



ET INVESTMENTS, LLC

Benefits Guide | Plan Year 2026



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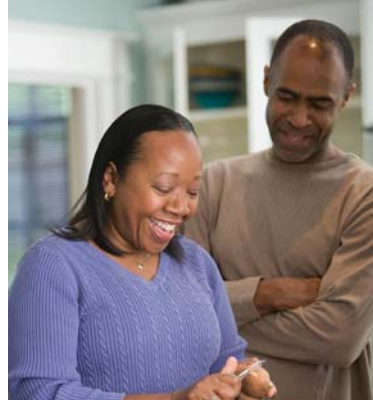
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Welcome to your Benefits!

At ET Investments, we value our employees and strive to offer the most comprehensive and valuable benefit packages. We understand that selecting the right benefits is a crucial decision, and we're here to help you make informed choices for you and your family.

We are pleased to present our benefits package, which includes:

HEALTHCARE BENEFITS

- Medical Insurance through Leading Edge/Anthem
- Vision Insurance through VSP
- Dental Insurance through UMR
- VSP Hearing coverage
- Convenient telephonic medical visits via Sydney Health
- Anthem/CarelonRX Prescription drug benefit

FINANCIAL SECURITY

- Short Term Disability through OneAmerica
- Long Term Disability through OneAmerica
- Company Paid Life & AD&D through OneAmerica
- Voluntary Life & AD&D through OneAmerica
- Flexible Spending Accounts through UMR
- Health Savings Accounts through Optum Bank
- 401K retirement planning through Principal

ADDITIONAL SUPPORT SERVICES

- Prescription savings through GoodRx
- Employee Assistance Program (EAP) through OneAmerica
- Various discounts and additional benefits

We encourage you to review these offerings carefully and select the options that best suit your needs. Our goal is to provide you with comprehensive coverage that supports your health, well-being, and financial security.

Should you have any questions about your benefits or need assistance making your selections, please don't hesitate to reach out to our HR department.

Benefits Overview

As we look ahead to 2026, our commitment remains the same: to offer high-quality, competitive benefits while maintaining cost stability for both our employees and our companies. We understand that benefits are a key part of your total compensation, and we work hard each year to manage costs responsibly without compromising the value of the coverage you receive.

We are pleased to share several updates for the 2026 plan year:

Medical Plan Stability

- No increase to medical premiums for 2026. This marks the third consecutive year that employee medical premiums have remained unchanged.
- No changes to medical benefits—your current coverage levels and plan features will continue as they are today.

Enhanced Company-Paid Life Insurance

- Company-paid life insurance coverage is increasing to 2× annual salary, up to a maximum of \$250,000 (previous maximum was \$50,000).
- This enhancement provides significantly greater financial protection at no additional cost to you.

Disability and Life Insurance Carrier Transition

- All Life and Disability benefits will transition from Mutual of Omaha to OneAmerica Financial.
- This move allows us to streamline administration and provide employees with improved benefits.

Expanded Retirement Plan Options

- We are introducing a Roth 401(k) option in 2026, giving you greater flexibility in how you save for retirement and manage your long-term financial plan.

Our Continued Commitment

We remain focused on offering benefits that support your well-being—financial, physical, and personal—while also ensuring long-term affordability. By carefully managing plan costs and investing in meaningful enhancements, we aim to provide benefits that make a difference in your life and the lives of your families.

Preventative Care for You and Your Family

Protecting your healthy balance.

Preventative care services are covered at no cost, following the ACA guidelines.

Remember the old saying “An ounce of prevention is worth a pound of cure”? This can be especially true when it comes to preventive care services.

Maintaining or improving your health with routine preventive care, along with following the advice of your doctor, may help you live a healthier life. Routine checkups and screenings may help you avoid serious health problems, allowing you and your doctor to work as a team to manage your overall health, and help you reach your personal health goals.

What is preventive care?

Preventive care focuses on your current health, when you are symptom free, and helps your doctor find health issues at an early stage to help prevent more serious health problems. Your preventive care services may include physical exams, immunizations, lab tests and other types of screening services.

During your preventive visit your doctor will determine which tests or health screenings may be right for you based on many factors such as your age, gender, overall health status, personal health history and your family health history.

Preventive services may include many types of services, subject to age and gender guidelines, including:

- Physician office services
- Routine physical exams
- Well-baby and well-child care
- Immunizations

Lab, X-ray or health screening tests :

- Screening mammography
- Screening colonoscopy
or sigmoidoscopy
- Cervical cancer screening
- Osteoporosis screening

2026 Benefit Summary Comparison

STANDARD PLAN								
MAJOR MEDICAL	IN-NETWORK	OUT-OF-NETWORK	PREMIUM PLAN		HIGH DEDUCTIBLE PLAN		HSA PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	\$700/Individual \$2,100/Family 80%	\$2,800/Individual \$8,400/Family 60%	\$450/Individual \$1,350/Family 90%	\$1,800/Individual \$5,400/Family 70%	\$1,625/Individual \$4,875/Family 80%	\$6,500/Individual \$19,500/Family 50%	\$2,100/Individual \$6,300/Family 80%	\$4,200/Individual \$12,600/Family 60%
	\$4,000/Individual \$12,000/Family Unlimited	\$8,000/Individual \$24,000/Family	\$2,650/Individual \$7,950/Family Unlimited	\$4,800/Individual \$14,400/Family	\$4,750/Individual \$14,250/Family Unlimited	\$10,500/Individual \$31,500/Family	\$6,550/Individual \$13,100/Family Unlimited	\$10,500/Individual \$31,500/Family
PHYSICIAN'S OFFICE VISITS (excludes X-ray and Lab, refer to Lab benefit below)								
	\$30 Co-pay, then 100%	60% (Ded & MM)	\$30 Co-pay, then 100%	70% (Ded & MM)	\$30 Co-pay, then 100%	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
URGENT CARE								
	\$40 Co-pay, then 100% Deductible waived	60% (Ded & MM)	\$40 Co-pay, then 100% Deductible waived	70% (Ded & MM)	\$40 Co-pay, then 100% Deductible waived	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
WELLNESS/PREVENTIVE (Routine Care)								
Physical Examinations	Covered at 100%	60% (Ded & MM)	Covered at 100%	70% (Ded & MM)	Covered at 100%	50% (Ded & MM)	Covered at 100%	40% (Ded & MM)
Routine Care (Age 2 and over)	Covered at 100%	60% (Ded & MM)	Covered at 100%	70% (Ded & MM)	Covered at 100%	50% (Ded & MM)	Covered at 100%	40% (Ded & MM)
Well Child Care (Age 2 and under)	Covered at 100%	60% (Ded & MM)	Covered at 100%	70% (Ded & MM)	Covered at 100%	50% (Ded & MM)	Covered at 100%	40% (Ded & MM)
Wellness Health								
	100%; Deductible Waived. Is a program that provides Eligible Participants with the convenience of on-site health screenings. Issues of which they are unaware. This program is based on three core strategies - Discovery, Education, and Control - and is intended to help Eligible Participants identify health							
HOSPITAL BENEFITS								
Per Confinement Deductible	None	\$500/Confinement 60% (Ded & MM)	None	\$500/Confinement 70% (Ded & MM)	None	\$500/Confinement 50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
In-Patient	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
Out-Patient	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
EMERGENCY ROOM								
(Medical emergency; includes facility & professional fees)	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay, then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	80% (Ded & MM)	80% (Ded & MM)
SURGICAL BENEFITS								
Per Confinement Deductible	None	\$500/Individual 60% (Ded & MM)	None	\$500/Individual 70% (Ded & MM)	None	\$500/Individual 50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
In-Patient	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
Out-Patient	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
MENTAL/NERVOUS DISORDER: Medical Certification Needed								
Per Confinement Deductible	None	\$500/Individual 60% (Ded)	None	\$500/Individual 70% (Ded)	None	\$500/Individual 50% (Ded)	None	None
In-Patient	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	60% (Ded)
Out-Patient	\$30 Co-pay, then 100%	60% (Ded)	\$30 Co-pay, then 100%	70% (Ded)	\$30 Co-pay, then 100%	50% (Ded)	80% (Ded)	60% (Ded)
All Other out-patient	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	60% (Ded)
SUBSTANCE USE								
Per Confinement Deductible	None	\$500/Individual 60% (Ded)	None	\$500/Individual 70% (Ded)	None	\$500/Individual 50% (Ded)	None	None
In-Patient	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	60% (Ded)
Out-Patient	\$30 Co-pay, then 100%	60% (Ded)	\$30 Co-pay, then 100%	70% (Ded)	\$30 Co-pay, then 100%	50% (Ded)	80% (Ded)	60% (Ded)
All Other out-patient	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	60% (Ded)

2026 Benefit Summary Comparison

	STANDARD PLAN		PREMIUM OPTION		HIGH DEDUCTIBLE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DIAGNOSTIC X-RAY AND LABORATORY SERVICES	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
ADDITIONAL MEDICAL BENEFITS						
Home Health Care	100% (No Ded) 1 Visit per Day up to 100 Visits	100% (No Ded)	100% (No Ded) 1 Visit per Day up to 100 Visits	100% (No Ded)	100% (No Ded) 1 Visit per Day up to 100 Visits	80% (Ded & MM) 100 Visits
Skilled Nursing Facility	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	80% (Ded & MM)
Calendar Year Benefit	100 Days	100 Days	100 Days	100 Days	100 Days	100 Days
Per Confinement Deductible	None	\$500/Individual	None	\$500/Individual	None	None
Hospice	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	80% (Ded & MM)
Per Confinement Deductible (Pre-Certification)	None	\$500/Individual	None	\$500/Individual	None	None
Outpatient Therapies (Speech, Hearing, Occupational)	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	60% (Ded)
Calendar Year Benefit	20 Visits	20 Visits	20 Visits	20 Visits	20 Visits	20 Visits
Physical Therapy	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	60% (Ded)
Calendar Year Benefit	12 Visits	12 Visits	12 Visits	12 Visits	12 Visits	12 Visits
Chiropractic Care	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	60% (Ded)
Calendar Year Benefit	10 Visits	10 Visits	10 Visits	10 Visits	10 Visits	10 Visits
Ambulance	80% (Ded & MM)	80% (Ded & MM)	90% (Ded & MM)	90% (Ded & MM)	80% (Ded & MM)	80% (Ded & MM)
Durable Medical Equipment	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
Items per Lifetime	20 Items	20 Items	20 Items	20 Items	20 Items	20 Items
PRESCRIPTION DRUG CARD						
Standard Co-Pay (30 Day Supply)	\$15 Generic \$30 Preferred \$50 Non-Preferred	\$15 Generic \$30 Preferred \$50 Non-Preferred	\$15 Generic \$30 Preferred \$45 Non-Preferred	\$15 Generic \$30 Preferred \$45 Non-Preferred	\$15 Generic \$30 Preferred \$50 Non-Preferred	80% (Ded) 80% (Ded) 80% (Ded)
Specialty Drugs - NOT COVERED						
Mail Order Co-Pay (90 Day Supply)	\$30 Generic \$60 Preferred \$100 Non-Preferred	\$30 Generic \$60 Preferred \$100 Non-Preferred	\$30 Generic \$60 Preferred \$90 Non-Preferred	\$30 Generic \$60 Preferred \$90 Non-Preferred	\$30 Generic \$60 Preferred \$100 Non-Preferred	80% (Ded) 80% (Ded) 80% (Ded)

**Specialty drugs are prescription often require special handling, close monitoring, or help from a pharmacist or care team to use safely and effectively. Because they are more complex and expensive than typical prescriptions, specialty drugs are usually filled through a specialty pharmacy.

