

BENEFITS OUTLINE 2023 / 2024

New hire benefits are effective date of hire

All Benefits in this section are available for enrollment through your employee portal

MEDICAL INSURANCE		H – PH-H etwork Bene		Tra	ditional HMO		
EMPLOYEE COST / MONTH	<u>CO-PAYS</u>		<u>RX CO-PAYS</u>				
SINGLE: \$ 0.00	OFFICE VISIT (PCP):	\$30	GENERIC/GENERIC VALUE	\$	10		
DOUBLE: \$ 236.07	SPECIALIST VISIT:	\$45	PREFERRED BRAND	\$	30		
FAMILY: \$ 345.10	URGENT CARE:	\$75	NON-PREFERRED BRAND	\$	60		
	ER VISIT:	\$250	PREFERRED SPECIALTY	:	20%, мах \$100		
EMPLOYER COST / MONTH	AMBULANCE:	\$150	NON-PREFERRED SPECIALTY	:	20%, мах \$200		
SINGLE: \$ 500.00	HIGH TECH IMAGING:	\$150					
DOUBLE: \$ 600.00							
FAMILY: \$ 700.00	<u>COINSURANCE MAX (p</u>	COINSURANCE MAX (plan year)		TOTAL OUT-OF-POCKET MAXIMUM (plan year)			
	INDIVIDUAL:	\$ 4,000	INDIVIDUAL	\$	9,100		
DEDUCTIBLE (plan year)	FAMILY:	\$ 8,000	FAMILY	\$	18,200		
INDIVIDUAL: \$ 2,000 FAMILY: \$ 4,000	HOSPITAL COINSURANCE	80%					
 SPECIAL FEATURES: • EMPLOYER CONTRIBUTION: Stipend of \$1,439.64 annually (\$59.98/pay) for the single level • WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines 							
	• VIRTUAL VISITS: 24/7 phone/video ph	nysician acc	ess, including dermatology & behavior	al hea	lth		
	ACCOUNT INFORMATION ON THE GO				th plan		
information, use the cost estimator, order prescriptions and more using the MyHealth app.							





MEDICAL INSURAN			– PH-HM ork Benefits	O-HSA-PREM		HSA HMO
EMPLOYEE COST / MONTH	CO-PAYS (*AFTER DEDUCTI	BLE)		RX CO-PAYS (*AFTER DEDUCTIBLE)		
SINGLE: \$ 0.0	OFFICE VISIT (PCP):		20%*	GENERIC/GENERIC VALUE:	\$	10*
DOUBLE: \$ 23	6 SPECIALIST VISIT:		20%*	PREFERRED BRAND:	\$	40*
FAMILY: \$ 34 2	3 URGENT CARE:		20%*	NON-PREFERRED BRAND:	\$	80*
	ER VISIT:		20%*	PREFERRED SPECIALTY:	\$	20%, max \$100*
EMPLOYER COST / MONTI	AMBULANCE:		20%*	NON-PREFERRED SPECIALTY:	\$	20%, max \$200*
SINGLE: \$ 50 0	HIGH TECH IMAGING:		20%*			
DOUBLE: \$ 600	0					
Family: \$ 70	0 <u>COINSURANCE MAX (</u>	plan	year)	TOTAL OUT-OF-POCKET MAXIM	UМ	(plan year)
	INDIVIDUAL:	\$	500	INDIVIDUAL:	\$	2,000
DEDUCTIBLE (plan year)	FAMILY:	\$	1,000	FAMILY:	\$	4,000
INDIVIDUAL: \$ 1,50						
FAMILY: \$ 3,00	HOSPITAL COINSURANCE	80	%			
 SPECIAL FEATURES: HSA CONTRIBUTION: \$1,453.80 annually (\$60.58/pay) for the single level WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health ACCOUNT INFORMATION ON THE GO: You can access your membership card, personal health plan 						

information, use the cost estimator, order prescriptions and more using the MyHealth app.

