment-specific inquiries) kevin.wesner@ubs.com |



Benefits Hotline

The Benefits Hotline features a team of Client Advocates who can help you and your eligible family members with your benefit needs such as the below:

- » Eligibility
- » Benefits
- » ID cards, enrollment, and status questions
- » Open Enrollment
- » Enrollment support for new hires
- » Life events
- » Work-status change
- » COBRA
- » Claims issues

The Benefits Hotline is available Monday–Thursday: 8:30 a.m. to 5 p.m. ET, Friday: 8:30 a.m. to 4 p.m. ET.

Contact the Benefits Hotline via phone: 1-877-716-6618 or email: memberadvocacy@hilbgroup.com.

Please provide your Member ID (this can be found on your ID card) and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA Authorization Form.





Who Is Eligible For Benefits?

All full-time employees who work a minimum of 30 hours per week are eligible for benefits. For new hires, benefits are effective on the first of the month following 60 days of employment.

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married to
- **Child(ren):** Your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status; coverage for a dependent child will terminate at the end of the month in which the child turns age 26

Benefits Plan Year

The plan year varies by line of coverage:

- Medical: **April 1, 2026 - December 31, 2026**
- Dental & Vision: **April 1, 2026 - March 31, 2027**

Change-in-Status Events

Unless you have a qualifying event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. **Benefit changes must be consistent with your qualified change-in-status event. Changes must be submitted to Human Resources within 30 days of the event; documentation supporting the change will be required.**

When can I change my benefits?



Marriage or divorce



Birth, adoption,
or death



Change in employment,
or employment status
for you, your spouse, or
your dependent child



Change in coverage under
another employer plan, such
as a change made during your
spouse's Open Enrollment



Don't understand what a qualified change-in-status event is?

Scan/Click the QR code or visit www.brainshark.com/hilbgroup/ChangeInStatusEvents to watch a short video.



Enroll Via Thatch and KTBSOnline

To enroll in your 2026 benefits, please use the following platforms based on the type of coverage:

Medical Coverage— Thatch

All eligible employees will use Thatch to enroll in medical benefits. Thatch is your dedicated platform for reviewing medical plan options, comparing coverage levels, and completing your medical enrollment.

1. Accept your employer's invitation email
2. Click the link to set up a new Thatch account.
3. After your account is created, log into your Thatch account. Go to www.app.thatch.com and click Login.
4. From your Thatch dashboard, click on the Open Enrollment banner
5. Input your dependent information (if applicable)
6. If you have questions about plan specifics, schedule a call with a member of the Thatch licensed advisor broker team. support@thatch.com

Dental and Vision Coverage— Kelly Benefits

For dental and vision enrollment, all eligible employees will use Kelly Benefits (KTBSOnline). You will be able to log-in to the portal, review dental and vision plans, and make your elections.

Login Instructions

1. Go to www.ktbsonline.com.
2. Login if you already have an account, or click Register Now to create one.
3. Enter your last name, date of birth, and social security number. Complete the CAPTCHA and select security photos, then click Next.
4. Confirm your identity and click Next. Returning users: answer your security question and click Next. You can then update your username and password.
5. Create your online profile: provide email, username, password, and a security question/answer. Acknowledge the user agreement and click Submit.
6. Begin Open Enrollment: confirm your demographic info and update address, phone, or email if needed.
7. Verify dependents: edit existing ones using the pencil icon or add new dependents using Add Dependent.
8. Benefit elections: select or waive benefits. Your total contribution per pay will appear at the bottom.
9. Beneficiaries & review: verify all info and click Continue to attest to enrollment.
10. Click Complete Online Enrollment to finalize.



support@thatch.com

Thatch

With Thatch, Evolve Life Centers gives you a monthly pre-tax allowance to purchase individual health insurance. This program is called an Individual Coverage Health Reimbursement Arrangement, or ICHRA for short. You can use Thatch to purchase any individual plan available in your region to gain access to your ICHRA dollars.