2026 Medical PreTax Contributions (Monthly)

STANDARD

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$236.00	\$268.00	\$348.00
EE + Spouse	\$598.00	\$634.00	\$718.00
EE + Child	\$574.00	\$612.00	\$694.00
EE + Children	\$574.00	\$612.00	\$694.00
Family	\$840.00	\$880.00	\$964.00

PREMIUM

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$390.00	\$424.00	\$528.00
EE + Spouse	\$790.00	\$830.00	\$932.00
EE + Child	\$756.00	\$794.00	\$898.00
EE + Children	\$756.00	\$794.00	\$898.00
Family	\$1,078.00	\$1,120.00	\$1,224.00

HDHP (HMED)

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$154.00	\$186.00	\$266.00
EE + Spouse	\$492.00	\$528.00	\$612.00
EE + Child	\$468.00	\$504.00	\$588.00
EE + Children	\$468.00	\$504.00	\$588.00
Family	\$680.00	\$718.00	\$800.00

HSA

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$76.00	\$110.00	\$190.00
EE + Spouse	\$332.00	\$368.00	\$452.00
EE + Child	\$310.00	\$344.00	\$424.00
EE + Children	\$310.00	\$344.00	\$424.00
Family	\$498.00	\$534.00	\$616.00

NOTE

Note: New employees without a baseline Wellness score will be charged the middle tier of rates until they get a baseline score. Employees hired in the first half of the year will be given an opportunity to get tested and get a baseline score. Those hired in the second half of the year will wait until the next regular testing.



Medical Benefits

STANDARD PLAN

STANDARD PLAN - SMED PPO

PARTICIPATING PROVIDERS

NON-PARTICIPATING PROVIDERS (SUBJECT TO USUAL AND CUSTOMARY CHARGES)

LIFETIME & CALENDAR YEAR MAXIMUM BENEFIT	UNLIMITED	
CALENDAR YEAR DEDUCTIBLE		
Single	\$700	\$2,800
Family	\$2,100	\$8,400
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	(does not include: Deductible, Copays)	
Single	\$4,000	\$8,000
Family	\$12,000	\$24,000

MEDICAL BENEFITS (Cost to you after Deductible has been met)

PHYSICIAN'S SERVICES

Preventative Care/Screening/Immunization	Visit No Charge; Deductible Waived	40% Coinsurance
Primary Care Visit To Treat An Injury Or Illness	\$30 Copay per visit; Deductible Waived	40% Coinsurance
Special Visit	\$30 Copay per visit; Deductible Waived	40% Coinsurance

HOSPITAL EXPENSES OR LONG TERM ACUTE CARE FACILITY/HOSPITAL (FACILITY CHARGES)

Inpatient	20% Coinsurance	\$500 Copay per visit; 40% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	40% Coinsurance
Outpatient	20% Coinsurance	40% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	40% Coinsurance

IMMEDIATE CARE

Ambulance Services	20% Coinsurance	20% Coinsurance
Emergency Services/Emergency Room Services	\$250 Copay per visit; 20% Coinsurance	\$250 Copay per visit; 40% Coinsurance
Urgent Care Facility	\$40 Copay per visit	40% Coinsurance

TESTS & IMAGING

X-Ray & Laboratory Services	20% Coinsurance	40% Coinsurance
Imaging (Ct/Pet Scans, Mri's)	20% Coinsurance	40% Coinsurance

MATERNITY

Office Visits	20% Coinsurance	40% Coinsurance
Childbirth/Delivery Professional Services	20% Coinsurance	40% Coinsurance
Childbirth/Delivery Facility Services	20% Coinsurance	\$500 Copay per visit; 40% Coinsurance

OTHER

Chiropractic Care/Spinal Manipulation	20% Coinsurance; 10 Visit/Year Maximum	40% Coinsurance; 10 Visit/Year Maximum
Durable Medical Equipment (DME)	20% Coinsurance	40% Coinsurance

This is only a brief summary of the benefits available. Some restrictions may apply. For more specific information about the coverage details including limitations, exclusions and other requirements, please refer to the actual Summary Plan Description.



Medical Benefits

PREMIUM PLAN

PREMIUM PLAN - PMED PPO

PARTICIPATING PROVIDERS

NON-PARTICIPATING PROVIDERS (SUBJECT TO USUAL AND CUSTOMARY CHARGES)

LIFETIME & CALENDAR YEAR MAXIMUM BENEFIT	UNLIMITED	
CALENDAR YEAR DEDUCTIBLE		
Single	\$450	\$1,800
Family	\$1,350	\$5,400
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	(does not include: Deductible, Copays)	
Single	\$2,650	\$4,800
Family	\$7,950	\$14,400

MEDICAL BENEFITS (Cost to you after Deductible has been met)

PHYSICIAN'S SERVICES

Preventative Care/Screening/Immunization	Visit No Charge; Deductible Waived	30% Coinsurance
Primary Care Visit To Treat An Injury Or Illness	\$30 Copay per visit; Deductible Waived	30% Coinsurance
Special Visit	\$30 Copay per visit; Deductible Waived	30% Coinsurance

HOSPITAL EXPENSES OR LONG TERM ACUTE CARE FACILITY/HOSPITAL (FACILITY CHARGES)

Inpatient	10% Coinsurance	\$500 Copay per visit; 30% Coinsurance
Physician/Surgeon Fee	10% Coinsurance	30% Coinsurance
Outpatient	10% Coinsurance	30% Coinsurance
Physician/Surgeon Fee	10% Coinsurance	30% Coinsurance

IMMEDIATE CARE

Ambulance Services	10% Coinsurance	10% Coinsurance
Emergency Services/Emergency Room Services	\$250 Copay per visit; 10% Coinsurance	\$250 Copay per visit; 30% Coinsurance
Urgent Care Facility	\$40 Copay per visit	30% Coinsurance

TESTS & IMAGING

X-Ray & Laboratory Services	10% Coinsurance	30% Coinsurance
Imaging (Ct/Pet Scans, Mri's)	10% Coinsurance	30% Coinsurance

MATERNITY

Office Visits	10% Coinsurance	30% Coinsurance
Childbirth/Delivery Professional Services	10% Coinsurance	30% Coinsurance
Childbirth/Delivery Facility Services	10% Coinsurance	\$500 Copay per visit; 30% Coinsurance

OTHER

Chiropractic Care/Spinal Manipulation	10% Coinsurance; 10 Visit/Year Maximum	30% Coinsurance; 10 Visit/Year Maximum
Durable Medical Equipment (DME)	10% Coinsurance	30% Coinsurance

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Medical Benefits

HIGH DEDUCTIBLE PLAN

HDHP PLAN - HMED PPO

PARTICIPATING PROVIDERS

NON-PARTICIPATING PROVIDERS (SUBJECT TO USUAL AND CUSTOMARY CHARGES)

LIFETIME & CALENDAR YEAR MAXIMUM BENEFIT	UNLIMITED	
CALENDAR YEAR DEDUCTIBLE		
Single	\$1,625	\$6,500
Family	\$4,875	\$19,500
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	(does not include: Deductible, Copays)	
Single	\$4,750	\$10,500
Family	\$14,250	\$31,500

MEDICAL BENEFITS (Cost to you after Deductible has been met)

PHYSICIAN'S SERVICES

Preventative Care/Screening/Immunization	Visit No Charge; Deductible Waived	50% Coinsurance
Primary Care Visit To Treat An Injury Or Illness	\$30 Copay per visit; Deductible Waived	50% Coinsurance
Special Visit	\$30 Copay per visit; Deductible Waived	50% Coinsurance

HOSPITAL EXPENSES OR LONG TERM ACUTE CARE FACILITY/HOSPITAL (FACILITY CHARGES)

Inpatient	20% Coinsurance	\$500 Copay per visit; 40% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	50% Coinsurance
Outpatient	20% Coinsurance	50% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	50% Coinsurance

IMMEDIATE CARE

Ambulance Services	20% Coinsurance	20% Coinsurance
Emergency Services/Emergency Room Services	\$250 Copay per visit; 20% Coinsurance	\$250 Copay per visit; 50% Coinsurance
Urgent Care Facility	\$40 Copay per visit	50% Coinsurance

TESTS & IMAGING

X-Ray & Laboratory Services	20% Coinsurance	50% Coinsurance
Imaging (Ct/Pet Scans, Mri's)	20% Coinsurance	50% Coinsurance

MATERNITY

Office Visits	20% Coinsurance	50% Coinsurance
Childbirth/Delivery Professional Services	20% Coinsurance	50% Coinsurance
Childbirth/Delivery Facility Services	20% Coinsurance	\$500 Copay per visit; 50% Coinsurance

OTHER

Chiropractic Care/Spinal Manipulation	20% Coinsurance; 10 Visit/Year Maximum	50% Coinsurance; 10 Visit/Year Maximum
Durable Medical Equipment (DME)	20% Coinsurance	50% Coinsurance

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Medical Benefits

HSA PLAN

HSA PLAN - PPO

PARTICIPATING PROVIDERS

NON-PARTICIPATING PROVIDERS

(SUBJECT TO USUAL AND CUSTOMARY CHARGES)

LIFETIME & CALENDAR YEAR MAXIMUM BENEFIT	UNLIMITED	
CALENDAR YEAR DEDUCTIBLE		
Single	\$2,100	\$4,200
Family	\$6,300	\$12,600
Maximum amount that one person will satisfy towards the annual family out-of-pocket	\$3,400	\$5,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	(Include: Deductible, Coinsurance - combined with Rx Drug Card)	
Single	\$6,550	\$10,500
Family	\$13,100	\$31,500
Maximum amount that one person will satisfy towards the annual family out-of-pocket	\$5,200	\$6,000

MEDICAL BENEFITS (Cost to you after Deductible has been met)

PHYSICIAN'S SERVICES

Preventative Care/Screening/Immunization	No Charge; Deductible Waived	40% Coinsurance
Primary Care Visit To Treat An Injury Or Illness	20% Coinsurance	40% Coinsurance
Special Visit	20% Coinsurance	40% Coinsurance

HOSPITAL EXPENSES OR LONG TERM ACUTE CARE FACILITY/HOSPITAL (FACILITY CHARGES)

Inpatient	20% Coinsurance	40% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	40% Coinsurance
Outpatient	20% Coinsurance	40% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	40% Coinsurance

IMMEDIATE CARE

Ambulance Services	20% Coinsurance	20% Coinsurance
Emergency Services/Emergency Room Services	20% Coinsurance	40% Coinsurance
Urgent Care Facility	20% Coinsurance	40% Coinsurance

TESTS & IMAGING

X-Ray & Laboratory Services	20% Coinsurance	40% Coinsurance
Imaging (Ct/Pet Scans, Mri's)	20% Coinsurance	40% Coinsurance

MATERNITY

Office Visits	20% Coinsurance	40% Coinsurance
Childbirth/Delivery Professional Services	20% Coinsurance	40% Coinsurance
Childbirth/Delivery Facility Services	20% Coinsurance	40% Coinsurance

OTHER

Chiropractic Care/Spinal Manipulation	20% Coinsurance	40% Coinsurance
Durable Medical Equipment (DME)	20% Coinsurance	40% Coinsurance

This is only a brief summary of the benefits available. Some restrictions may apply. For more specific information about the coverage details including limitations, exclusions and other requirements, please refer to the actual Summary Plan Description.

Medical Benefits - Member Portal Registration



The URL for the portal is: **<https://mesa.leadingedgeadmin.com/>**

The following are quick steps on how to register as a member via the Leading Edge Administrators MESA Portal

1. Click on Sign Up Now **(have your Member ID # available)**
2. Select Employee or Dependent
3. Enter Email address
4. Enter your Identification Number, this is your ID number **(Located on your member medical ID card)**
5. Enter all required fields (listed with an “*”) – Name, DOB, Etc.
6. Enter your desired username, password, and security questions/answers
7. Review all entered information, read disclaimer, and electronically sign with date

Once registration is complete, you will receive a confirmation email. You will then be able to logon and view your account details which include your plan summary, claims, search for a provider and request permanent and temporary ID cards

Medical Benefits - Anthem Sydney Health App



The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits—all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead—moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar **espanol.anthem.com**.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- Check your plan progress.
- Fill prescriptions.

