

UGM Healthcare
Empowering Better Living

# 2027 EMPLOYEE BENEFITS GUIDE

**Our business begins with you.**

Rev November 24, 2026 9:24 AM



# WELCOME

At MGM Healthcare, we offer our employees a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This benefits guide briefly summarizes our program in a quick and easy-to-understand way. For additional information about your benefits go to benefitsmgm.com

## How to Enroll

**Call Center:** Call 314.997.3835 8am - 5pm, Monday - Friday to speak with a licensed benefit counselor. You can schedule an appointment for a benefit counselor to call you by scanning this QR code.

**Online:** Visit chubb.benselect.com/enroll.
Your username is your full social security number. Your PIN is the last four digits of your social security number, followed by the last two digits of your year of birth.

**Open Enrollment:** November 30 - December 15

## Who can enroll in benefits

**Employees**
You may enroll in the benefits program if you are a regular full time employee who is actively working a minimum of 30 hours per week. You are eligible for benefits as of the first of the month following 60 days of active service.

**Dependents**
Eligible dependents generally include your legally married spouse and children up to age 26. Some age limitations may apply to certain insurance programs. Please review your plan documents carefully for more details.

**Eligibility Documentation**
Please be prepared to share dependent eligibility information during enrollment, including each enrolled dependent's date of birth and Social Security Number. Other documentation may be required depending on your benefit elections.



## Changing Your Coverage

Once you make your election for enrollment you will not be able to change your elections until the next annual enrollment, unless you experience a qualifying event. A qualifying event is a change in your personal life which may impact your eligibility or dependent's eligibility for benefits. If you experience a qualifying life event, you will have 30 days to notify Human Resources in order to make changes to your benefit elections.

Examples of some qualifying events include the following:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

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# MEDICAL INSURANCE

## SELECTING YOUR MEDICAL PLAN

**OPTION 1: Bronze Limited** **OPTION 2: Platinum Plan PPO** **OPTION 3: Silver HDHP** **OPTION 4: Gold HDHP**

TIP: Get the most out of your insurance by using in-network providers.

## FREQUENTLY ASKED QUESTIONS

1

**How many hours do I need to work to be eligible for insurance benefits?**

You must be an employee working a minimum of 30 hours per week on a regular basis.

2

**Will I receive a new Medical ID card?**

All new medical plan participants will receive a new ID card in the mail.

Currently enrolled participants will NOT receive a new Medical ID card. Please ensure your address is correct in Paycor.

3

**Who can I enroll?**

Eligible dependents include your legal spouse and your children up to age 26. You will be required to provide proof of dependent eligibility such as marriage license, birth/ adoption certificate, legal guardianship paperwork, etc. and identity.

4

**How long can I cover my dependent children?**

Dependent children are eligible until the end of the month in which they turn age 26. Some age limitations may apply to certain insurance programs.

5

**I just got hired. When will my benefits become effective?**

Your coverage will begin on the first of the month following 60 days of employment.

### Medical Coverage

Major medical coverage is offered through Anthem. You have three plan options—Silver, Gold, and Platinum.:

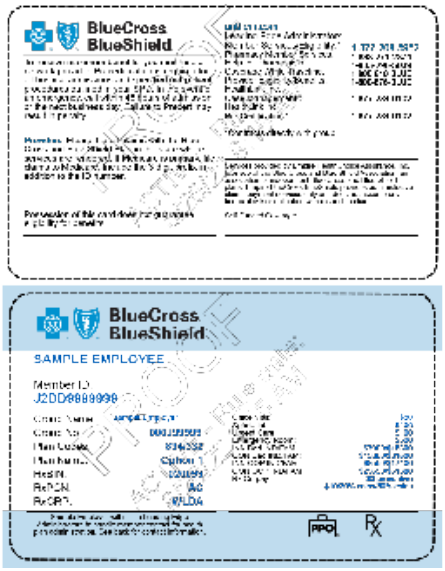
- The Platinum plan is a PPO plan that includes copays for certain services.
- The Silver and Gold plans are High Deductible Health Plans (HDHP). This plan does not include any copays for services, but does allow you to make a contribution to a Health Savings Account (HSA).
- You also have an additional option. The Bronze plan is a Limited Plan.
- The Silver, Gold, and Platinum Plans will offer you more coverage than the Bronze Limited Plan.