Choose your own health insurance

With Thatch, you choose any individual health insurance available in your region. This gives you greater control over the doctors you can visit, the prescriptions that are covered, and the amount you pay for medical procedures.

How Thatch works

Through Thatch, Evolve Life Centers gives you a monthly allowance that Thatch uses to enroll you in your insurance plans and pay your monthly premiums. If the health insurance plan you choose exceeds your budget, the remaining amount is a pretax deduction from your paycheck. You can pick the plans that are right for you without worrying about managing monthly payments.

Medical Payroll Deduction Model

| Monthly Cost | Total Cost | Employer Share % | Employee Monthly |
|-----------------------|---|------------------|------------------|
| Employee Only | Rates calculated with age banded rates based on the plan the employee chooses. Evolve Contributes 68% of employee portion of premium. Employee covers all dependent costs. | | |
| Employee + Child(ren) | | | |
| Employee + Spouse | | | |
| Family | | | |

To learn more about onboarding steps and frequently asked questions, [click here](#) or scan the QR code!





support@thatch.com

Onboarding with Thatch

Need help with Thatch enrollment? Click here to view the Employee Experience video: [Enrolling in Your Thatch Benefits](#)

You can schedule a call with the Thatch licensed advisor broker team directly from your Thatch dashboard. This option will be available while your enrollment window is still open, so if you have questions, make sure to set up a call before finalizing your enrollment selections.

1. Log into your Thatch dashboard.
2. Enter the plan selection flow by clicking the Open Enrollment banner.
3. Click 'Help & Support' on the bottom left.
4. Select the 'I need help deciding between plans' option.

Allowance through Thatch

An allowance is the amount of money your employer makes available to you each month through your Thatch account. It is a tax-free benefit that can be used to pay for your health insurance premiums.

Allowances are calculated before each plan year. Evolve Life Centers decides how much to contribute. This year, Evolve will be contributing 68% of the employee portion of the premium. Employees are responsible for the remainder, and all dependent costs.

You will be shown your final allowance amount once you accept your Thatch invite and join Evolve Life Centers' Thatch account. Rates will be age-banded, and dependent on the plan you choose.

If your monthly premium is higher than your allowance, there won't be a remaining balance. Your employer will deduct the coverage from your paycheck through payroll.

Are allowance reimbursements taxable?

No. Allowance reimbursements are designed to be tax-free under federal law, as long as they are used for qualified medical expenses.

Ask Thatch

Ask Thatch is an AI-powered service available 24-7 to every employee in their Dashboard. Ask questions about your plan options, healthcare terminology, eligible spend, and more. During onboarding you can schedule time with a licensed Thatch advisor just by asking to schedule a call. It can also arrange to have the Thatch support team reach out to you over email, if requested.

Other Resources

Check out www.support.thatch.com for articles, how-to's and other information about managing your benefits. You can also reach out directly via email to support@thatch.com.

For more detailed information regarding your Thatch Benefit Plan, please refer to the Thatch New [Employee Benefit Guide](#).





Virtual Visits

Lowest Cost Option

Quick, convenient care without leaving home.

- Fever
- Sore throat
- Pink eye
- Coughs/congestion
- Allergy season
- Bronchitis
- Rashes (poison ivy, etc.)
- Mental health visits

Doctors can even write prescriptions online!



Scan the QR code to view a short video on Virtual Visits



Primary Care Provider (PCP)

Your go-to health partner helping you get healthy and stay healthy.

- Preventive care and screenings
- Acute care diagnosis and treatment
- Chronic condition care
- Referrals to specialists
- Health condition management
- Early detection
- Safe and confidential health conversations
- Lowers your health care costs



Urgent Care

Timely treatment when you need it most.

- Sprains
- Strains
- Minor broken bones (e.g., fingers)
- Minor infections
- Small cuts that may need a few stitches
- Minor burns
- X-rays



Emergency Room

Expert care for the most serious situations.

- Heavy bleeding and large open wounds
- Sudden change in vision
- Chest pain
- Sudden weakness or trouble talking
- Major burns
- Severe head or spinal injuries
- Difficulty breathing
- Major broken bones

Make sure you use your Virtual Visits or PCP before spending more out-of-pocket costs on ER and Urgent Care Visits.