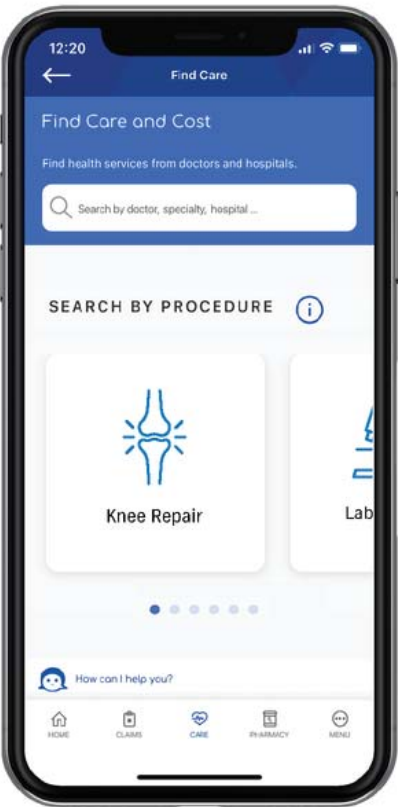


Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important — and choosing one in your plan’s network can keep your costs down. The **Find Care** tool on the SydneySM Health app and [anthem.com](https://www.anthem.com) can help you meet both needs.



Helping you find the right care

The **Find Care** tool brings together details about doctors in your plan’s network. You can customize your search by name, location, specialty, or procedure. You also can compare information such as costs, languages spoken, and office hours.* To make sure a care provider is in your plan’s network, view the doctor or facility profile.

To help you find care providers who would be a good fit for you, we sort your search results and provide the top three matches using **Personalized Match**. There are more options available below your top three, and you can always re-sort these search results by distance or name.

After viewing your initial search results, you can filter your results by selecting the relevant boxes on the left or browsing by list or map views.



Search by name, specialty, or procedure.



Customize and refine results.



Compare <doctors> and costs.



Download the Sydney Health app

Scan the QR code to download the Sydney Health mobile app. Then select **Find Care and Cost** from the menu Or you can log in to [anthem.com](https://www.anthem.com) and select **Find Care and Cost** from the Care menu.

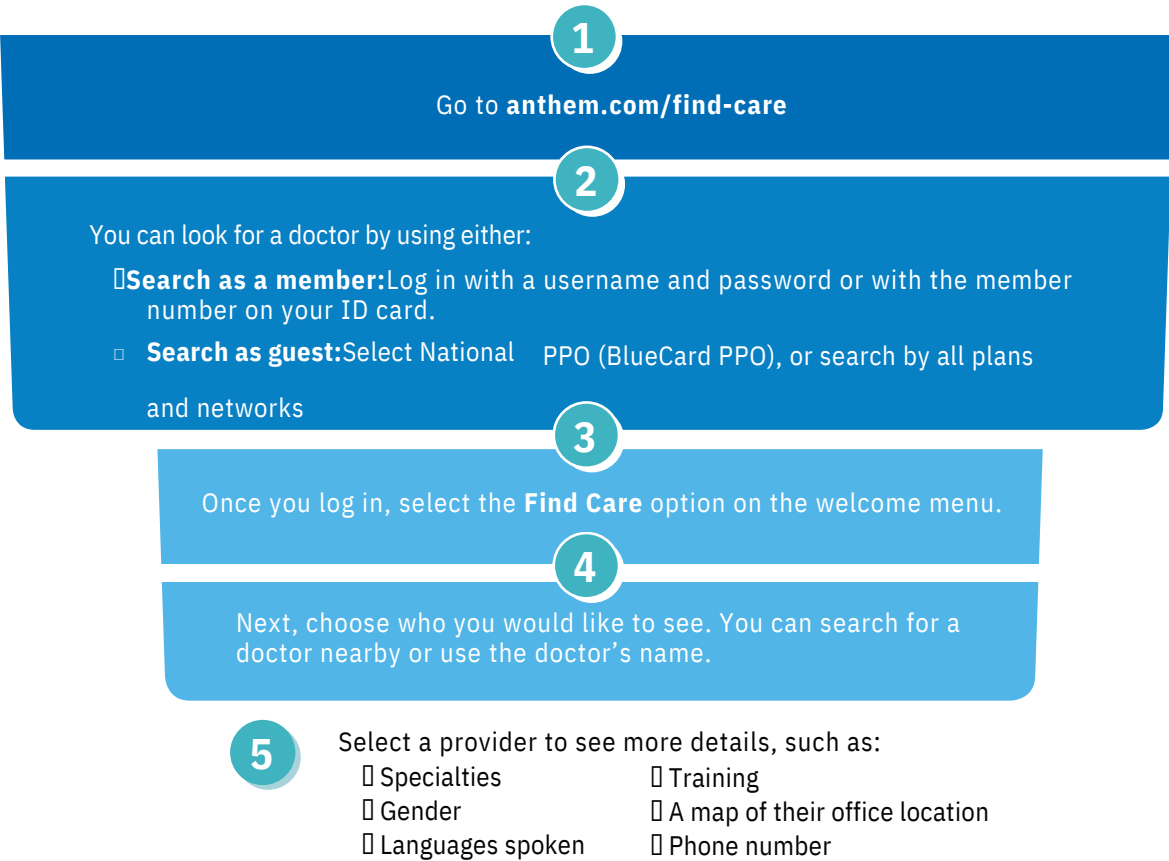
Are you looking for a doctor?

It's easy to find one online

The right doctor can have a positive impact on your health and well-being. Choosing one in your plan can save you money as well. The **Find Care** tool helps you locate doctors, dentists, eye care professionals, hospitals, labs, and other health care providers in your plan. If you decide to see a doctor outside your plan, your costs will be higher and your care may not be covered. Therefore, it is a good idea to learn how this convenient tool can help you find care.



How to find a doctor near you:



Health information that goes where you go

The **Sydney Health app** makes it easy to find information about your plan benefits wherever you are. The app keeps everything you need to know about your plan personalized and in one place. Download the app today.

* If you don't know the name of the plan or network, check with your human resources department or benefits administrator.
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Medical Benefits - ConciergeCARE

ConciergeCARE

Real Capital Partners LLC



(844) 392-9531

Health Advocacy

The ConciergeCARE advocacy coaches possess extensive knowledge of your health plan and individual healthcare requirements. Their primary objective is to ensure that you receive suitable care from the right providers and in the right place. ConciergeCARE advocacy coaches work with you personally to provide personalized and high-quality guidance throughout your patient journey, easing your path to improved health.

This program is accessible to you at no additional cost and matches you with a dedicated ConciergeCARE advocacy coach. If you seek comprehensive care with one point of contact that always places the patient at the center of care, you can contact a ConciergeCARE advocacy coach today.

ET Investments, LLC

Concierge-level service that will improve your health journey

- Helps you to find high-quality healthcare providers with your insurance network.
- Connects you to useful resources.
- Assists with claim denials and appeals.
- Coordinates cost-effective medication solutions.
- Answers questions on out-of-pocket costs and plan benefits.
- Assistance with bill review, including balanced bills.

Advantages of using ConciergeCARE Services

- **Navigate your healthcare journey across multiple care settings with ease and confidence.**
- **Minimizing out-of-pocket costs by ensuring that you receive the appropriate care, in a suitable place, and at the right time.**
- **Enjoy an enhanced experience that will positively impact your health journey from start to finish.**

Medical Benefits - Pharmacy



Prescriptions made easier

Welcome to your new pharmacy benefits

Anthem 

Make the most of your new pharmacy benefits from Anthem

Your pharmacy coverage is important to your whole health. Use this benefits guide to help you be your healthiest and save money, too.

Get started by registering at anthembluecross.com

Once you receive your new member ID card, register on anthembluecross.com to see and manage your prescriptions all in one convenient place. Through the Anthem site, you'll be able to:

- Have prescription medications you take regularly delivered to your door with home delivery from CarelonRx Pharmacy.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time using online tools.
- Check your drug list (formulary) for a wide range of cost-effective medicines covered by your plan.
- Compare costs of medications between home delivery and retail pharmacies. You can also price generic medications using our Price a Medication tool.

Find more ways to save on your prescriptions

You can save more on your prescription medicines by knowing which are covered by your plan:

- Certain preventive medicines at little or no cost to you
- Hundreds of generic and brand-name prescription medicines in every therapeutic class

Choosing a medicine on your drug list can help you pay less — especially when compared to paying out of pocket for medicines that aren't covered.

Medicines are grouped in tiers. Your share of the cost depends on which tier your medicine is on. Medications on lower tiers usually cost less.

When you receive your member ID card, you can see the most up-to-date list of medications for your plan. Log in at anthembluecross.com.

Medical Benefits - Pharmacy



5 ways to save more on your prescription medications

1. Take medications on your plan's drug list.
2. Find out if there are generic or over-the-counter options.
3. Check your cost with our Price a Medication tool at **[anthembluecross.com](https://www.anthembluecross.com)**.
4. Use pharmacies in your plan's network.
5. Order 90-day supplies of medications you take regularly.

Always check with your doctor before changing your medication.

Choose how to fill your prescriptions

Local pharmacies

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at **[anthembluecross.com](https://www.anthembluecross.com)**.
2. Choose **Find a Pharmacy**.
3. Enter your ZIP code.

CarelonRx Pharmacy

For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Get started at **[anthembluecross.com](https://www.anthembluecross.com)**. Shipping is always free.

Specialty pharmacy

Please contact Payer Matrix.

Preapproval (prior authorization)

Most prescriptions are filled right away when you take them to the pharmacy. There are some medicines that may require our review and approval — known as preapproval or prior authorization — before they're covered. Be confident knowing your prescription medication is safe, right for you, and covered by your pharmacy benefit.

Your doctor can start this process by calling the Pharmacy Member Services number on your member ID card or by downloading a preapproval form from our website. If we approve the request, the amount you pay for the medication depends on your plan's benefit.



We're here to help

Understanding your pharmacy benefits can help you get the most from your plan. If you have questions:

- Call us at the Pharmacy Member Services number on your member ID card.
- Visit **[anthembluecross.com](https://www.anthembluecross.com)** and send a secure message or open a live chat session.

Anthem Blue Cross is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

GoodRx

Find the lowest local prices
on your prescriptions



NEVER OVER-PAY FOR YOUR PRESCRIPTIONS AGAIN!

GoodRx is a great way to help save money on your prescriptions and the best thing is that it's completely **FREE** to use for your whole family. GoodRx compiles discount coupons that enable you to take advantage of the best pricing on your medications. You'll be surprised at how inexpensive you might be able to get your medications. Check GoodRx every time you get a prescription to see your possible savings.

Follow these **four EASY steps** to get started:

Step 1:

Download the the **GoodRx** app on the iTunes and Google Play App stores or enter your mobile number at <https://www.goodrx.com/mobile> to have the app texted to you.

Step 2:

Price your medication.

Step 3:

Select your savings voucher at your preferred pharmacy.

Step 4:

Show the voucher to your pharmacist to receive the discounted price



Dental Benefits

NO LIST – GO TO ANY DENTIST

BENEFIT DESCRIPTION

BENEFIT

(SUBJECT TO USUAL AND CUSTOMARY CHARGES)

CALENDAR YEAR DEDUCTIBLE

SINGLE

\$50

FAMILY

\$150

MAXIMUMS

(Class A, B & C expenses combined per person)

CALENDAR YEAR BENEFIT

\$1,250 per Covered Person

ORTHODONTIC BENEFIT

\$1,250 per Covered Person

BENEFITS

CLASS A PREVENTATIVE & DIAGNOSTIC SERVICES

100% after Deductible

CLASS B EXPENSES - BASIC SERVICES

80% after Deductible

CLASS C EXPENSES - MAJOR SERVICES

50% after Deductible

ORTHODONTIC SERVICES

50% after Deductible

(DEPENDENT CHILDREN YOUNGER THAN AGE 18 ONLY)

FOR DENTAL CARE OVER \$300

Whenever you need dental care that is estimated to cost over \$300, ask your dentist to submit a proposed treatment plan before you receive the care. Dental and plan experts will review the plan to be sure it's the best and safest for you, and you know your out-of-pocket cost estimate ahead of time to help you budget.