## Find an In-Network Provider

Need a doctor? Simply search by specialty and location in our online directory. You'll find maps, directions and more. You can also look for doctors who speak different languages.
Visit anthem.com

- Select "Find Care" to get started.
- Select "Basic Search as a Guest"
- Select the type of plan or network: **Medical Plan**
- Select the State you wish to search
- Select how you get health insurance: **Medical (Employer-Sponsored)**
- Select a plan or network: **National PPO (BlueCard PPO)**




## Preventive care covered with no cost sharing

Get checkups, screenings, vaccines, prenatal care, contraceptives and more with no out-of-pocket costs. This includes routine screenings and checkups. It also includes counseling you get to prevent illness, disease or other health problems. Many of these services are covered as part of physical exams. These include regular checkups, routine gynecological, and well-child exams. You won't have to pay out of pocket for these preventive visits

## Important Terms

» **Copayment**—A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services depending on the plan you select.

» **Deductible**—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met.

» **Coinsurance**—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of pocket maximum is met.

» **Out-of-pocket limit**— The max you will pay for covered services during the plan year before health insurance begins to pay 100% of the allowed amount.



## Prescription Drug Coverage

This year your prescription drug coverage will be offered through carelonrx. Consult with your physician regarding any questions you may have about the prescription drug benefit offered.

Visit carelonrx.com or call 1-833-267-2133.

## Specialty Drug Prescription

Payer Matrix is a new program designed to help manage the cost of high-priced medications, with the goal of getting you access to those medications at a $0 copay. Should you have a high-cost prescription, your participation in the program is required to continue to receive the medication through the plan. A representative from Payer Matrix will reach out to you directly to discuss the program. We encourage you to take their call, as they are there to assist you in navigating this benefit. You may also contact Payer Matrix directly at 877-305-6202.

## Plan Highlights

**Traditional PPO Plan (Platinum PPO Plan)**

- You pay office visit/prescription drug copays and are not responsible for meeting your deductible first for most benefits.

**High Deductible Health Plans (Silver HDHP Plan and Gold HDHP Plan)**

- There are no copays and the deductible must be satisfied for all medical & prescription benefits, with the exception of preventive care, for the plan to start cost sharing.

**Limited Plan (Bronze Plan)**

- The Bronze Limited Plan is a Fixed Indemnity policy, NOT Health Insurance.

## 24/7 Telehealth Services

Telehealth is available for anyone covered under any of the medical plans. Get answers to your medical questions 27/7/365 by phone or on video consults.

You can use telehealth for common conditions, such as cold/flu symptoms, allergies, bronchitis, and sinus problems or to get guidance far more affordably than ER or Urgent care.

Please note that the Silver, Gold, & Platinum plans have a different Telehealth provider than the Bronze Plan.



### Anthem Live Health

Silver, Gold, & Platinum Plan Members

Use Live Health with the
Sydney Care App
online at **livehealthonline.com**
by phone **1-888-548-3432**

***Visit the Apple or Play store and search for the Sydney Health app.***

### Teladoc Health

Bronze Limited Plan Members

Contact Teladoc health using the
Teladoc Health App
online at **teladoc.com**
by phone **1-855-835-2362**