MEDICAL INSURA	NCE	PRIORITY HEALTH – PH-HMO-HSA-BASE In-Network Benefits						
EMPLOYEE COST / MONT	тн	CO-PAYS (*AFTER DEDUCTIBLE))		RX CO-PAYS (*AFTER DEDUCTIBLE)			
SINGLE: \$ 0.	00	OFFICE VISIT (PCP):		20%*	GENERIC/GENERIC VALUE:	\$	10*	
DOUBLE: \$ 56	5.54	SPECIALIST VISIT:		20%*	PREFERRED BRAND:	\$	40*	
FAMILY: \$ 12	20.66	URGENT CARE:		20%*	NON-PREFERRED BRAND:	\$	80*	
		ER VISIT:		20%*	PREFERRED SPECIALTY:	\$	20%, max \$100*	
EMPLOYER COST / MONT	<u>TH</u>	AMBULANCE:		20%*	NON-PREFERRED SPECIALTY:	\$	20%, max \$200*	
SINGLE: \$ 5(00.00	HIGH TECH IMAGING:		20%*				
DOUBLE: \$ 6(00.00							
FAMILY: \$ 7(00.00	COINSURANCE MAX (pla	an y	ear)	TOTAL OUT-OF-POCKET MAXIN	IUM	(plan year)	
		INDIVIDUAL:	\$	2,000	INDIVIDUAL:	\$	5,000	
DEDUCTIBLE (plan year)		FAMILY:	\$	4,000	FAMILY:	\$	10,000	
, ,	000^ 000	HOSPITAL COINSURANCE	80%	6				
 SPECIAL FEATURES: • HSA CONTRIBUTION: \$2,418.84 annually (\$100.79/pay) for the single level • WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines 								
 VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health 								
• ACCOUNT INFORMATION ON THE GO: You can access your membership card, personal health plan								
		information, use the cost estimator, or						
		 <u>^INDIVIDUAL DEDUCTIBLE</u>: Embedded 	l Inc	lividual De	ductible can be met before the fami	ly de	eductible	





ISA (Health Savings Ac	count) MEDICAL BENEFIT	EMPLOYEE RESPONSIBILITY
<u>SPECIAL FEATURES:</u>	 and be able to utilize HSA funds. Axios HR partners with LMCU so that you can enroll tool if you do not currently have an HSA account. You are able to utilize any bank you would like, as lo regular checking account* Even if you select an HSA medical plan in the enrollr you must set up an account for us to be able to distr An HSA account is solely yours, Axios HR has no own 	ong as the bank offers an HSA account *this is not a ment tool, this does not mean that you have an HSA – ribute your contributed funds. hership over this account. f the LMCU offering, you will need to submit an HSA

V	VAIVE MEDICAL BENEFIT	\$1,080.00	EMPLOYER PAID
	SPECIAL FEATURES:	Staff that are eligible for but waive medical coverage will receive \$1,08 that coverage. Waive Medical is considered taxable income.	80.00 annually (\$45.00/pay) in lieu of

DENTAL INS	UR	ANCE			DELTA	DEN	TAL BASE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST	/ M	<u>ONTH</u>	FEATURES			DES	CRIPTION (assumes in-netw	ork)
SINGLE: DOUBLE: FAMILY:	\$ \$ \$	34.00 65.00 134.00	BENEFIT MAX^: DEDUCTIBLE^: ORTHO MAX: • Lifetime	\$	1,000 50 1,000	Ρ	REVENTATIVE SERVICES: BASIC SERVICES: MAJOR SERVICES: ORTHODONIC:	NO DEDUCTIBLE APPLIES – COVERED 100% COVERED 80% AFTER DEDUCTIBLE COVERED 50% AFTER DEDUCTIBLE COVERED 50% AFTER DEDUCTIBLE
EMPLOYER COST SINGLE: DOUBLE:		0.00	SPE	CIAI	L FEATURES:	•	-	COVERED TO AGE 26 – simply let your provider know you hey will be able to look you up by ork
FAMILY:	\$	0.00				•	major restorative and p	ing period for new enrollees for any rosthodontic service ductible are calendar year (Jan-Dec)