CONTRIBUTIONS

COVERAGE	MONTHLY DEDUCTION
SINGLE	\$20.00
EE + SPOUSE	\$62.00
EE + CHILD(REN)	\$72.00
FAMILY	\$104.00



Vision Benefits

VSP CHOICE PROVIDERS*

BENEFIT	BASE	BUY UP	FREQUENCY
EYE EXAM	\$10	\$10	One per calendar year
PRESCRIPTION GLASSES	\$25	\$25	One per calendar year
Frames	\$150 Allowance	\$200 Allowance	One per calendar year
Lenses - Single, bifocal, and line trifocal	Included	Included	One per calendar year
LENS ENHANCEMENTS			
Standard Progressive	\$0	\$0	
Premium Progressive	\$95 - \$105	\$95 - \$105	
Custom Progressive	\$150 - \$175	\$150 - \$175	
Contacts – in lieu of glasses Contact lens exam	\$150 Allowance up to \$60	\$200 Allowance up to \$60	One per calendar year
Light Care - \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	N/A	\$25	One per calendar year

*Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out of network plan details.

NOTE: VSP Members do not receive cards. Simply have your provider call VSP to confirm benefits

EXTRA SAVINGS!

- Extra \$20 to spend on featured frame brands. Go to vsp.com/special-offers for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last vision exam.
- No more than a \$39 copay on routine retinal screening as an enhancement to the Eye Exam.
- Average 15% off the regular price or 5% off the promotional price for Laser Vision Correction. Discounts only available from contracted facilities.



CONTRIBUTIONS

COVERAGE	MONTHLY DEDUCTION	
	BASE	BUY UP
SINGLE	\$13.76	\$14.88
EE + 1	\$22.00	\$23.80
EE + CHILDREN	\$22.46	\$24.30
FAMILY	\$36.22	\$39.20

Make Eye Health a Priority with VSP!

Your health comes first with VSP and ET Investments. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$489*

More Ways to Save

Extra **\$20** to spend on
Featured Frame Brands†

bebe Calvin Klein COLE HAAN
@DRAGON FLEXON LONGCHAMP

and more

Up to **40%** Savings on
lens enhancements‡

See all brands and offers
at vsp.com/offers.

Enroll through your employer today.
Questions?

vsp.com
800.877.7195 (TTY: 711)

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Save on Featured Frame Brands when you shop on Eyeconic®, the VSP in-network online eyewear store.

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.



Scan QR code or visit **vsp.com**
to learn more.

*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
‡Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.
VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.
To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.
©2025 Vision Service Plan. All rights reserved.
VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare™ and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 136668 VCCM



Vision Benefits

BASE PLAN

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through
ET Investments - Basic Plan.

Provider Network:

VSP Choice

Effective Date:

01/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	<ul style="list-style-type: none">• Focuses on your eyes and overall wellness• Routine retinal screening	\$10 Up to \$39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">• Retinal imaging for members with diabetes covered-in-full• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.• Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME ⁺	<ul style="list-style-type: none">• \$170 Featured Frame Brands allowance• \$150 frame allowance• 20% savings on the amount over your allowance• \$150 Walmart/Sam's Club frame allowance• \$80 Costco frame allowance	Included in Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none">• Single vision, lined bifocal, and lined trifocal lenses• Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none">• Standard progressive lenses• Premium progressive lenses• Custom progressive lenses• Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">• \$150 allowance for contacts; copay does not apply• Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">• Discover all current eyewear offers and savings at vsp.com/offers.• 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction <ul style="list-style-type: none">• Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none">• Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.• Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details.• Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to [vsp.com](https://www.vsp.com) to find an in-network doctor.



Vision Benefits

BUY-UP PLAN

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through
ET Investments - Buy Up Plan.

Provider Network:

VSP Choice

Effective Date:

01/01/2025

vsp
vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Routine retinal screening 	\$10 Up to \$39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> • Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
		\$25	See frame and lenses
FRAME⁺	<ul style="list-style-type: none"> • \$220 Featured Frame Brands allowance • \$200 frame allowance • 20% savings on the amount over your allowance • \$200 Walmart/Sam's Club frame allowance • \$110 Costco frame allowance 	Included in Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
VSP LIGHTCARETM	<ul style="list-style-type: none"> • \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	\$25	Every calendar year
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> • Discover all current eyewear offers and savings at vsp.com/offers. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 		
	Laser Vision Correction <ul style="list-style-type: none"> • Average of 15% off the regular price; discounts available at contracted facilities. 		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. • Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.

Medical Benefits - Flexible Spending Accounts

ENROLLMENT UNDER OUR HMED, SMED OR PMED PLAN

Flexible Spending Accounts

You have the opportunity to set aside pre-tax dollars in a Flexible Spending Account and/or Dependent Care Spending Account through UMR.

You are able to use the funds for expenses incurred during the year, and have 90 days after the end of the year (or 90 days after termination of employment) to submit for reimbursement. If you do not use all your funds by the end of the plan year, you may be able to carryover up to \$650 into the new plan year. The carryover is applied after the run out period is complete.

With the Flexible Spending Account you have the opportunity to allocate up to **\$3,400** of pre-tax dollars to be used for qualified expenses incurred during the plan year.

Some examples of qualified expenses include:

- Deductibles, Co-payments, or Coinsurance
- Qualified Expenses Beyond Plan Limits
- Vision care
- Dental care
- Hearing aids
- Some eligible Over-the-Counter drugs when prescribed by physician

Some Medical expenses may require additional substantiation.



Non-Qualified Expenses which cannot be reimbursed using a Flexible Spending Account include drugs obtained in an illegal manner, vitamins or dietary supplements available without a prescription (even if prescribed), insurance premiums, elective cosmetic surgery, funeral and burial expenses, health club dues, maternity clothing, diapers or diaper services, weight loss drugs or programs, massage therapy (unless prescribed by physician for specific injury or trauma), special schooling for children, household and domestic help, uniforms, transportation not essential to medical care, and more.

Dependent Care Spending Account

With the Dependent Care Spending Account you are able to set aside up to \$7,500 per Taxable Year to be used for Dependent Care, such as nursery schools, licensed day care centers for children or adults, or before- or after-school programs.

If you are married but you and your spouse file separate tax returns, you are eligible to contribute up to \$2,500. Other limitations to annual contributions may also apply.

Medical Benefits - Flexible Spending Accounts

THE HEALTH CARE REIMBURSEMENT FSA

The health care reimbursement FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, co-payments or other out-of-pocket medical expenses can instead be placed in the health care reimbursement FSA pre-tax. The annual maximum contribution to the health care reimbursement FSA is \$3,400.

Health FSAs employ a “use-it-or-lose-it” model. If you do not use the funds that you contribute to your FSA within the end of the year, you will have to forfeit those funds. However, employers also have the option of allowing employees to carry over up to \$650 of unused funds from one year to the next. In addition, any amount that is carried over does not count toward the maximum contribution limit.

ELIGIBLE EXPENSES

Eligible health care expenses for the health care reimbursement FSA include more than just your deductible and co-payments. You can also reimburse items such as prescription drugs, dental expenses, eye glasses and contacts, certain medical equipment and many more items. For more information about eligible medical expenses, please refer to IRS Publication 502, Medical and Dental Expenses, available at www.irs.gov/publications/p502/index.html.

Over-the-counter drugs used to be eligible expenses, but a law effective Jan. 1, 2011, only allows claims for over-the-counter medication or drug expenses (other than insulin) to be reimbursed if the patient has a prescription. This new rule does not apply to items for medical care that are not considered medication or drugs. Equipment such as crutches, supplies such as bandages and diagnostic devices such as blood sugar test kits still qualify for reimbursement without a prescription.

THE DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. The annual maximum amount you may contribute is \$7,500 (or \$3,750 if married and filing separately) per calendar year.

If you elect to contribute to the dependent care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

ELIGIBLE EXPENSES

In order for dependent care services to be eligible, they must be for the care of a tax-dependent child under age 13 who lives with you, or a tax-dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours (instances such as Saturday night babysitting does not qualify) and cannot be provided by another of your dependents.

IS THE FSA PROGRAM RIGHT FOR ME?

The flexible spending accounts offered by are beneficial for anyone who has out-of-pocket medical, dental, vision, hearing or dependent care expenses beyond what his or her insurance plan covers. It's easy to determine if an FSA will save you money. At enrollment time, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses, the accounts can help you stretch your dollars

HEALTH SAVINGS ACCOUNT - MUST BE ENROLLED IN OUR HSA PPO PLAN

A pre-tax savings account that can be used to pay for qualified medical, dental and vision expenses.

- You must be enrolled in a qualified HDHP to contribute to an HSA.

CONTRIBUTION LIMITS		2026
Single		\$4,400
Family*		\$8,750
Age 55+ (additional contribution)		\$1,000

* Includes Employee Child
and Employee Spouse tiers.

HSA Advantages:

- Funds go with you if you leave.
- Account balance rolls over year after year.
- You can use the funds in your account for eligible medical expenses for ANY tax dependent.
- Interest earned is tax free.

Voluntary Short-Term Disability Insurance

Employee Benefits
Plan Highlights

OneAmerica[®]
Financial

Worksite Voluntary Short-term Disability Plan Highlights for ET Investments, LLC

Protect your paycheck — because life doesn't pause for the unexpected. Short-term disability insurance helps provide financial security when you need it most. Whether it's illness, injury or childbirth that takes you out of work, this coverage replaces a portion of your income so you can keep up with essential expenses while you recover. Don't let temporary setbacks turn into financial stress — get protection that keeps you moving forward.

Eligibility

Definition of a member	All full-time permanent employees authorized to work and reside in the United States. Eligible employees cannot be considered a part-time, temporary or seasonal employee.
Definition of earnings	Annual base salary + commissions averaged for the last 12 months
Class description	All Eligible Full-Time Employees

Benefits

Benefit amount	66 2/3% of annual base salary + commissions averaged for the last 12 months
Weekly maximum benefit	\$2,000
Weekly minimum benefit	\$25
Elimination period	Injury: 14 days Illness: 14 days
Maximum benefit period	11 weeks
Cost	100% employee-paid; premiums will be deducted from your payroll. Refer to Worksite Voluntary Short-term Disability rate grid for cost information.
Pre-existing condition limitation	3/6
Maternity coverage	Included
Total disability	Included
Partial disability	Included
Residual disability	Included
Recurrent disability	Included
Portability	Included
Exclusions	The plan may not cover for any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries, commission of an assault or felony.

Voluntary Short-Term Disability Insurance

We've Got You Covered!

As an active employee of ET Investments, LLC, you have access to a disability income insurance policy from United of Omaha Life Insurance Company. A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.

BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none">- On the 15th day of your disabling injury- On the 15th day of your disabling illness
Weekly Benefit	Your benefit is equivalent to 66 2/3" of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 11 weeks
Maximum Weekly Benefit	\$2,000
Minimum Weekly Benefit	\$25

Definition of Disability: Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.

Definition of Weekly Earnings: Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for commissioned employees is the gross annual salary plus annual commissions for the year immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.

HOW TO CALCULATE PREMIUM:

MONTHLY PREMIUM CALCULATION		EXAMPLE
List your Annual Salary	\$	\$75,000
Divide by 52	\$	\$1,442.31
Multiple by Benefit % - 66.67% (\$2,000 is the maximum)	\$	\$961.59
Multiple by rate - \$0.022	\$	\$21.15

Voluntary Short-Term Disability Insurance



Frequently asked questions

What's worksite voluntary short-term disability?

This insurance helps protect your paycheck if you become injured or sick for a short period of time.

Why should I buy and buy now?

Short-term disability insurance can help you maintain financial stability when you're sick or injured by safeguarding your income. Many people purchase this type of disability insurance for their own peace of mind. It's an effective way to ensure that a serious injury or illness will not prevent you from paying your bills or taking care of your loved ones.

If you choose not to purchase coverage now but decide to elect voluntary short-term disability later, you'll have to wait until the next open enrollment period. Evidence of Insurability (EOI) will not be required.

What's an elimination period?

This is the waiting period that must pass after a disability occurs before you can start receiving benefits from your disability insurance policy.

What's a pre-existing condition limitation?

A pre-existing limitation in disability insurance refers to a condition you had before your coverage began, which the insurer may exclude or limit benefits for, especially if it was treated or symptomatic during a defined "look-back" period before the policy started. This limitation typically lasts for a specific time, during which claims for that condition are not covered. If your disability is substantially related to this prior condition, your claim for benefits can be denied.

What are the definitions of disability specific to this policy?