***Visit the Apple or Play store and search for the Teladoc Health app.***

# Medical Insurance Plans

| In-Network Plan Details | Silver HDHP Plan | Gold HDHP Plan | Platinum PPO Plan |
|---|---|---|---|
| Deductible Individual / Family | $5,000 / $10,000 | $3,500 / $6,800 | $2,500 / $5,000 |
| Coinsurance (member pays) | 30% | 20% | 30% |
| Out-of-Pocket Maximum Individual / Family | $7,000 / $14,000 | $7,000 / $14,000 | $6,250 / $12,500 |
| **Physician Office Visits** | | | |
| Preventative | 0% Coinsurance* | 0% Coinsurance | $0 copay |
| Primary Care | 30% Coinsurance | 20% Coinsurance | $35 copay |
| Specialist | 30% Coinsurance | 20% Coinsurance | $70 copay |
| Diagnostic Lab/X-Ray | 30% Coinsurance | 20% Coinsurance | 30% Coinsurance |
| Telehealth | 30% Coinsurance | 20% Coinsurance | $35 copay |
| **Emergency & Urgent Care** | | | |
| Emergency Room | 30% Coinsurance | 20% Coinsurance | $300 copay |
| Urgent Care | 30% Coinsurance | 20% Coinsurance | $100 copay |
| **Hospital Services** | | | |
| Inpatient (Facility/Physician) | 30% Coinsurance | 20% Coinsurance | 30% Coinsurance |
| Outpatient | 30% Coinsurance | 20% Coinsurance | 30% Coinsurance |
| Major Diagnostic & Imaging | 30% Coinsurance | 20% Coinsurance | 30% Coinsurance |
| **Prescription Drugs Retail** | | | |
| Generic | 30% Coinsurance | 20% Coinsurance | $20 copay |
| Brand Preferred | 30% Coinsurance | 20% Coinsurance | $40 copay |
| Brand Non- Preferred | 30% Coinsurance | 20% Coinsurance | $70 copay |
| Specialty | 30% Coinsurance | 20% Coinsurance | 20% Copay |
| **Prescription Mail Order—Supply Limit 90-Day Supply** | | | |
| Generic | 30% Coinsurance | 20% Coinsurance | $50 copay |
| Brand Preferred | 30% Coinsurance | 20% Coinsurance | $100 copay |
| Brand Non- Preferred | 30% Coinsurance | 20% Coinsurance | $170 copay |
| **Out-of-Network Plan Details** | | | |
| Deductible Individual / Family | $10,000 / $20,000 | $6,600 / $13,200 | $5,000 / $10,000 |
| Coinsurance (member pays) | 50% | 50% | 50% |
| Out-of-Pocket Maximum Individual / Family | $14,000 / $28,000 | $14,000 / $28,000 | $12,500 / $25,000 |

**All coinsurance costs shown in this chart are after your deductible has been met.**

# Important Medical Insurance Terms

### Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a coinsurance for covered services. All coinsurance costs shown on page 8 are after your deductible has been met, unless otherwise noted.

### Coinsurance

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and varies based on the plan design and if you are in or out of network.

### Out-of-Pocket Maximum

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance your health plan pays 100% of the costs of covered benefits. Note that your maximums are separate for in and out of network care.

### In-Network vs. Out-of-Network

Care received from providers in the Anthem network is considered in-network, and uses the benefit amounts listed on page 8. If you go out-of-network for your care you are subject to different deductibles, copays, coinsurance, and out-of pocket maximum

# Bronze Limited Plan

### Plan Highlights

- 100% coverage for preventive care
- Inpatient hospital coverage
- Outpatient accident coverage
- Emergency room coverage
- Accidental death and dismemberment coverage
- Prescription drug coverage
- Critical illness coverage
- Telemedicine coverage

See page 27 for more information about the Bronze Limited Plan

## Health Insurance Rates Per Pay*

| | Bronze Limited Plan | Silver HDHP Plan | Gold HDHP Plan | Platinum PPO Plan |
|---|---|---|---|---|
| Employee Only | $52.24 | $56.18 | $114.04 | $203.37 |
| Employee + Spouse | $139.31 | $266.83 | $388.17 | $492.65 |
| Employee + Children | $113.47 | $256.72 | $360.64 | $446.59 |
| Employee + Family | $197.17 | $357.27 | $542.09 | $708.37 |

*Deductions are taken from the first and second paychecks of each month. In months with three pay periods, the third paycheck will be a benefit deduction holiday, meaning no benefit deductions will be taken from that paycheck.