VISION INSURANCE			EYEMED	vo	LUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	FEATURES			DESCRIPTION	
SINGLE: \$ 8.95	EXAMS:	ONCE EVERY 12	MONTHS	EXAM CO-PAY:	\$ 10
DOUBLE: \$ 17.50	CONTACTS:	ONCE EVERY 12	MONTHS	CONTACT LENSES:	\$130 Allowance
FAMILY: \$ 24.87	FRAMES:	ONCE EVERY 24	MONTHS	DEPENDENTS:	COVERED TO AGE 26
EMPLOYER COST / MONTH	SPE	CIAL FEATURES:			let your provider know you have
SINGLE: \$ 0.00			EyeMed	and they will look you u	p by your SSN
DOUBLE: \$ 0.00			Benefit	frequency based on date	of last visit
FAMILY: \$ 0.00					





LIFE INSURA	AN (CE	METLIFE	EMPLOYER PAID
COVERAGE			SPECIAL FEATURES:	
EMPLOYEE:	\$	50,000	 <u>PlanSmart</u>: PlanSmart is a multifaceted program, offered at no addition provide your employees with access to a range of financial and retirer 	· · ·
SPOUSE:	\$	2,000	on-site workshops, with optional personal consultations and decision-	_
DEPENDENT:	\$	1,000	 <u>Retirewise</u>: Retirewise is an in-depth program consisting of a four-par- objective information covering a broad spectrum of retirement issues 	from Estate Planning to Tax
			Planning. Each workshop is delivered by a locally based financial profe	essional.

SHORT TERM DISABILI	TY METLIFE - CHARTER	EMPLOYER PAID
EMPLOYEE COST / MONTH	COVERAGE	
EMPLOYEE: \$ 0.00	• 60% of weekly salary up to \$1,000 per week	
	• Benefits begin on (Accident) 1 st day	
	• Benefits begin on (Illness) 8 th day	
	• Max Duration of Benefits: 26 weeks	

LONG TERM DISABILIT	Y METLIFE - CHARTER	EMPLOYER PAID
EMPLOYEE COST / MONTH EMPLOYEE: \$ 0.00	 COVERAGE 60% of weekly salary up to \$7,500 /month Elimination Period: 180 days Max Duration of Benefits: till age 65 	 SPECIAL NOTES: <u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 12 months. <u>Benefit Limitations:</u> Neuromuscular: 24 months Musculoskeletal: 24 months Soft Tissue Disorder: 24 months Alcohol, Drug or Substance Abuse: No limit

LIFE INSURANCE		METLIFE - CHARTER	VOLUNTARY EMPLOYEE PAID
 EMPLOYEE COST / MONTH Rates are based on employee's age and amount of coverage 	COVERAGE EMPLOYEE: SPOUSE: DEPENDENT:	\$10k to \$200k guarantee, Max. 5X Salary or \$500k \$5k to \$25k guaranteed, Max. \$250k or 50% of Emp. \$10k guaranteed	 SPECIAL NOTES: You must elect coverage for yourself in order to elect coverage for your spouse and / or child(ren) Any amount elected over the guarantee issue amount will be subject to medical underwriting





FLEX BENEFIT - MEDI	CAL & DEPENDENT CARE	AXIOS HR	VOLUNTARY EMPLOYEE PAID
 EMPLOYEE COST / MONTH You elect how much to contribute annually 	from a licensed care provider oFSA's give you a way to pay for	ount Maximum Limit: \$5,000 ir program) your health care and / or de de how much to have taken	ually) Annually (Dependent Care expenses must be ependent care expenses with pre-tax dollars. out of your paycheck and put into your Health
FLEX BENEFIT RULES	 for the period of time you were Life Events – FLEX funds are premiddle of a plan year. 	e covered under the plan to epaid, so you cannot change	the date of termination to submit any receipts utilize any remaining funds. the amount you want to contribute in the ct type of FLEX plan, we offer more than one.