- **Total disability:** "Totally disabled" means you can't perform the material and substantial duties of your regular occupation because of an injury or sickness, you're not working in any occupation and you're under the regular attendance of a physician for that injury or sickness.
- **Partial disability:** If an employee is unable to perform every material and substantial duty of their regular occupation on a full-time basis due to an injury or sickness, but is able to perform at least one of the material and substantial duties, a partial disability benefit may be paid. The benefit may also be paid if that employee can perform at least one material or substantial duty of another occupation on a full- or part-time basis and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.
- **Residual disability:** The elimination period can be met using total disability, partial disability or a combination of both.
- **Recurrent disability:** This is the direct result of the injury or sickness that caused a prior disability. The benefit allows claim payments to continue without satisfying a new elimination period if an employee returns to active, full-time work and had a recurrent disability within 30 consecutive days of their return to active work.

All information is provided as a benefit outline. This document is not part of the insurance policy and it does not change or extend liability under the group policy to American United Life Insurance Company®. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the Group Policy, the Policy will prevail.

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Long-Term Disability Insurance

Employee Benefits
Plan Highlights



Group Long-term Disability

Plan highlights for ET Investments, LLC

Long-term disability insurance is a benefit that steps in when a serious illness or injury keeps you out of work for an extended period of time. If you're unable to return to your job after a period of time (your elimination period) ends, this coverage helps replace a portion of your income so you can focus on your health, not your finances. It's long-term peace of mind.

Eligibility

Definition of a member	All full-time permanent employees authorized to work and reside in the United States. Eligible employees cannot be considered a part-time, temporary or seasonal employee.
Definition of earnings	Annual base salary + commissions averaged for the last 12 months
Class description	All Eligible Full-Time Employees

Benefits

Benefit amount	60% of annual base salary + commissions averaged for the last 12 months
Monthly maximum benefit	\$6,000
Monthly minimum benefit	\$100
Elimination period	90 days
Maximum benefit period	Social Security Full Retirement Age
Cost	Employee Paid
Social Security offset method	Social Security Full Retirement Age
Pre-existing condition limitation	3/12
Other limitations	Mental illness: 24 months lifetime cumulative Drug and alcohol abuse: 24 months lifetime cumulative Special conditions: 24 months lifetime cumulative
Total disability	Included
Residual disability	Included
Recurrent disability	Included
Exclusions	The plan may not cover for any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries, commission of an assault or felony.

Other Group Long-term Disability features

Long-Term Disability Insurance



Frequently asked questions

What's long-term disability?

This insurance helps protect your paycheck if you become injured or sick for a long period of time.

What's an elimination period?

This is the waiting period that must pass after a disability occurs before you can start receiving benefits from your disability insurance policy.

What's a pre-existing condition limitation?

A pre-existing limitation in disability insurance refers to a condition you had before your coverage began, which the insurer may exclude or limit benefits for, especially if it was treated or symptomatic during a defined "look-back" period before the policy started. This limitation typically lasts for a specific time, during which claims for that condition are not covered. If your disability is substantially related to this prior condition, your claim for benefits can be denied.

What are the definitions of disability specific to this policy?

- **Total disability:** "Totally disabled" means that you can't perform the material and substantial duties of your regular occupation because of an injury or sickness; you're not working in any occupation and are under the regular attendance of a physician for that injury or sickness and after benefits have been paid for two years; and you cannot perform the duties of any gainful occupation that you're reasonably fitted for by training, education or experience.
- **Residual disability:** The elimination period can be met using total disability, partial disability or a combination of both.
- **Recurrent disability:** The benefit allows claim payments to continue without satisfying a new elimination period if an employee returns to active, full-time work and had a recurrent disability within six consecutive months of their return to active work.

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Company Paid Group Life and AD&D

Employee Benefits
Plan Highlights



Company Paid Group Life and AD&D

Plan highlights for ET Investments, LLC

Life insurance provides essential financial protection for your loved ones in the event of your death. It helps cover expenses like funeral costs, outstanding debts and ongoing living expenses, helping to ensure your family can maintain financial stability during a difficult time.

Eligibility

Definition of a member	All full-time permanent employees authorized to work and reside in the United States. Eligible employees cannot be considered a part-time, temporary or seasonal employee.
Class description	All Eligible Full-Time Employees

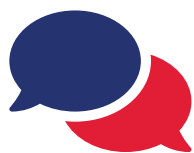
Benefits

Group term life benefit	2 times your annual base salary + commissions averaged for the last 12 months with a \$20,000 minimum and a \$250,000 maximum
Guarantee issue amount	\$250,000
Group accidental death and dismemberment (AD&D) benefit	Matches Term Life benefit
Cost	There is no cost to you
Reduction schedule	65% at age 65, 40% at age 70, 25% at age 75
Accelerated life benefit	Included
Waiver of premium	Included
Conversion	Included

Other Group Life and AD&D features and services

- | | | | |
|----------------|--------------------------|-------------|-----------------|
| • Seat belt | • Airbag | • Exposure | • Disappearance |
| • Repatriation | • Child higher education | • Childcare | |

Company Paid Group Life and AD&D



Frequently asked questions

What's my accidental death and dismemberment (AD&D) benefit?

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight.

Can I take my insurance with me if I leave my employer?

If you leave your employer and wish to take your coverage with you, other options may be available to continue your coverage. Contact your Human Resources department to learn more or visit:

<https://www.oneamerica.com/employers/keep-my-benefits>.

What is a beneficiary?

Your beneficiary is the individual(s) you choose to leave your life insurance benefits to when you die. You can name one or more beneficiary(ies) and select if they are primary or secondary beneficiaries. If your primary beneficiary dies before you (or before other beneficiaries), your contingent or secondary beneficiary(ies) will receive your life insurance benefit.

Please note that claim payment to a minor child requires a legal custodian to be appointed. To choose or change your beneficiary(ies), visit the "Forms" section on www.oneamerica.com. Click the "Life" tab, download and complete the beneficiary designation form, and turn it in to your employer. Review your beneficiary information annually to help ensure your information is up-to-date.

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Voluntary Term Life and AD&D

Employee Benefits
Plan Highlights



Voluntary Term Life and AD&D

Plan highlights for ET Investments, LLC

Life insurance isn't just a policy — it's peace of mind. It helps ensure that your loved ones are financially protected if the unexpected happens. From covering funeral costs and settling outstanding debts to helping with everyday living expenses, life insurance provides a vital safety net. With it, your family can focus on healing instead of worrying about money. Help secure their future today — because protecting what matters most is always worth it.

Eligibility

Definition of a member	All full-time permanent employees authorized to work and reside in the United States. Eligible employees cannot be considered a part-time, temporary or seasonal employee.
Class description	All Eligible Full-Time Employees

Benefits

Employee group term life benefit	Increments of \$10,000 from a minimum of \$10,000 to a maximum of \$500,000, not to exceed 5 times your annual base salary + commissions averaged for the last 12 months
Employee guarantee issue amount	\$150,000
Spouse term life benefit ¹	Increments of \$5,000 from a minimum of \$5,000 to a maximum of \$250,000 limited to 100% of employee coverage amount
Spouse guarantee issue amount	\$30,000
Child(ren) term life benefit ²	\$10,000
Group accidental death and dismemberment (AD&D) benefit	Matches Term Life benefit
Cost	100% employee-paid; premiums will be deducted from your payroll. Refer to Voluntary Life and AD&D rate grid for cost information.
Reduction schedule	50% at age 70
Guaranteed increase in benefit ³	Greater of 10% or \$10,000
Accelerated life benefit	Included
Waiver of premium	Included
Conversion	Included
Portability	Included

Note: 1. Employee's spouse under age 99. 2. Age and definition of child(ren) may vary by state. 3. The amount of coverage after the increase cannot be greater than the maximum amount of coverage available.

Other Voluntary Life and AD&D features and services

- | | | | |
|---------------------------------|-----------------|---------------------|---|
| • Seat belt | • Airbag | • Repatriation | • Exposure |
| • Spouse/Child higher education | • Disappearance | • Spouse/Child care | • Dependent Spouse Accelerated Life Benefit (ALB) |

Voluntary Term Life and AD&D



Frequently asked questions

What's Voluntary Term Life?

Voluntary Term Life insurance is life insurance that you purchase for a set period. It can be used to help ensure your family is able to replace your earnings and potential future earnings if you die. Having Voluntary Term Life insurance is a way to have peace of mind that your family will be protected.

What's my Accidental Death and Dismemberment benefit?

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight.

Why should I buy and buy now?

It's a flexible benefit designed to fit your budget. Buying term life insurance through work is more affordable than purchasing it on your own. You're able to take advantage of your company's group rate, which gives you the option to purchase more protection than you might otherwise.

The most important reason to purchase Voluntary Term Life insurance during this open enrollment period is because you qualify for coverage without having to answer medical questions or undergo a physical exam. If you choose not to purchase coverage now but decide to elect Voluntary Term Life later, medical questions and possibly an exam will be required.

Can I take my insurance with me if I leave my employer?

If you leave your employer and wish to take your coverage with you, other options may be available to continue your coverage. Contact your Human Resources department to learn more or visit:

<https://www.oneamerica.com/employers/keep-my-benefits>.

What's a beneficiary?

Your beneficiary is the individual(s) you choose to leave your life insurance benefits to when you die. You can name one or more beneficiary(ies) and select if they are primary or secondary beneficiaries. If your primary beneficiary dies before you (or before other beneficiaries), your contingent or secondary beneficiary(ies) will receive your life insurance benefit.

Please note that claim payment to a minor child requires a legal custodian to be appointed. To choose or change your beneficiary(ies), visit the "Forms" section on www.oneamerica.com. Click the "Life" tab, download and complete the beneficiary designation form, and turn it in to your employer. Review your beneficiary information annually to help ensure your information is up-to-date.

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Voluntary Term Life and AD&D



Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary, rounded to the next higher \$1,000.