| Bronze Limited Plan | In Network (Member Pays) |
|---|---|
| Plan Lifetime Maximum | $40,000 |
| **Inpatient Hospital/Facility Services** | |
| Inpatient Hospitalization (Includes Room & Board, Drugs, Anesthesia, ICU, Maternity Stay, Inpatient Lab) | $500 Co-pay per day, 7 day maximum per benefit period |
| Inpatient Surgery | $500 Co-pay per day 7 day maximum per benefit period |
| **Outpatient Services** | |
| Free-Standing Ambulatory Surgery Center | $400 Co-Pay per surgery limit 2 per Benefit Period |
| Outpatient Hospital Surgery | $400 Co-Pay per surgery limit 2 per Benefit Period |
| Anesthesia (per day, max 2 days per year) | $100 |
| **Physician Services** | |
| Office, Home Visits - Primary Care | $30 Co-Pay limit 4 per Benefit Period |
| Office, Home Visits - Specialist | $60 Co-Pay limit 4 per Benefit Period |
| Adult Routine Physical Exam* | Plan Pays 100% |
| Female Routine Gynecological Exam* | Plan Pays 100% |
| Well Child Care* | Plan Pays 100% |
| **Diagnostic Services (Lab and Radiology) Emergency Services** | |
| Lab, Pathology, X-ray - Office or Hospital | $60 Co-Pay limit 4 per Benefit Period |
| Advanced Imaging MRI, MRA, CT, SPECT, PET Scans Hospital based or Free-Standing Lab or Facility | $250 Co-Pay limit 2 per Benefit Period |
| **Emergency Services** | |
| Emergency Room Facility Fee | $500 Co-Pay limit 2 per Benefit Period |
| Urgent Care | $60 Co-Pay limit 4 per Benefit Period |
| **Behavioral Health and Substance Abuse Services** | |
| Inpatient/Intensive Services Behavioral Health Treatment | $60 Co-Pay, maximum 4 days |
| Office Visit Behavioral Health Treatment | $60 Co-Pay, maximum 4 days |
| Outpatient Hospital Behavioral Health Treatment | $60 Co-Pay, maximum 4 days |
| Inpatient/Intensive Services Substance Abuse Detoxification & Rehabilitation | $60 Co-Pay, maximum 4 days |
| Office Visit Substance Abuse Treatment | $60 Co-Pay, maximum 4 days |
| Outpatient Hospital Substance Abuse Treatment | $60 Co-Pay, maximum 4 days |
| **Prescription Drugs, Preventive Care/Maintenence Medications Only** | |
| Retail (30 day supply): Generic*/Preferred Brand Name/ Non-Preferred Brand Name/Specialty | $10 Copay/$20 Copay/$40 Copay/ Discounted and paid 100% by Member |
| Mail Order Pharmacy (90 day supply): Generic*/Preferred Brand Name/ Non-Preferred Brand Name/Specialty | No Coverage |
| **Teladoc** | **855-Teladoc (835-2362)** |

*These are preventive services recommend by the United States Preventive Services Task Force with grades of A or B
Please see original plan document for a list of services not covered by the plan.

# HEALTH SAVINGS ACCOUNT (HSA)

A health savings account (HSA) is a tax-favored savings account which works in conjunction with your high deductible health plan coverage. HSA dollars can be used to pay for qualified medical expenses such as deductibles, copays, dental, and vision care. For a complete list of qualified medical expenses, visit www.irs.gov in IRS Publication 502. Please call the MGM benefit enrollment center at 314.997.3835 to enroll.

## HSA Major Benefits

- Funds always belong to you
- Funds always roll over from year to year
- Lowers your taxable income

## HSA Triple Tax Savings

- Tax deduction when you contribute to your account
- Tax-free earnings through investment
- Tax-free withdrawal for qualified medical expenses

**2027 HSA Funding Limits**

| Coverage Level | Limit |
|---|---|
| Individual Coverage | $4,500 |
| Family Coverage | $9,000 |
| Age 55 or Older | Contribute an additional $1,000 on top of these amounts |

## HSA Eligibility

You may open and contribute pre-tax to an HSA under the following circumstances.

- Enrolled in an IRS qualified high deductible health plan (Silver HDHP or Gold HDHP)
- Cannot be enrolled in a traditional PPO plan (Platinum PPO Plan or the Bronze Limited Plan) through your spouse or other employer sponsored plan options
- Can't be enrolled in a Government sponsored program. (Medicare, Medicaid, Tricare, etc.)
- Cannot be claimed as a dependent on someone else's tax return.
- Can't have an HSA and healthcare FSA; your spouse cannot have a healthcare FSA through his/her own employer.
- Cannot have received VA benefits within the last three months (unless receiving benefits for a service related disability)

# DENTAL INSURANCE

We partner with Sun Life to offer you and your family members dental insurance. Visit www.sunlife.com/sunlifedentalnetwork to find in-network providers and access a variety of online tools and programs.

TIP: Remember to visit in-network dentists to receive the deepest level of discount on your services.



**Orthodontia Services Note:** The lifetime maximum illustrated is different from the calendar year maximum. For orthodontia services, this limit does not reset each year. This is the most your plan will cover for your services for the lifetime of your participation in this program. Orthodontia services and other dental services apply to dependents up to age 26.