Health Savings Account (HSA)



batinfo@paylocity.com 1-800-631-3539 (Monday - Friday, 7:00 AM - 6:00 PM CT)

Health Savings Account

If you elect an HSA-eligible medical plan through Thatch, you will have the option to enroll in a Health Savings Account (HSA). Eligible employees can elect this benefit in the Paylocity portal.

An HSA is a tax-advantaged savings account for medical expenses, allowing you to pay for current healthcare costs and save for future qualified medical and retiree healthcare expenses.

Advantages of an HSA:

- Triple tax advantages: contributions, investment earnings, and qualified withdrawals are tax-free
- Unused dollars roll over each year
- You own the account and can take it with you when changing jobs, medical plans, or retiring
- Funds not needed for near-term expenses may be invested (money market accounts, mutual funds)
- Can be used with limited FSAs for added flexibility

Tax Advantages of an HSA

- Employee contributions: tax-deductible
- Employer contributions: excluded from income and employment taxes
- Salary reduction contributions (Section 125 cafeteria plan) are tax-exempt
- All contributions are exempt from federal income taxes; employer and salary reduction contributions are also exempt from FICA and FUTA

Using Your HSA Funds

Contributions are deposited each paycheck and are available immediately. Access funds via HSA debit card, online portal, or mobile app.

Qualified expenses include:

- Medical, dental, vision, and prescription costs
- Deductibles, copayments, coinsurance
- Over-the-counter items (diabetic supplies, bandages, first-aid kits, contact lens solutions, menstrual care products)

Visit www.hsastore.com for full listing of eligible expenses.

Funding your HSA

The contribution limits set forth by the IRS for 2026 (for a full year of coverage or if the last month rule applies) are below:

| | 2026 Annual Limits |
|--------------------|--------------------|
| Individual | \$4,400 |
| Family | \$8,750 |
| Catch-Up (age 55+) | \$1,000/year |

- Contributions must stop once enrolled in Medicare, but funds can still be used tax-free
- Unused funds roll over and grow through tax-free interest

If you have money left in your HSA at the end of the year, it will simply roll over and grow over time through the accrual of tax-free interest. What a great way to invest for the future!

Want to learn more about HSAs?

Visit www.brainshark.com/hilbgroup/HSA or scan/click the QR code to watch a short video.





HSA FAQ's

Can My HSA Be Used to Pay Premiums?

Generally no; exceptions include:

- Long-term care insurance
- Unemployment coverage
- COBRA
- Medicare premiums after age 65

Can I Use My HSA to Pay for Medical Care for a Family Member?

Yes, for your spouse and dependents.

What Is a Qualified Medical Expense?

- Expenses that alleviate or prevent physical/mental illness, including dental and vision care
- Non-qualified examples: cosmetic surgery, health club dues, illegal procedures, maternity clothes, toiletries, and cosmetics
- See IRS Pub 502 & 969 for more details

Portability

The HSA belongs to you and moves with you if you change jobs.

- Funds continue to grow tax-free
- You can continue contributing if covered by a qualified HDHP
- Qualified distributions for you, your spouse, or dependents are excluded from gross income

Withdrawals

- Distributions for qualified expenses are tax-free
- Non-qualified distributions are taxed plus a penalty (exceptions: disabled, 65+, or deceased)

Who Is Eligible to Have an HSA?

To qualify, you must:

- Be covered by a qualified high-deductible health plan (HDHP)
- Not be covered under other non-permitted health insurance
- Not be enrolled in Medicare
- Not be claimed as another person's dependent

Permitted additional coverage includes: Accident coverage, Dental care, Disability insurance, Long-term care insurance, Vision care, Workers' compensation, Specified disease coverage, Fixed indemnity coverage

What Is a High-Deductible Health Plan (HDHP)?