Payroll Deduction Illustration: Monthly Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$10,000	\$1.30	\$1.30	\$1.30	\$1.40	\$1.80	\$2.70	\$4.20	\$6.10	\$8.90	\$14.40	\$25.70	\$36.29	\$77.82
\$20,000	\$2.60	\$2.60	\$2.60	\$2.80	\$3.60	\$5.40	\$8.40	\$12.20	\$17.80	\$28.80	\$51.40	\$72.58	\$155.64
\$30,000	\$3.90	\$3.90	\$3.90	\$4.20	\$5.40	\$8.10	\$12.60	\$18.30	\$26.70	\$43.20	\$77.10	\$108.87	\$233.46
\$40,000	\$5.20	\$5.20	\$5.20	\$5.60	\$7.20	\$10.80	\$16.80	\$24.40	\$35.60	\$57.60	\$102.80	\$145.16	\$311.28
\$50,000	\$6.50	\$6.50	\$6.50	\$7.00	\$9.00	\$13.50	\$21.00	\$30.50	\$44.50	\$72.00	\$128.50	\$181.45	\$389.10
\$60,000	\$7.80	\$7.80	\$7.80	\$8.40	\$10.80	\$16.20	\$25.20	\$36.60	\$53.40	\$86.40	\$154.20	\$217.74	\$466.92
\$70,000	\$9.10	\$9.10	\$9.10	\$9.80	\$12.60	\$18.90	\$29.40	\$42.70	\$62.30	\$100.80	\$179.90	\$254.03	\$544.74
\$80,000	\$10.40	\$10.40	\$10.40	\$11.20	\$14.40	\$21.60	\$33.60	\$48.80	\$71.20	\$115.20	\$205.60	\$290.32	\$622.56
\$90,000	\$11.70	\$11.70	\$11.70	\$12.60	\$16.20	\$24.30	\$37.80	\$54.90	\$80.10	\$129.60	\$231.30	\$326.61	\$700.38
\$100,000	\$13.00	\$13.00	\$13.00	\$14.00	\$18.00	\$27.00	\$42.00	\$61.00	\$89.00	\$144.00	\$257.00	\$362.90	\$778.20
\$110,000	\$14.30	\$14.30	\$14.30	\$15.40	\$19.80	\$29.70	\$46.20	\$67.10	\$97.90	\$158.40	\$282.70	\$399.19	\$856.02
\$120,000	\$15.60	\$15.60	\$15.60	\$16.80	\$21.60	\$32.40	\$50.40	\$73.20	\$106.80	\$172.80	\$308.40	\$435.48	\$933.84
\$130,000	\$16.90	\$16.90	\$16.90	\$18.20	\$23.40	\$35.10	\$54.60	\$79.30	\$115.70	\$187.20	\$334.10	\$471.77	\$1,011.66
\$140,000	\$18.20	\$18.20	\$18.20	\$19.60	\$25.20	\$37.80	\$58.80	\$85.40	\$124.60	\$201.60	\$359.80	\$508.06	\$1,089.48
\$150,000	\$19.50	\$19.50	\$19.50	\$21.00	\$27.00	\$40.50	\$63.00	\$91.50	\$133.50	\$216.00	\$385.50	\$544.35	\$1,167.30
The amounts below require Statement of Insurability form													
\$160,000	\$20.80	\$20.80	\$20.80	\$22.40	\$28.80	\$43.20	\$67.20	\$97.60	\$142.40	\$230.40	\$411.20	\$580.64	\$1,245.12
\$170,000	\$22.10	\$22.10	\$22.10	\$23.80	\$30.60	\$45.90	\$71.40	\$103.70	\$151.30	\$244.80	\$436.90	\$616.93	\$1,322.94
\$180,000	\$23.40	\$23.40	\$23.40	\$25.20	\$32.40	\$48.60	\$75.60	\$109.80	\$160.20	\$259.20	\$462.60	\$653.22	\$1,400.76
\$190,000	\$24.70	\$24.70	\$24.70	\$26.60	\$34.20	\$51.30	\$79.80	\$115.90	\$169.10	\$273.60	\$488.30	\$689.51	\$1,478.58
\$200,000	\$26.00	\$26.00	\$26.00	\$28.00	\$36.00	\$54.00	\$84.00	\$122.00	\$178.00	\$288.00	\$514.00	\$725.80	\$1,556.40
\$210,000	\$27.30	\$27.30	\$27.30	\$29.40	\$37.80	\$56.70	\$88.20	\$128.10	\$186.90	\$302.40	\$539.70	\$762.09	\$1,634.22
\$220,000	\$28.60	\$28.60	\$28.60	\$30.80	\$39.60	\$59.40	\$92.40	\$134.20	\$195.80	\$316.80	\$565.40	\$798.38	\$1,712.04
\$230,000	\$29.90	\$29.90	\$29.90	\$32.20	\$41.40	\$62.10	\$96.60	\$140.30	\$204.70	\$331.20	\$591.10	\$834.67	\$1,789.86
\$240,000	\$31.20	\$31.20	\$31.20	\$33.60	\$43.20	\$64.80	\$100.80	\$146.40	\$213.60	\$345.60	\$616.80	\$870.96	\$1,867.68
\$250,000	\$32.50	\$32.50	\$32.50	\$35.00	\$45.00	\$67.50	\$105.00	\$152.50	\$222.50	\$360.00	\$642.50	\$907.25	\$1,945.50
\$260,000	\$33.80	\$33.80	\$33.80	\$36.40	\$46.80	\$70.20	\$109.20	\$158.60	\$231.40	\$374.40	\$668.20	\$943.54	\$2,023.32
\$270,000	\$35.10	\$35.10	\$35.10	\$37.80	\$48.60	\$72.90	\$113.40	\$164.70	\$240.30	\$388.80	\$693.90	\$979.83	\$2,101.14
\$280,000	\$36.40	\$36.40	\$36.40	\$39.20	\$50.40	\$75.60	\$117.60	\$170.80	\$249.20	\$403.20	\$719.60	\$1,016.12	\$2,178.96
\$290,000	\$37.70	\$37.70	\$37.70	\$40.60	\$52.20	\$78.30	\$121.80	\$176.90	\$258.10	\$417.60	\$745.30	\$1,052.41	\$2,256.78
\$300,000	\$39.00	\$39.00	\$39.00	\$42.00	\$54.00	\$81.00	\$126.00	\$183.00	\$267.00	\$432.00	\$771.00	\$1,088.70	\$2,334.60
\$310,000	\$40.30	\$40.30	\$40.30	\$43.40	\$55.80	\$83.70	\$130.20	\$189.10	\$275.90	\$446.40	\$796.70	\$1,124.99	\$2,412.42
\$320,000	\$41.60	\$41.60	\$41.60	\$44.80	\$57.60	\$86.40	\$134.40	\$195.20	\$284.80	\$460.80	\$822.40	\$1,161.28	\$2,490.24
\$330,000	\$42.90	\$42.90	\$42.90	\$46.20	\$59.40	\$89.10	\$138.60	\$201.30	\$293.70	\$475.20	\$848.10	\$1,197.57	\$2,568.06
\$340,000	\$44.20	\$44.20	\$44.20	\$47.60	\$61.20	\$91.80	\$142.80	\$207.40	\$302.60	\$489.60	\$873.80	\$1,233.86	\$2,645.88
\$350,000	\$45.50	\$45.50	\$45.50	\$49.00	\$63.00	\$94.50	\$147.00	\$213.50	\$311.50	\$504.00	\$899.50	\$1,270.15	\$2,723.70
\$360,000	\$46.80	\$46.80	\$46.80	\$50.40	\$64.80	\$97.20	\$151.20	\$219.60	\$320.40	\$518.40	\$925.20	\$1,306.44	\$2,801.52
\$370,000	\$48.10	\$48.10	\$48.10	\$51.80	\$66.60	\$99.90	\$155.40	\$225.70	\$329.30	\$532.80	\$950.90	\$1,342.73	\$2,879.34
\$380,000	\$49.40	\$49.40	\$49.40	\$53.20	\$68.40	\$102.60	\$159.60	\$231.80	\$338.20	\$547.20	\$976.60	\$1,379.02	\$2,957.16

Note: Premiums are based on your age as of 01/01 and amount of coverage chosen.

Voluntary Term Life and AD&D



Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary, rounded to the next higher \$1,000.

Payroll Deduction Illustration: Monthly Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$390,000	\$50.70	\$50.70	\$50.70	\$54.60	\$70.20	\$105.30	\$163.80	\$237.90	\$347.10	\$561.60	\$1,002.30	\$1,415.31	\$3,034.98
\$400,000	\$52.00	\$52.00	\$52.00	\$56.00	\$72.00	\$108.00	\$168.00	\$244.00	\$356.00	\$576.00	\$1,028.00	\$1,451.60	\$3,112.80
\$410,000	\$53.30	\$53.30	\$53.30	\$57.40	\$73.80	\$110.70	\$172.20	\$250.10	\$364.90	\$590.40	\$1,053.70	\$1,487.89	\$3,190.62
\$420,000	\$54.60	\$54.60	\$54.60	\$58.80	\$75.60	\$113.40	\$176.40	\$256.20	\$373.80	\$604.80	\$1,079.40	\$1,524.18	\$3,268.44
\$430,000	\$55.90	\$55.90	\$55.90	\$60.20	\$77.40	\$116.10	\$180.60	\$262.30	\$382.70	\$619.20	\$1,105.10	\$1,560.47	\$3,346.26
\$440,000	\$57.20	\$57.20	\$57.20	\$61.60	\$79.20	\$118.80	\$184.80	\$268.40	\$391.60	\$633.60	\$1,130.80	\$1,596.76	\$3,424.08
\$450,000	\$58.50	\$58.50	\$58.50	\$63.00	\$81.00	\$121.50	\$189.00	\$274.50	\$400.50	\$648.00	\$1,156.50	\$1,633.05	\$3,501.90
\$460,000	\$59.80	\$59.80	\$59.80	\$64.40	\$82.80	\$124.20	\$193.20	\$280.60	\$409.40	\$662.40	\$1,182.20	\$1,669.34	\$3,579.72
\$470,000	\$61.10	\$61.10	\$61.10	\$65.80	\$84.60	\$126.90	\$197.40	\$286.70	\$418.30	\$676.80	\$1,207.90	\$1,705.63	\$3,657.54
\$480,000	\$62.40	\$62.40	\$62.40	\$67.20	\$86.40	\$129.60	\$201.60	\$292.80	\$427.20	\$691.20	\$1,233.60	\$1,741.92	\$3,735.36
\$490,000	\$63.70	\$63.70	\$63.70	\$68.60	\$88.20	\$132.30	\$205.80	\$298.90	\$436.10	\$705.60	\$1,259.30	\$1,778.21	\$3,813.18
\$500,000	\$65.00	\$65.00	\$65.00	\$70.00	\$90.00	\$135.00	\$210.00	\$305.00	\$445.00	\$720.00	\$1,285.00	\$1,814.50	\$3,891.00

Note: Premiums are based on your age as of 01/01 and amount of coverage chosen.

Voluntary Term Life and AD&D



Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$5,000 up to a maximum amount of \$250,000, in \$5,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage.