**In-Network Providers:** Provider is reimbursed based on contracted fees and cannot balance bill you.

**Out-of-Network Providers:** Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

### DENTAL INSURANCE PLAN OPTIONS & COSTS

| | Basic Plan | | Enhanced Plan | |
|---|---|---|---|---|
| **Deductible** | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Individual / Family | **$75 / $225** | **$75 / $225** | **$50 / $150** | **$ 50 / $150** |
| Calendar Year Max | **$1,000** | **$1,000** | **$1,000** | **$1,000** |
| **Carrier Pays** | | | | |
| Preventive Services<br>Cleanings, Exams, X-rays | **100%** | **80%** | **100%** | **100%** |
| Basic Services<br>Fillings, Extractions | **80%** | **60%** | **80%** | **80%** |
| Major Services<br>Bridges, Dentures | **50%** | **40%** | **50%** | **50%** |
| Orthodontic Services | **50% to $1,000 Lifetime Max**<br>Children under 26 only | | **50% to $1,000 Lifetime Max**<br>Children and Adult | |

| Employee Cost - Per Pay* | | |
|---|---|---|
| SunLife | Basic Plan | Enhanced Plan |
| Employee | $6.88 | $12.81 |
| Employee + Spouse | $12.97 | $24.18 |
| Employee + Child(ren) | $18.44 | $34.37 |
| Employee + Family | $24.52 | $45.72 |

*Deductions are taken from the first and second paychecks of each month. In months with three pay periods, the third paycheck will be a benefit deduction holiday, meaning no benefit deductions will be taken from that paycheck.

# VISION INSURANCE

## FIND A PROVIDER

To find a provider in your area, visit the website at vsp.com/eye-doctor

- Click on “Find a Doctor”
- Choose the Search by Location, Office or Doctor

## REVIEW YOUR VISION PLAN

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule. Also, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to vsp.com or call 800.877.7195.

| Employee Cost - Per Pay* | |
|---|---|
| **SunLife** | |
| Employee | $2.97 |
| Employee + Spouse | $5.64 |
| Employee + Child(ren) | $5.94 |
| Employee + Family | $8.73 |

*Deductions are taken from the first and second paychecks of each month. In months with three pay periods, the third paycheck will be a benefit deduction holiday, meaning no benefit deductions will be taken from that paycheck.

| | In-Network | Out-of-Network Reimbursement |
|---|---|---|
| Examination | $10 copay | Up to $45 |
| **Lenses and Frames** | | |
| Single | $25 copay | Up to $30 |
| Bifocal | $25 copay | Up to $50 |
| Trifocal | $25 copay | Up to $60 |
| Lenticular | $25 copay | Up to $100 |
| Frames | $130 retail allowance + 20% amount over $130<br>$70 Costco allowance | Up to $70 |
| **Contact Lenses** | | |
| Fitting and Evaluation | Max copay $60 | Up to $105 |
| Elective Lenses | $130 allowance | |
| **Frequency of Service** | | |
| Exam | Every 12 Months | |
| Lenses | Every 12 Months | |
| Frames | Every 24 Months | |

# USING YOUR DENTAL & VISION PLAN

## Sun Life does not mail Dental or Vision cards to members, as cards are not required to receive Dental or Vision Services.

**Your Provider can locate your coverage using your Social Security Number.**

## Using Your Vision Plan

1. Review your plan information
2. Find an eye doctor – Create an account or log in at vsp.com before you search to make sure you find a doctor in your network. You'll get more and save more in-network!
3. Make an appointment and let the office know you are a VSP® member

**Visit vsp.com**
**Answers anytime, anywhere**

- Choose a VSP® doctor
- View your personal eyecare coverage
- Find the latest eye health information
- Learn about special discounts and promotions
- www.vsp.com or 800-877-7195

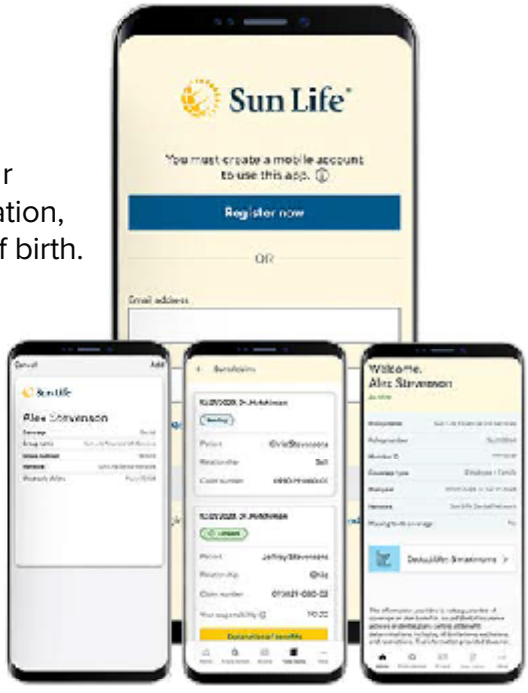
## Tips for Using Your Dental Benefits

### Online Services

Your mobile-responsive Sun Life account gives you access to everything you need to know about your dental plan, including your dental ID card, benefit schedule and more. To complete your registration, you will need your Social Security number or member ID, and date of birth.
Register today at sunlife.com/account.