- Requires you to pay higher deductibles before insurance pays
- HSA funds can be used to cover deductible expenses

2026 HDHP limits:

- Individual: min deductible \$1,700 / out-of-pocket max \$8,500
- Family: min deductible \$3,400 / out-of-pocket max \$17,000

Confirm with your insurer that your plan meets IRS requirements for HSA eligibility.



Humana

The features of your dental plan are highlighted in the table below. Please refer to your plan description for full details.

| Plan Features | In-Network You Pay | Out-of-Network* You Pay | In-Network You Pay | Out-of-Network* You Pay |
|---|--|-------------------------|--|-------------------------|
| Network | Preventative PPO | | Standard PPO | |
| Annual Deductible Amount you must pay per year before the plan begins to pay benefits | \$50 individual \$150 family | | \$25 individual \$75 family | |
| Annual Benefit Maximum Maximum amount the plan will pay per year | Plan pays \$1,000 per person per plan year | | Plan pays \$1,500 per person per plan year | |
| Preventive and Diagnostic Services | No charge—no deductible | | No charge—no deductible | |
| Basic Services | Deductible, then 20% | | Deductible, then 20%* | |
| Major Services | N/A | | Deductible, then 50%* | |

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

*Reimbursement is based on the maximum contract allowances and not necessarily each dentist's submitted fees.



- ✓ **Receive In Network Preventive Services at no cost** with the deductible waived.
- ✓ **Member Portal & Mobile app:** 24/7 access to benefit information, locate dentists, view ID cards and more.
- \$ **In-Network Providers:** Members will receive the greatest benefit and lowest out-of-pocket costs. Your provider will be reimbursed directly.
- \$\$ **Out-of-Network Services:** Provider charges in excess of the reimbursement amount are the member's responsibility.




Humana

The features of your vision plan are highlighted in the table below. Please refer to your plan description for full details.

| Plan Features | In-Network | Out-of-Network Reimbursement |
|---|---|------------------------------|
| Benefit Frequencies | | |
| Vision exam | Once every 12 months | |
| Eyeglass lenses | Once every 12 months | |
| Frames | Once every 12 months | |
| Vision Exam | \$10 copay | Up to \$55 |
| Eyeglass Frames | \$130 plan allowance; 20% off balance | Up to \$130 |
| Eyeglass Lenses | | |
| Single vision | \$15 copay | Up to \$35 |
| Lined bifocal | \$15 copay | Up to \$55 |
| Lined trifocal | \$15 copay | Up to \$90 |
| Contact Lenses in Lieu of Eyeglasses | | |
| Fitting/exam | Standard: \$40; Premium: 10% off retail | N/A |
| Contact lenses | \$130 plan allowance; 15% off balance | Up to \$130 |

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

- 
Member Portal & Mobile App: 24/7 access to benefit information, locate dentists, view ID cards and more.
- 
In-Network Providers: Members will receive the greatest benefit and lowest out-of-pocket costs. Your provider will be reimbursed directly.





Medicare can be tricky. Let us help.

We are happy to offer you and your family Medicare assistance through Hilb Group. As a third-party advocate, The Hilb Group is available to help you review your insurance options carefully, those through Medicare and our company, and help you choose the path that's right for you.



Education for the whole family

Medicare is an option for those 65 and over, but your Medicare advocacy benefit is for anyone. If you have parents reaching retirement age, or a close relative, The Hilb Group is available to help. This is not a service to sell you Medicare. This is a service to help you and your family feel great about the next chapter in life.

Medicare services through Hilb Group

Proper planning helps to avoid costly mistakes and incurring unnecessary penalties. Hilb's Benefit Consultants and Account Managers will provide a concierge Medicare experience, helping you understand and evaluate your current insurance as well as your Medicare options. This helps you make better, more informed decisions.

Medicare Supplement (Medigap)



Plans help cover certain out-of-pocket costs not paid by Original Medicare, such as copayments and coinsurance. These plans work alongside Original Medicare to provide additional financial protection.

Dental & Ancillary



Benefits may help cover services not typically included in Original Medicare. These plans can provide additional support for routine and preventive care.