Payroll Deduction Illustration: Monthly Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$5,000	\$0.65	\$0.65	\$0.65	\$0.70	\$0.90	\$1.35	\$2.10	\$3.05	\$4.45	\$7.20	\$12.85	\$18.15	\$38.91
\$10,000	\$1.30	\$1.30	\$1.30	\$1.40	\$1.80	\$2.70	\$4.20	\$6.10	\$8.90	\$14.40	\$25.70	\$36.29	\$77.82
\$15,000	\$1.95	\$1.95	\$1.95	\$2.10	\$2.70	\$4.05	\$6.30	\$9.15	\$13.35	\$21.60	\$38.55	\$54.44	\$116.73
\$20,000	\$2.60	\$2.60	\$2.60	\$2.80	\$3.60	\$5.40	\$8.40	\$12.20	\$17.80	\$28.80	\$51.40	\$72.58	\$155.64
\$25,000	\$3.25	\$3.25	\$3.25	\$3.50	\$4.50	\$6.75	\$10.50	\$15.25	\$22.25	\$36.00	\$64.25	\$90.73	\$194.55
\$30,000	\$3.90	\$3.90	\$3.90	\$4.20	\$5.40	\$8.10	\$12.60	\$18.30	\$26.70	\$43.20	\$77.10	\$108.87	\$233.46
The amounts below require Statement of Insurability form													
\$35,000	\$4.55	\$4.55	\$4.55	\$4.90	\$6.30	\$9.45	\$14.70	\$21.35	\$31.15	\$50.40	\$89.95	\$127.02	\$272.37
\$40,000	\$5.20	\$5.20	\$5.20	\$5.60	\$7.20	\$10.80	\$16.80	\$24.40	\$35.60	\$57.60	\$102.80	\$145.16	\$311.28
\$45,000	\$5.85	\$5.85	\$5.85	\$6.30	\$8.10	\$12.15	\$18.90	\$27.45	\$40.05	\$64.80	\$115.65	\$163.31	\$350.19
\$50,000	\$6.50	\$6.50	\$6.50	\$7.00	\$9.00	\$13.50	\$21.00	\$30.50	\$44.50	\$72.00	\$128.50	\$181.45	\$389.10
\$55,000	\$7.15	\$7.15	\$7.15	\$7.70	\$9.90	\$14.85	\$23.10	\$33.55	\$48.95	\$79.20	\$141.35	\$199.60	\$428.01
\$60,000	\$7.80	\$7.80	\$7.80	\$8.40	\$10.80	\$16.20	\$25.20	\$36.60	\$53.40	\$86.40	\$154.20	\$217.74	\$466.92
\$65,000	\$8.45	\$8.45	\$8.45	\$9.10	\$11.70	\$17.55	\$27.30	\$39.65	\$57.85	\$93.60	\$167.05	\$235.89	\$505.83
\$70,000	\$9.10	\$9.10	\$9.10	\$9.80	\$12.60	\$18.90	\$29.40	\$42.70	\$62.30	\$100.80	\$179.90	\$254.03	\$544.74
\$75,000	\$9.75	\$9.75	\$9.75	\$10.50	\$13.50	\$20.25	\$31.50	\$45.75	\$66.75	\$108.00	\$192.75	\$272.18	\$583.65
\$80,000	\$10.40	\$10.40	\$10.40	\$11.20	\$14.40	\$21.60	\$33.60	\$48.80	\$71.20	\$115.20	\$205.60	\$290.32	\$622.56
\$85,000	\$11.05	\$11.05	\$11.05	\$11.90	\$15.30	\$22.95	\$35.70	\$51.85	\$75.65	\$122.40	\$218.45	\$308.47	\$661.47
\$90,000	\$11.70	\$11.70	\$11.70	\$12.60	\$16.20	\$24.30	\$37.80	\$54.90	\$80.10	\$129.60	\$231.30	\$326.61	\$700.38
\$95,000	\$12.35	\$12.35	\$12.35	\$13.30	\$17.10	\$25.65	\$39.90	\$57.95	\$84.55	\$136.80	\$244.15	\$344.76	\$739.29
\$100,000	\$13.00	\$13.00	\$13.00	\$14.00	\$18.00	\$27.00	\$42.00	\$61.00	\$89.00	\$144.00	\$257.00	\$362.90	\$778.20
\$105,000	\$13.65	\$13.65	\$13.65	\$14.70	\$18.90	\$28.35	\$44.10	\$64.05	\$93.45	\$151.20	\$269.85	\$381.05	\$817.11
\$110,000	\$14.30	\$14.30	\$14.30	\$15.40	\$19.80	\$29.70	\$46.20	\$67.10	\$97.90	\$158.40	\$282.70	\$399.19	\$856.02
\$115,000	\$14.95	\$14.95	\$14.95	\$16.10	\$20.70	\$31.05	\$48.30	\$70.15	\$102.35	\$165.60	\$295.55	\$417.34	\$894.93
\$120,000	\$15.60	\$15.60	\$15.60	\$16.80	\$21.60	\$32.40	\$50.40	\$73.20	\$106.80	\$172.80	\$308.40	\$435.48	\$933.84
\$125,000	\$16.25	\$16.25	\$16.25	\$17.50	\$22.50	\$33.75	\$52.50	\$76.25	\$111.25	\$180.00	\$321.25	\$453.63	\$972.75
\$130,000	\$16.90	\$16.90	\$16.90	\$18.20	\$23.40	\$35.10	\$54.60	\$79.30	\$115.70	\$187.20	\$334.10	\$471.77	\$1,011.66
\$135,000	\$17.55	\$17.55	\$17.55	\$18.90	\$24.30	\$36.45	\$56.70	\$82.35	\$120.15	\$194.40	\$346.95	\$489.92	\$1,050.57
\$140,000	\$18.20	\$18.20	\$18.20	\$19.60	\$25.20	\$37.80	\$58.80	\$85.40	\$124.60	\$201.60	\$359.80	\$508.06	\$1,089.48
\$145,000	\$18.85	\$18.85	\$18.85	\$20.30	\$26.10	\$39.15	\$60.90	\$88.45	\$129.05	\$208.80	\$372.65	\$526.21	\$1,128.39
\$150,000	\$19.50	\$19.50	\$19.50	\$21.00	\$27.00	\$40.50	\$63.00	\$91.50	\$133.50	\$216.00	\$385.50	\$544.35	\$1,167.30
\$155,000	\$20.15	\$20.15	\$20.15	\$21.70	\$27.90	\$41.85	\$65.10	\$94.55	\$137.95	\$223.20	\$398.35	\$562.50	\$1,206.21
\$160,000	\$20.80	\$20.80	\$20.80	\$22.40	\$28.80	\$43.20	\$67.20	\$97.60	\$142.40	\$230.40	\$411.20	\$580.64	\$1,245.12
\$165,000	\$21.45	\$21.45	\$21.45	\$23.10	\$29.70	\$44.55	\$69.30	\$100.65	\$146.85	\$237.60	\$424.05	\$598.79	\$1,284.03
\$170,000	\$22.10	\$22.10	\$22.10	\$23.80	\$30.60	\$45.90	\$71.40	\$103.70	\$151.30	\$244.80	\$436.90	\$616.93	\$1,322.94
\$175,000	\$22.75	\$22.75	\$22.75	\$24.50	\$31.50	\$47.25	\$73.50	\$106.75	\$155.75	\$252.00	\$449.75	\$635.08	\$1,361.85
\$180,000	\$23.40	\$23.40	\$23.40	\$25.20	\$32.40	\$48.60	\$75.60	\$109.80	\$160.20	\$259.20	\$462.60	\$653.22	\$1,400.76
\$185,000	\$24.05	\$24.05	\$24.05	\$25.90	\$33.30	\$49.95	\$77.70	\$112.85	\$164.65	\$266.40	\$475.45	\$671.37	\$1,439.67
\$190,000	\$24.70	\$24.70	\$24.70	\$26.60	\$34.20	\$51.30	\$79.80	\$115.90	\$169.10	\$273.60	\$488.30	\$689.51	\$1,478.58
\$195,000	\$25.35	\$25.35	\$25.35	\$27.30	\$35.10	\$52.65	\$81.90	\$118.95	\$173.55	\$280.80	\$501.15	\$707.66	\$1,517.49

Note: Spouse premiums are based on your spouse's age as of 01/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

Voluntary Term Life and AD&D



Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$5,000 up to a maximum amount of \$250,000, in \$5,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage.

Payroll Deduction Illustration: Monthly Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$200,000	\$26.00	\$26.00	\$26.00	\$28.00	\$36.00	\$54.00	\$84.00	\$122.00	\$178.00	\$288.00	\$514.00	\$725.80	\$1,556.40
\$205,000	\$26.65	\$26.65	\$26.65	\$28.70	\$36.90	\$55.35	\$86.10	\$125.05	\$182.45	\$295.20	\$526.85	\$743.95	\$1,595.31
\$210,000	\$27.30	\$27.30	\$27.30	\$29.40	\$37.80	\$56.70	\$88.20	\$128.10	\$186.90	\$302.40	\$539.70	\$762.09	\$1,634.22
\$215,000	\$27.95	\$27.95	\$27.95	\$30.10	\$38.70	\$58.05	\$90.30	\$131.15	\$191.35	\$309.60	\$552.55	\$780.24	\$1,673.13
\$220,000	\$28.60	\$28.60	\$28.60	\$30.80	\$39.60	\$59.40	\$92.40	\$134.20	\$195.80	\$316.80	\$565.40	\$798.38	\$1,712.04
\$225,000	\$29.25	\$29.25	\$29.25	\$31.50	\$40.50	\$60.75	\$94.50	\$137.25	\$200.25	\$324.00	\$578.25	\$816.53	\$1,750.95
\$230,000	\$29.90	\$29.90	\$29.90	\$32.20	\$41.40	\$62.10	\$96.60	\$140.30	\$204.70	\$331.20	\$591.10	\$834.67	\$1,789.86
\$235,000	\$30.55	\$30.55	\$30.55	\$32.90	\$42.30	\$63.45	\$98.70	\$143.35	\$209.15	\$338.40	\$603.95	\$852.82	\$1,828.77
\$240,000	\$31.20	\$31.20	\$31.20	\$33.60	\$43.20	\$64.80	\$100.80	\$146.40	\$213.60	\$345.60	\$616.80	\$870.96	\$1,867.68
\$245,000	\$31.85	\$31.85	\$31.85	\$34.30	\$44.10	\$66.15	\$102.90	\$149.45	\$218.05	\$352.80	\$629.65	\$889.11	\$1,906.59
\$250,000	\$32.50	\$32.50	\$32.50	\$35.00	\$45.00	\$67.50	\$105.00	\$152.50	\$222.50	\$360.00	\$642.50	\$907.25	\$1,945.50

Child Options

Life & AD&D	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$10,000	\$1,000	\$2.50

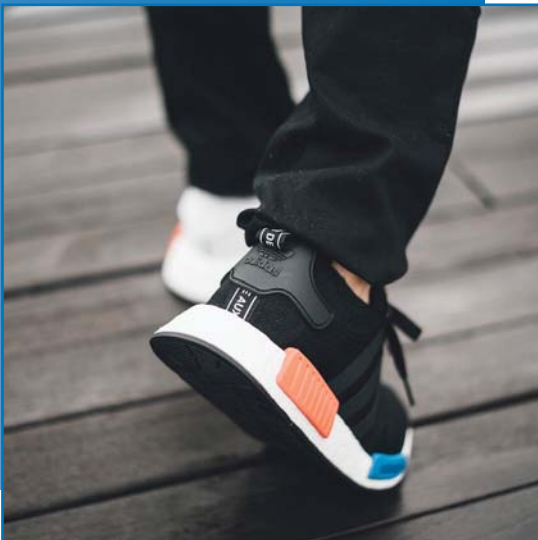
Note: Spouse premiums are based on your spouse's age as of 01/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

Wellness Program

ET Investments partners with a nationwide testing firm as a key component of their wellness program. On an annual basis we will have a provider conduct biometric screenings for employees enrolled on the health plan. However, this will not be available onsite at all locations, so you may need to visit your own physician and have them complete forms for you to submit to the provider. Your participating in this screening will allow you to enroll in the medical plan for a reduced premium as well as allow you to be eligible for other incentives or rewards during the plan year. Your first year in the program will serve as an evaluation year. It will count toward your participation discount, but you won't be eligible for additional incentives or discounts until you have a full base year for comparison.. In future years, your premium will not only be determined by your participation in the Wellness Testing program, but also by achieving your Personal Health Goal as given to you by the wellness testing period.

This Wellness Testing is tailored based on each participant's age, gender, health history and test results, and requires only one blood draw to identify a wide variety of important risk factors. Combined with a comprehensive health assessment, this program creates an individual's baseline health score and computes an achievable Personal Health Goal.

The Wellness Testing program offers a variety of ongoing support tools throughout the year to help you meet your Personal Health Goal including telephonic health coaching, connecting care by coordinating with a member's primary care physician, a member website with tons of interactive tools and resources to help you track your health improvements.



Employee Assistance Program

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions



Free Online Will Preparation

EstateGuidance® lets you quickly and easily create a will online.

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

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Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: ONEAMERICA3

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Online: guidanceresources.com

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AFLAC IS AN IMPORTANT PART OF YOUR OVERALL HEALTH PROTECTION!

Aflac pays you cash if you're sick or hurt...it complements your major medical. Health insurance pays doctors, hospitals, pharmacies, clinics, etc., everyone but you! Meanwhile, you still have co-pays and deductibles that you're responsible for. Aflac is different, because it provides benefits for injuries and illnesses that can be used to pay the mortgage, rent, car payment, credit card bills, food, and gasoline. And don't forget, you can also use the money to pay those co-payments and deductibles that major medical doesn't. Aflac is an important part of your overall health protection and completes your coverage.

AFLAC GROUP BENEFITS



Group Accident Advantage Plus

Accident costs less than \$4 a week for employee coverage. Benefits include ER/Urgent Care treatment, follow-up visits, physical therapy, hospital confinement, surgery, specific injury benefits, and more! Accidents happen to everyone...get paid for your treatment! There is absolutely *no reason* not to have this coverage.



Group Critical Illness

Critical Illness costs as little as \$0.80 a week. Coverage includes protection for Cancer, Heart Attack, Stroke, Major Organ Transplant, and more! Plus, your dependent children are covered at no additional cost. Face amounts for the lump-sum benefit are \$5,000 to \$50,000, and spouses are eligible for 50% of employee coverage.

AFLAC INDIVIDUAL BENEFITS



Cancer Care

Aflac Cancer Care provides cash benefits for the diagnosis and treatment of cancer and associated cancerous conditions. Benefits include chemotherapy and radiation treatments, surgery, hospitalization, wellness screenings, and much more!



Choice Hospital

Aflac Choice Hospital provides benefits for ER and physician visits, hospital stays, invasive diagnostic imaging and exams, ambulance benefits, and surgical procedures due to accidents and illnesses. Can also be used for childbirth! (certain guidelines apply). **This plan is for those not in the HDHP/HSA.** For HDHP/HSA participants, we offer Hospital Admission and a Daily Confinement Benefit only.



Critical Care & Recovery

Critical Care Protection provides cash benefits for the diagnosis of specified events, including heart attack, stroke, coma, paralysis, and major organ transplant. Hospitalization and intensive care stay benefits as well.

ENROLL IN GROUP PRODUCTS

Follow the enclosed instructions and complete the application.