### Dental Mobile App

Your mobile-responsive Sun Life account gives you access to everything you need to know about your dental plan, including your dental ID card, benefit schedule and more. To complete your registration, you will need your Social Security number or member ID, and date of birth.
Register today at sunlife.com/account.




### 24/7 Virtual Dental Visits

Sun Life PPO dental members have access to dental visits through teledentistry.com/sunlife or call our 24/7 hotline at 866-410-9849.

### Find a Dentist

Leverage our dental network, easily search for a dentist online.
To find a participating dentist, visit sunlife.com/findadentist.

### Dental Health Center

Get more from your plan by visiting our Dental Health Center. Learn more about dental treatments, average costs, and you can even pose questions through ask-a-dentist.
Take control of your dental health at sunlife.com/dentalhealthcenter

# OPTIONAL EMPLOYEE LIFE AND AD&D INSURANCE

## Basic Life Insurance

When you are a full-time employee, the company provides term life insurance coverage at no cost to you. In the event of your death, our policy helps provide a financial safety net to your beneficiaries. Your coverage is equal to 1 × your annual salary up to a maximum of $50,000.

## Basic Accidental Death and Dismemberment (AD&D)

If your death is the result of an accident or if an accident leaves you with certain debilitating injuries, you'll be covered under our accidental death and dismemberment insurance for the same amount as the basic life insurance benefit.

**DID YOU**

**KNOW??**

MGM provides full-time employees Basic Life and AD&D **AT NO CHARGE**

**Important Tip:**

**You must be enrolled in voluntary life coverage in order for your spouse, and/or eligible dependent children to enroll.**

## Additional Coverage for Term Life and AD&D

For an additional cost, you can increase your benefit amount, and add a spouse or children to your policy.

**Optional Employee Life:** minimum $10,000 to a maximum of 5 x your annual salary to a maximum of $500,000. Annual enrollment guarantee issue up to $100,000, new hire guarantee issue up to $200,000

**Optional Spouse Life:** minimum $5,000 up to 50% of the employee amount. Annual enrollment guarantee issue up to $10,000, new hire guarantee issue up to $50,000

**Optional Child(ren) Life:** Flat $10,000 benefit for child(ren) 15 days and older. (Birth to 15 days has a $500 benefit) Guarantee issue is $10,000.

### Extra Features

- **Waiver of Premium:** If you have an approved disability prior to age 60, your premium may be waived until age 70.
- **Portability Coverage:** You may take this coverage with you on termination of active employment.
- **Conversion Privilege:** You may elect to convert your term policy into a permanent policy without a health exam.

### Designating Your Beneficiary

This benefit is paid to your beneficiary at death. Please designate a beneficiary age 18 or older during your enrollment and be sure the beneficiary information is accurate.



# LIFETIME BENEFIT TERM LIFE INSURANCE



## LifeTime Benefit Term

We offer a voluntary whole life insurance option with competitive group rates so you can purchase the additional financial protection you need. LifeTime Benefit Term insurance is offered through Chubb. Coverage is available for you, your spouse, and your dependents. Please call the benefit enrollment center at 314.997.3835 for more information about enrolling.

## Features

- Protection through age 120
- Premiums are guaranteed never to increase through age 100
- No medical exams required
- Fully portable - you own it and can take it with you if you leave your current employment
- Optional spouse and child coverage
- LifeTime Benefit Term life insurance up to $250,000 for eligible employees
- No medical exams required
- Optional spouse and child coverage

### Optional Benefit Riders

| | |
|---|---|
| **Accelerated Death Benefit - Automatically Included!** | This rider allows an accelerated payment of 50% of the death benefit not to exceed $100,000 if the insured's death is diagnosed to occur within a 12 month period. |
| **Dependent Children Term Rider** | One premium covers all eligible children. Coverage lasts to age 26 and may be converted up to 5 times the term amounts. Maximum initial term amount is $25,000 |
| **Waiver of Premium** | Waives the base premium and all rider premiums after the 6th month of disability if the insured becomes totally disabled prior to age 60. |
| **Accelerated Death Benefit for Long Term Care (LTC)** | If the insured is chronically ill & is confined to a nursing home, assisted living facility, or recieving home health care or adult day care, the accelerated LTC benefit will pay 4% of the current death benefit amount each month for up to 25 months. |

# SHORT-TERM & LONG TERM DISABILITY INSURANCE



## REVIEW YOUR DISABILITY COVERAGE

Voluntary Short-Term Disability insurance is offered through Sun Life. The plan benefit is 60% of basic weekly earnings up to a maximum of $1,500 per week. Benefits are paid after a waiting period of 14 days for an injury or sickness for up to 13 weeks or 26 weeks.