Medicare Advantage (Part C)



Plans are offered by private insurance companies and combine Medicare Part A and Part B coverage. Many plans also include additional benefits, such as prescription drug coverage.

Cancer, Short-Term Care & Final Expense Coverage



These supplemental insurance options can help provide financial support for specific health events or end-of-life expenses. Coverage varies by plan and is designed to complement existing Medicare coverage.

Prescription Drug Plans (Part D)



Plans help cover the cost of medications and are available as standalone plans or included with some Medicare Advantage plans. Coverage and formularies may vary by plan.

Have questions about Medicare?

Visit www.hilbgroupmedicare.com or call 1-855-479-4005 for assistance.



Get to know us first!

Scan the QR code for free webinar options to get you started.





Aflac

Health insurance pays doctors and hospitals if you're sick or hurt. Aflac pays benefits directly to you- often in just one day. And you can use the money your way, whether to help with medical bills or any other expense you may have.

Here are some of the insurance policies Aflac offers:

Accident: Aflac's Accident Insurance pays cash benefits when you are hurt on or off the job. Benefits are payable for wellness visits, hospitalizations, emergency dental work, eye injuries, urgent care visits, fractures, dislocations, lacerations, burns, concussions, surgical procedures and follow up care. An accidental death benefit is included.

Critical Care Protection (Specified Health Event): An Aflac specified health event insurance policy is designed with the costs of treatment if you experience a covered health event.

Short-Term Disability: Aflac's Short Term Disability pays cash benefits when you can't work due to a disability caused by an illness, having a baby, or an off-the-job injury for up to 3 months. (Please note that a disability caused by a pre-existing condition will not be covered unless it begins more than 12 months after the effective date of coverage.)

Cancer/Specified-Disease: Aflac's Cancer Protection stays with you for life. Cash benefits include early detection and preventative care and will continue through diagnosis and treatment. If Cancer comes back after remission, this policy will continue to pay benefits to you for your care.

Hospital Confinement Indemnity: Aflac's Choice Hospital Indemnity pays cash benefits to help with out-of-pocket expenses associated with doctor visits, hospitalizations, and mental health treatment, including counseling and urgent care. This policy is customizable based on your unique needs and budget.

Mass Mutual

Group Whole Life

Mass Mutual Whole Life Insurance provides a death benefit, guaranteed cash value accumulation from which you can borrow, potential for dividends, guaranteed fixed premiums, and accelerated death benefits for chronic or terminal illness. This Whole Life insurance is guaranteed issued and is yours to take with you when you leave or retire from employment.

Need Help With Your Voluntary Benefits?

If you have questions about the voluntary benefits offered or need additional support, please reach out to our consultant through MWE Partnership:

Email laura.roettger@mwpartnership.com or call 904-687-8724 for assistance.

Have questions?

Visit www.massmutual.com/contact-us or call 1-800-272-2216 for assistance.

Effective Dates

- Open Enrollment for Voluntary Benefits through Aflac and Mass Mutual will be **May 4, 2026 - May 10, 2026**
- Coverage for Aflac and Mass Mutual Benefits: **June 1, 2026 - May 31, 2027**



American Funds (Capital Group)

A 401(k) is a convenient way to save for your retirement because contributions can be automatically deducted on a pre-tax basis from your paycheck. Even if you can only contribute a small amount to begin with, investing early gives your money the opportunity to grow long term.

Eligibility

- Full-time employees are eligible after **90 days of consecutive employment** and must be **age 21 or older**.
- You may enter the plan on the **first day of the month following eligibility**.

Contribution Limits

- If under age 50: You may contribute up to the IRS annual limit of \$24,500.
- If age 50 or older: You may contribute up to \$32,500 (includes catch-up contributions).

Contribution Limits

You may choose:

- **Pre-Tax Contributions** – Reduce your taxable income now; taxes are paid at withdrawal.
- **Roth Contributions** – Pay taxes now; qualified withdrawals (including earnings) are tax-free in retirement.