OFF THE JOE	3 A	CCIDEN	T METLIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST	/ M	<u>ONTH</u>	SPECIAL FEATURES	
EMPLOYEE:	\$	8.16	 This coverage pays you cash benefits that corresp dismemberment: dislocation or fracture: hospita 	oond with a variety of covered occurrences, such as I confinement; ambulance services; physical therapy and
EE + SPOUSE:	\$	15.44	more. The cash benefits can be used to help pay	, , , , , , , , , , , , , , , , , , , ,
EE + CHILD:	Ś	16.84	Benefits are paid once per accident unless otherv	vise noted in the schedule of benefits.
EE + FAMILY:	Ś	21.13	 Guaranteed issue coverage and coverage availab See plan document for more details. 	le for spouse and child(ren).

CRITICAL ILLNESS	METLIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	SPECIAL FEATURES	
• Rates will vary based on your issue age, who you wish to cover, the amount of coverage and whether or not you use tobacco products	 Benefit Coverage options are \$10,000 or \$20,000 This coverage helps offer financial support if you are di expense of treatment often so high, seeking the treatm But when a diagnosis occurs (such as cancer, major orggetting better. With METLIFE Benefits, you gain the po covered event. <u>How It Works</u>: You select the benefit coverage amount budget. If you have covered family members, this cover diagnosed with a covered critical illness, you will received the series of the series	nent you need seems like a heavy financial burden. gan failure, etc.), what you should be focusing on is wer to take control of your health when faced with a c you want based on your individual need and your grage also provides cash benefits for them. Then, if

HOSPITAL IN	IDE	MNITY	METLIFE	VOLUNTARY EMPLOYEE PAID		
EMPLOYEE COST / MONTH			SPECIAL FEATURES			
EMPLOYEE:	\$	7.67	81,	nement. This benefit is payable directly to you and can onal bank account or your Health Savings Account (HSA)		
EE + SPOUSE:	\$	20.15	for hospital-related expenses.			
EE + CHILD:	\$	13.26	 Guaranteed issue coverage and coverage available Coverage can be continued as long as premiums ar 			
EE + FAMILY:	\$	21.84	See plan document for more details.			





.egal / ID Prote	ction	ID Shiel	d/Legal Shield	VOLUNTARY EMPLOYEE PAID
			SPECIAL FEATURES	
Plan	Family (per month)	Individual (per month)	ID Shield membership includes security and privacy monitoring media monitoring, identity restoration and consolation services	
LegalShield	23.95	23.95	 If your identity is s status. 	stolen, ID Shield will fully restore to pre-theft
IDShield	18.95	8.95	-	
Combined	38.90	32.90	 LEGAL Shield offers advice, co legal guidance for common is 	vice, consultation and representation including
			- Membership inclu	udes a dedicated law firm, contracts and document preparation of your end of life documents,

401(k)	EMPOWER RET	EMPOWER RETIREMENT	
	SERVICE LENGTH	AGE	ENTRY DATE
ELIGIBILITY REQUIREMENTS:	Immediate	• 21	Immediate
 <u>Employer Match</u>: 100% of the first 5% Enrollment in the 401k, or any contribution or beneficiary changes to your existing 401k, can be do Empower's website, <u>www.empowermyretirement.com</u>. Enrollment in the 401(k) is not done through the benefit enrollment tool and is not tied to the Ope Enrollment period; you can enroll or make changes to contributions at any time after you are eligil Through CAP TRUST, you have access to personalized financial advice. Consults can be requested b 800-967-9948 or by visiting https://captrust.com 			





All Items listed in this section are not part of the online benefit enrollment experience. They are considered Vendor Perks and are available at any time throughout the year.

MOBILE VETERINARY CARE	VETR HEALTH	VOLUNTARY EMPLOYEE PAID
Convenient offendable vetering and even from the		

Convenient, affordable veterinary care from the comfort of your own home.