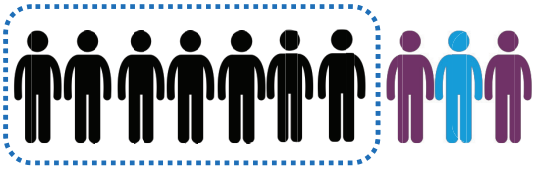
### For those currently enrolled there is no pre-existing condition limitation.

For new enrollees, if you have been treated for a health condition in the 3 months prior to enrolling, benefits for that condition will not be covered until you are on the plan for 12 months.

| Per $10 Weekly | 13 Week Duration | 26 Week Duration |
|---|---|---|
| 39 & under | $0.6555 | $0.978 |
| 40 - 54 | $0.69 | $1.035 |
| 55 - 64 | $0.702 | $1.07 |
| 65+ | $0.851 | $1.323 |

## Could you pay the bills if you weren't working?

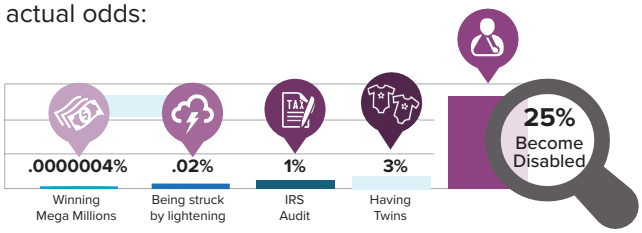
Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses



Nearly **70%** of workers that apply to Social Security Disability Insurance **are denied.**

### What's more likely?

Many workers think these events are more likely than becoming disabled during their careers. But here are the actual odds:




**In fact, nearly 40 million American adults live with a disability**

# VOLUNTARY CRITICAL ILLNESS



## PROTECT YOUR FINANCES

Critical illness insurance, through Sun Life, is designed to help you offset the financial effects of a catastrophic illness with a lump sum benefit if you or a loved one are diagnosed with a covered critical illness. The critical illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy.

**DID YOU KNOW??**

**This benefit pays $75 per calendar year per insured individual if a covered health screening test is performed, including blood tests, chest x-rays, stress tests, mammograms, and colonoscopies.**

## GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Cancer
- Heart attack
- Stroke
- Kidney failure
- Major organ failure
- Occupational HIV
- Coronary artery disease
- For a complete list of covered illnesses, see your plan documentation.

### FEATURES:

- Health Screening Benefit - $75 per person per year
- Benefits are paid directly to you, unless you choose otherwise.
- You can take your coverage with you if you change jobs or retire (with certain stipulations)

### HOW CRITICAL ILLNESS COVERAGE WORKS

1. Critical Illness coverage is selected, Coverage is guaranteed provided you are working
2. You experience chest pains and numbness in your left arm
3. You visit the emergency room
4. A physician determines that you have suffered a heart attack
5. First Occurrence Benefit of $15,000 or $30,000

## CRITICAL ILLNESS MONTHLY INSURANCE COSTS:

Sun Life

Tobacco status is based on whether the employee uses tobacco products only. The Critical Illness is issue age and employee deductions are locked in at the employee's age on the initial effective date of coverage.

| Employee and Dependent Children Rates per $1,000 Coverage | | |
|---|---|---|
| Issue Age | Tobacco User | Non-Tobacco User |
| 18 - 29 | $0.84 | $0.57 |
| 30 - 39 | $1.39 | $0.89 |
| 40 - 49 | $2.89 | $1.78 |
| 50 - 59 | $5.02 | $3.04 |
| 60 - 69 | $7.46 | $4.47 |
| 70+ | $10.04 | $5.88 |

| Spouse Rates per $1,000 Coverage | | |
|---|---|---|
| Issue Age | Tobacco User | Non-Tobacco User |
| 18 - 29 | $0.84 | $0.57 |
| 30 - 39 | $1.39 | $0.89 |
| 40 - 49 | $2.89 | $1.78 |
| 50 - 59 | $5.02 | $3.04 |
| 60 - 69 | $7.46 | $4.47 |
| 70+ | $10.04 | $5.88 |



# VOLUNTARY ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room— and leave you with a flurry of unexpected bills. That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills— expenses major medical may not take care of.