Employer Match

- After completing **one full year of continuous employment**, Evolve provides a discretionary employer match of your contributions of **up to 6% of your eligible compensation**.
- The employer match is contributed on a weekly payroll basis.
- You are **100% vested in your own contributions immediately**.
- Employer match contributions vest over **5 years from your date of hire**.

Additional Plan Features

- The plan accepts rollovers from other qualified retirement plans.
- Loans are available up to 50% of your vested balance (minimum \$1,000; maximum \$50,000).
- You may manage investments and make changes online at any time without cost.
- If you do not select investments, contributions default into a Target Date Fund.

Decisions to Consider

- **How much to contribute:** Contributing 6% allows you to receive the full 6% employer match (saving 12% total for retirement).
- **Pre-Tax or Roth:** If you are currently in a lower tax bracket, Roth contributions may be worth considering.
- **Investment selection:** Choose a Target Date Fund or build your own portfolio.
- **Beneficiary designation:** If married, your spouse is typically your primary beneficiary.

Enrollment Instructions

To enroll:

- Visit: www.capitalgroup.com
- Click Enroll and download the enrollment form.

Contact Information

Capital Group:
www.capitalgroup.com
1-800-421-4225

For 401(k) investment-specific questions:
UBS Contact: Kevin Wesner
kevin.wesner@ubs.com
Direct: 1-410-576-3222
Toll Free: 1-800-622-0073



Commonly used terms and definitions.

These glossary terms and definitions are intended to be educational and may differ from the terms and definitions of your plan. The policy or plan document governs the terms and definitions of your plan.



Uniform Glossary

We know that health care and health insurance terms can be confusing. When you make health decisions, you need information that's easy to understand. You can find some common terms defined in plain, clear language to help you make informed decisions at <https://www.healthcare.gov/SBC-GLOSSARY/>.

Allowed Benefit

The allowed benefit, sometimes referred to as the allowed amount, is the maximum amount the insurance company will pay for covered services.

Providers within your plan's network, also known as in-network providers, agree to accept the allowed amount as payment for a service. You may still owe a copay or coinsurance depending on your plan's provisions, but the in-network provider agrees not to bill for charges that exceed the allowed amount.

Balance Billing

If you go out-of-network, the provider may charge more than the plan's allowed benefit, and you may have to pay the difference.

Benefit Maximum

The maximum amount that will be paid on your behalf by the insurance carrier (may also be referred to as an annual benefit maximum).

Coinsurance

The shared cost between the plan and the member for a covered service, calculated as a percentage of the allowed amount for the service.

Copay

A set dollar amount you pay for a covered service, usually paid at the time the service is received.

Deductible

The amount you owe for covered services before your insurance plan begins to pay. Note: the deductible may not apply to all services.

Eligible Expenses

Services that your plan covers.

Evidence of Insurability (EOI)

Some benefits require you to show that you are in good health before the insurance carrier will agree to provide certain levels of coverage. This is called "evidence of insurability". Coverage that requires evidence of insurability will not be in effect until you receive approval from the insurance company.

Out-of-Pocket Maximum

The most you pay before your insurance plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your insurance plan doesn't cover.

Don't understand your deductible, coinsurance, or out-of-pocket maximum?

Visit www.brainshark.com/hillbgroup/MedTerms or scan/ click the QR code to watch a short video.





Weekly Payroll Deductions

Dental Contributions

| Tier | Humana PPO | Standard PPO |
|-----------------------|------------|--------------|
| Employee Only | \$3.72 | \$9.20 |
| Employee + Child(ren) | \$9.88 | \$23.46 |
| Employee + Spouse | \$8.42 | \$18.40 |
| Family | \$15.55 | \$32.67 |

Vision Contributions

| Tier | Humana Vision 130 |
|-----------------------|-------------------|
| Employee Only | \$1.26 |
| Employee + Child(ren) | \$2.38 |
| Employee + Spouse | \$2.51 |
| Family | \$3.75 |





INSURANCE | BENEFITS | HR SOLUTIONS

This guide provides a summary of the benefits available. The company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. Benefits are not a guarantee of employment.