ENROLL IN INDIVIDUAL PRODUCTS

Please contact Jeremy Eanes

Phone: 303.324.2499 | Fax: 303.479.0082

jeremy_eanes@us.aflac.com

Legal Shield - ID Shield



**TAP. CALL.
GET EQUAL ACCESS.**

Live life empowered and protected with a dedicated law firm and licensed private investigator on your side.

Have you:

- Thought about asking a legal question?
- Needed your Will prepared or updated?
- Received a traffic ticket?
- Signed a contract? Lost your wallet?
- Purchased a home?
- Dealt with a civil dispute?
- Had concerns regarding family matters (child support, divorce, adoption)?
- Had concerns about identity theft?
- Had your personal information at risk?
- Feared for the security of medical information?
- Been concerned about your child's identity?
- Worried about entering information online?
- Received notification that you have been involved in a breach?
- Been mistakenly pursued by a collection agency

If you answered yes to one or more of these questions you may benefit from a LegalShield or IDShield membership.

Bill Syddall
President



Phone: 303.752.6475 | 719.219.8499

Bill@ALINK2ins.com

www.ALINK2insurance.com

What are ROTH Contributions?



Questions? Contact Rich Ericson @ 720.213.0583

Roth contributions are retirement savings made with after-tax dollars, meaning you pay taxes on the money now rather than in retirement.

Why Roth?

With Roth, both your contributions and any investment earnings can grow tax-free.

That means qualified withdrawals you take in retirement are completely tax-free, as long as you're at least age 59½ and it's been at least 5 years since you first made Roth contributions to the account.

Savings Type	Taxes paid	May be beneficial if...	Why?
Roth	Now - when the money is put in your account	You expect to be in a higher tax bracket at retirement	You pay taxes now, when your tax rate may be lower. When you retire (possibly in a higher tax bracket), the money can be withdrawn with no further taxes due if it's a qualified distribution.*
Pretax	Later - when you withdraw the money in retirement	You expect to be in a lower tax bracket at retirement	You're putting money aside without paying current taxes on it now. If you're in a lower bracket at retirement, you'll pay less taxes on the same amount of money.

* A qualified distribution is one that is made after a participant reaches age 59½, death or disability and must be made at least five years after the first Roth 401(k) contribution was made.

Is Roth right for you? It may be if you:

Are a consistent saver.

Are on track to exceed your estimated retirement needs.

Can't participate in a Roth IRA due to income limits.

Think your income tax rate will be higher in retirement than it is now.

Review your contributions



Scan the QR code or log in to principal.com/contributions to make changes.

Retirement Savings

Helping you Manage Your Retirement Goals



Questions? Contact Rich Ericson @ 720.213.0583

Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals. And since your life is busy enough, we've made getting to your information simple and convenient. Use these resources to access your account when and how you want.

Online

First-time users

Go to principal.com/Welcome

- › Select **Get Started**
- › Enter your first name, last name, date of birth, mobile phone number (this is the quickest way to verify your identity), and your ID number (this is either your Social Security number or a specific ID provided by your employer) or ZIP code
- › Agree to do business electronically and click **Continue**
- › If you don't provide your mobile phone number, you'll need to answer a few personal questions as an alternative way to confirm it's really you
- › Create a **unique username**, set a secure **password** and add your **email address**
- › Select and answer **three security questions** to use if you need to call us
- › You now have access to your online account, and you'll get a confirmation email within a few minutes
- › The first time you log in, you'll need to choose where we send you **verification codes** (text message, voice call, or authentication app) and how often you want to use them

Ongoing account access

Go to principal.com

- › Click **Log In**
- › Enter your **username** and **password** (click **Forgot Username or Forgot Password** if you need to reset) and click **Log In**
- › If you're logging in from a new device, resetting your username or password, or you've opted to use verification codes every time you log in, you'll receive a security code via text message, voice call, or authentication app
- › Enter the security code and click **Verify**



Questions?

Having trouble setting up your login? Give us a call at **800-986-3343**.

Stay up to date!

Keeping your email address current helps you stay in the know with communications tailored to you.

- › Click on the **Retirement Plan** link of the account you want to access. Use the tabs at the top of the page to navigate the website.

Retirement Savings

Questions? Contact Rich Ericson @ 720.213.0583

Your account

Education Hub

Available options include:

Not all options are available for certain plans. Check with your human resources contact to find out what is available.

- › Plan info & forms
- › Statements
- › Contributions
- › Investments
- › Loans & withdrawals
- › Rollovers
- › Retirement
- › Wellness Planner

- › Overview
- › My Virtual Coach
- › Monthly webinars
- › Retirement planning
- › Managing money
- › Life event planning
- › Calculators & tools

Mobile

Check your account balance and rate of return on the go.

- › Principal® App — Available for iPhone® and Android™*
- › Text message
- › Email

Phone

First-time users

Call **800-547-7754**

- › Enter your **Social Security number** when prompted
- › Listen to the menu and select an option
- › When prompted, establish your **personal identification number (PIN)** using your **Account/Contract Number**

Ongoing account access

Call **800-547-7754**

- › Enter your **Social Security number** when prompted
- › Listen to the menu and select an option
- › If prompted, enter your **(PIN)**
(Note: Some options do not require you to enter your PIN.)

Follow the prompts to:

(Not all options are available for certain plans. Check with your human resources contact to find out what is available.)

- › Check your account balance
- › Check investment performance
- › Request or review loan information
- › Review investment options
- › Manage your rollover funds
- › Transfer retirement funds between available investment options
- › Hear information regarding an expected Form 1099-R

* The mobile application offered by Principal® to view account information is currently supported on iPhone® (operating systems 11.0 or higher) and Android™ (operating systems 6.0 or higher).



[principal.com](https://www.principal.com)

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Retirement Savings

Questions? Contact Rich Ericson @ 720.213.0583



Plan Summary

Am I eligible for ET Investments, LLC 401(k) Plan?

You are eligible to join the plan if you:

- are at least age 21

You enter the plan on the first day of the month on or after you meet the eligibility requirements.

Are there limits to my contributions?

The retirement plan includes an automatic contribution arrangement. Please refer to the notice provided to you by your plan sponsor for details.

You may choose to contribute up to 100% of your total pay.

Your taxable income is reduced by the amount you contribute pre-tax through salary deferral. This lets you reduce your taxable income.

Your maximum contribution percentage and/or dollar amount may also be limited by Internal Revenue Service regulations. Current employee contribution limits may be found by searching for 401(k) contribution limits on the Internal Revenue Service's website at www.irs.gov.

If you are 50 years old or older during the plan year and you have met the annual IRS deferral limit (or the specified plan limit for deferrals), you may contribute a catch-up deferral. If you qualify and are interested in making catch-up contributions, the current limit may be found on the Internal Revenue Service's website at www.irs.gov.

Can I change my contributions to my employer's retirement plan?

You may stop making salary deferral contributions at any time. You may change your salary deferral amount monthly. Changes will be implemented as soon as administratively feasible.

Employer contributions

Your employer may match part of the pay you contribute to the plan through salary deferral.

If a matching contribution is made to the plan, it will be calculated based on salary deferrals and pay as of the end of the plan year.

The conditions you have to meet may include an hours requirement and/or require you to be an active participant during or at the end of the plan year.

Retirement Savings

Questions? Contact Rich Ericson @ 720.213.0583



Plan Summary

Your employer may make a qualified nonelective contribution at the end of the plan year if you were active at any time during the plan year.

Your employer may make a discretionary contribution at the end of the plan year if you meet the requirements below.

You will receive contributions if you are an active participant on the last day of the plan year during the latest accrual service.

Employer contributions may change in the future.

I have a retirement account with a previous employer. Can I combine the two?

You may be allowed to roll over into this plan all or a portion of the retirement funds you have outside this plan. You may then withdraw all or a portion of your rollover contributions. The number of withdrawals may be limited. Refer to your Summary Plan Description for more details.

To receive additional information, contact your Plan Administrator, visit us at principal.com or call 1-800-547-7754.

When am I vested in the retirement plan funds?

You are always 100% vested in the contributions **you** choose to defer and in the qualified nonelective contributions. You cannot forfeit these contributions.

You are vested in employer contributions based on years of vesting service with your employer as shown below.

The vesting schedule is:

5 Years Graded Custom

< 1 Years	1 Years	2 Years	3 Years	4 Years
0%	20%	40%	60%	80%
5 Years				
100%				

The vesting schedule applies to the following contribution(s):

Employer Match in M	Employer Discretionary

Retirement Savings

Questions? Contact Rich Ericson @ 720.213.0583



Plan Summary

How can I access my account information, including fees and investment information?

You may obtain account information through:

- Our automated phone system at 1-800-547-7754
- Principal.com

Can I take money from the plan?

Yes, you may receive funds from your account for the following reasons:

- Retirement (age 65)
- Age 59-1/2 and still working
- Death
- Disability*
- Termination of employment

Please refer to the participant notice or Summary Plan Description provided to you by your plan sponsor about withdrawal benefits.

*You must have ceased employment to receive this benefit.

If I need to take a loan from the plan, what are the guidelines?

You may borrow up to 50% of the vested account balance or \$50,000.00 (whichever is less). Amount available is reduced by an outstanding balance or by the highest outstanding balance in the past 12 months. This includes all loans (new loans taken in the past 12 months, loans paid off in the last 12 months, and all defaulted loan balances, no matter how old the loan).

The minimum loan amount is \$1,000.00.

Up to 1 loan(s) can be approved in a 12-month period. You may have 1 loan(s) outstanding at any time.

The interest rate will be determined when you apply for your loan. You pay back both the principal and interest directly to the account held for you in the plan through payroll deduction.

Loans must be repaid within a five-year period. See your loan administrator for additional details.

Refer to your Summary Plan Description for more details on contributions available for a plan loan.

Retirement Savings

Questions? Contact Rich Ericson @ 720.213.0583



Plan Summary

Other Information

Your salary deferral contributions are included in the wages used to determine your Social Security tax.

This plan summary includes a brief description of your employer's retirement plan features. While this plan summary outlines many of the major provisions of your employer's retirement plan, this summary does not provide you with every plan detail. The legal plan document, which governs this plan, provides full details. If there are any discrepancies between this plan summary and the legal plan document, the legal plan document will govern.

From time to time, your employer may elect to amend the retirement plan provisions. This plan summary may be updated to reflect proposed amendments to the plan document provisions. Until a plan amendment is adopted, however, the legal plan document will govern. Contact your plan sponsor if you would like more details regarding applicable retirement plan provisions.

Most withdrawals/distributions are subject to taxation and required withholding. Check with your financial/tax advisor on how this may affect you.

The Principal® is required by the IRS to withhold 20% of the portion of a distribution that is eligible for rollover if it is not directly rolled over to another eligible retirement plan, including an IRA, or used to purchase an annuity to be paid over a minimum period of the lesser of 10 years or the participant's life expectancy. This withholding will offset a portion of federal income taxes you owe on the distribution.

The retirement account may be affected differently by individual state taxation rules. Contact your tax advisor with questions.

If you have questions about the retirement plan call 1-800-547-7754 Monday through Friday, 7 a.m. - 9 p.m. (Central time), to speak to a retirement specialist at The Principal®.

To learn more about The Principal®, visit [principal.com](https://www.principal.com).

Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group® (The Principal®), Des Moines, IA 50392.

Important Numbers



	PHONE	WEBSITE - IF AVAILABLE
Leading Edge (Admin for Anthem)	844.494.4068	https://mesa.leadingedgeadmin.com/
Telemedicine		www.livehealthonline.com
Pharmacy (Anthem - Carelon)	833.271.2374	www.anthem.com/register
UMR (Dental)	800.826.9781	www.umar.com
VSP - Vision	800.877.7195	www.vsp.com
UMR Flexible Spending Account	800.826.9781	www.umar.com
OneAmerica (LTD, STD, Life, Vol Life)		www.oneamerica.com
Employee Assistance Program	855.387.9727	https://login.oneamerica.com/login
AFLAC	800.433.3036	www.aflacgroupinsurance.com
ALINK Insurance Services (Legal/ID Shield)	303.752.6475	www.ALINK2insurance.com
Principal 401K - Rich Ericson (ALINK Financial)	720.213.0583	principal.com
Benefits - ET Inv - Shawn Coplen	303.752.6501	etihr@etinv.com