- In Home Vet Visits vets travel to you and your pets! All the care is provided in the comfort of your own home.
- Core Vaccines and Testing your membership includes all of the core vaccines and testing your pet needs to stay healthy.
- Unlimited Telehealth advice from veterinarians anytime, anywhere with Vetr telehealth.
- Online Pharmacy receive access to their online pharmacy for any prescriptions including preventatives.

The Veterinary Care benefit through Vetr Health is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at www.vetrhealth.com. Employees will pay premiums directly to Vetr Health.

PET'S BEST

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Fast claims processing and payment receive reimbursement via direct deposit or direct vet pay options available
- Use any veterinarian in the U.S. including specialty and emergency clinics
- Access to a 24/7 pet helpline powered by WhiskerDocs
- Exclusive Axios HR employee discount on a BestBenefit Plan

The Pet Insurance benefit through Pet's Best is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at www.petsbest.com/axios. Employees will pay premiums directly to Pet's Best.

FINANCIAL WELLNESS	FINFIT	FREE USE OF SITE WITH REGISTRATION
SPECIAL FEATURES		Access via the Axios HR Employee Portal under 'Axios Perks'

- SPECIAL FEATURES
 - Assess your Personal Financial Health
 - Budget Building Tools
 - Financial Calculators
 - Life Planning

- Financial Education information
- Online tracking of your bank accounts
- 24/7 Financial Wellness provided online
- Short-Term Loan Assistance*

* Fee Based Service, subject to credit approval

ASSISTANCE FOR CAREGIVERS CARALLEL – MyCareDesk

SPECIAL FEATURES

FREE USE OF SITE WITH REGISTRATION

Access via the Axios HR Employee Portal under 'Axios Perks'

VOLUNTARY EMPLOYEE PAID

- ORGANIZE Keep track of important documents, coordinate tasks and manage bill payment.
- COLLABORATE Create your own care team and then share information, tasks and decision making.
- CONSULT Speak with trusted and experienced Care Advocates through our full-service concierge.
- LEARN Access tools and resources on topics like health, wealth, lifestyle, senior living and in-home care.

2023 / 2024 Benefit Outline

These summaries are provided for reference only. Please see carrier summaries and plan documents for details. Benefits paid based on plan documents only.

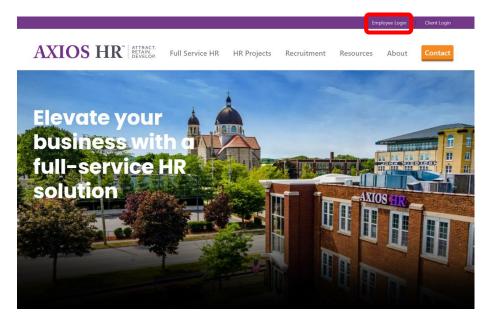




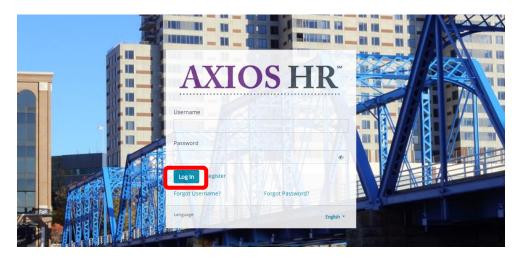
HOW TO COMPLETE ENROLLMENT - NAVIGATION INSTRUCTIONS

To elect your benefits for the 2023-2024 plan year, please follow these simple instructions. Please note that it is highly recommended that you use <u>Google Chrome</u> to complete your enrollment.

Go to https://axioshr.com/, and click on the "Employee Login" link at the top right of the screen:



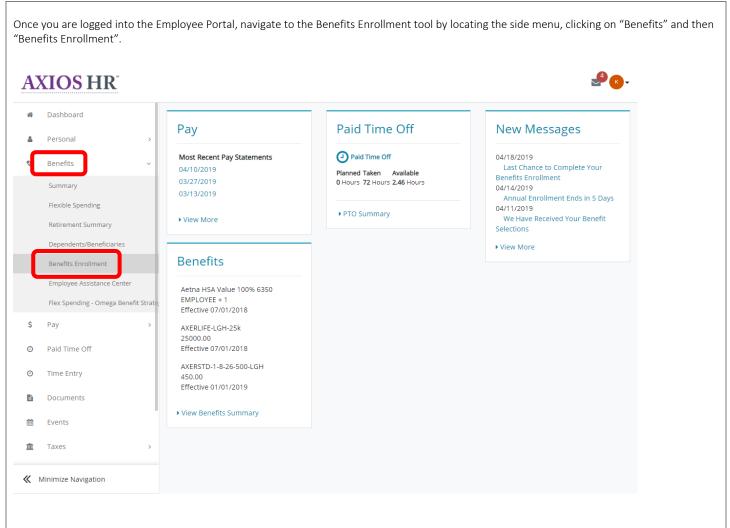
Enter your employee credentials and click the blue "Log In" button:



If you have forgotten your username or password, you may use the "Forgot Username?" or "Forgot Password?" links on the login screen for assistance retrieving or resetting your credentials. You may also contact Axios HR for assistance at 616-949-2525 or by emailing service@axioshr.com. The Axios HR Employee Care Team is available to assist you Monday-Friday from 8am-5pm.







The Axios HR Employee Care Team is here to assist you if you have any questions or have any trouble making and submitting your benefit elections for the 2023-2024 benefit plan year. You can reach the Axios HR Employee Care Team by phone at 616-949-2525 or by emailing <u>service@axioshr.com</u>.





Access Your HR and Payroll Information on the Go with the New Mobile App

Your HR and payroll information is always at your fingertips with the new PrismHR Employee Portal App. It's free and easy to set up on your smartphone or tablet.

Anything you can do in Employee Portal you can do in the mobile app:

- Pay stubs and history
- Benefits summary
- Personal contact information
- Document management
- HR support contacts
- Enroll in benefits
- W-2 forms
- Change tax withholdings

The app is available now for Apple and Android devices.



In the App Store/Google Play, search for PrismHR Employee Portal:



Once the app is installed, the first time you launch it will require you to complete a one-time setup to access your account. Please select '**Access Code**' and enter the access code of **285**.

Once this is complete, it will bring you to the login screen (blue bridge in the background) and you'll be able to log in as normal.





AXIOS HR ATTRACT. RETAIN. DEVELOP.

Have questions? We're here to help!

Asistencia en Español

The Axios HR Employee Care Team is available Monday-Friday from 8am-5pm to answer any questions and resolve any issues as quickly as possible. Our Employee Care Team is made up of four HR professionals – Kayla (Care Team Lead), Alexis (HR Coordinator), Edgar (HR Coordinator), and Carly (Care Team Intern).

Our Employee Care Team can assist with many items including (but not limited to):

- New hire onboarding
- Username/password assistance
- Contact information changes
- Tax withholding/W2 questions
- Retrieving pay stubs
- Benefits enrollment assistance

- Benefits questions
- FMLA/Disability paperwork
- Timeclock assistance
- Payroll questions
 - · Verification of Employment documents
 - HR/employment concerns

No matter what your need is, the Employee Care Team is your primary point of contact with Axios HR. If your inquiry requires the attention of an HR Specialist, the Care Team will put you in direct contact with one of our team's HR Specialists for resolution.

In addition to our Employee Care Team, the Axios HR Employee Portal is very robust and gives you 24/7 access to your personal information. On the Employee Portal, you can view/download/print your paystubs or W-2, view or make changes to your contact information like address, phone number or e-mail, as well as view or make changes to your direct deposit account information. To visit the employee portal, go to **AxiosHR.com** and click on "**EMPLOYEE LOGIN**" in the upper right-hand corner.

To contact our Employee Care Team, please call us at 616-949-2525 or email service@axioshr.com.