## Sun Life ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

Amounts listed are maximum payable, benefit may very due to severity.

- Ambulance: $400-$1,500
- Emergency room admission: $200
- Hospital/ICU Admission Per Accident: $2,000
- Hospital Confinement: $200 per day, up to 365 days
- ICU Confinement: $400 per day, up to 15 days
- Transportation and Lodging Benefits: $500 per night,
- Rehabilitation Unit: $200 per day, up to 30 days
- Dismemberment, Loss, and Paralysis: $50,000
- Dislocations: $8,000
- Fractures: $7,500
- Burns 2nd Degree: $1,500
- Burns 3rd Degree: $15,000
- Eye Injuries: $300
- Concussion: $500
- Surgery: $2,000
- Cuts/Lacerations: $700

## FEATURES:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, & dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire
- Fast claims payment

**DID YOU KNOW??**

**This benefit pays $75 per calendar year per insured individual if a covered health screening test is performed, including blood tests, chest x-rays, stress tests, mammograms, and colonoscopies.**

| Accident Monthly Cost | |
|---|---|
| Employee | $12.74 |
| Employee + Spouse | $22.78 |
| Employee + Children | $21.88 |
| Family | $31.92 |



### HOW ACCIDENT COVERAGE WORKS

1. You select Accident Insurance
2. If you injure your leg in a covered accident and go to the hospital by ambulance
3. The ER doctor diagnoses a fracture and treats you
4. You hobble out of the hospital on crutches
5. Sun Life pays your benefit

# VOLUNTARY HOSPITAL INSURANCE

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. Even with major medical insurance, your plan may only pay a portion of your entire stay. Hospital Indemnity Insurance, offered by Sun Life, is designed to provide financial assistance to enhance your current coverage.

You can elect coverage for yourself, your spouse, and your children. Employees can use the benefit to meet the out-of-pocket expenses and extra bills which can occur. Benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment.



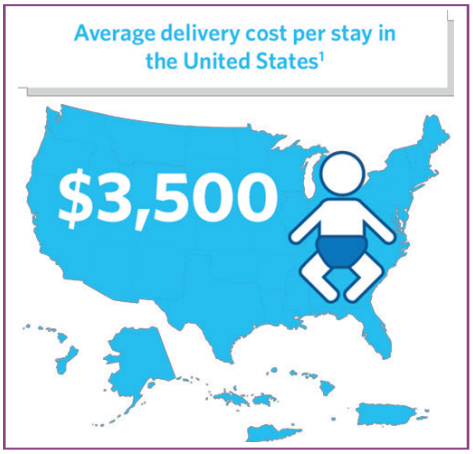
| SUN LIFE'S HOSPITALIZATION BENEFITS: | |
|---|---|
| Hospital Admission<br>(per confinement, max 2 times per calendar year) | $1,000 |
| ICU Hospital Admission<br>(per confinement, max 2 times per calendar year) | $1,000 |
| Hospital Confinement<br>(per day, max 30 days per year) | $200 |
| Hospital ICU Confinement<br>(per day, max 30 days per year)* | $200 |
| Newborn Nursery Confinement<br>(per day, max 3 days) | $200 |

**DID YOU KNOW??**

**This benefit pays $75 per calendar year per insured individual if a covered health screening test is performed, including blood tests, chest x-rays, stress tests, mammograms, and colonoscopies.**

| Hospital Indemnity Monthly Cost | |
|---|---|
| Employee | $23.52 |
| Employee + Spouse | $40.71 |
| Employee + Child | $37.48 |
| Family | $54.66 |

**EXAMPLE:** Sarah is admitted to the hospital to deliver her baby.




**Hospital Indemnity Plan Benefits:**

1st Day Hospitalization: $1,000
Daily Confinement (2): $400

**$1,400**

**Hospital Indemnity Cash Benefit from Sun Life**

She can use this money for costs associated with her hospital stay, medical bills, or even to help cover daily living expenses from her time off work.

# LIFELOCK IDENTITY THEFT



LifeLock with Norton Benefit Plans combine leading identity theft protection with device security and protection against online threats to block thieves from stealing personal information from PCs, Macs, and mobile devices

### What are the LifeLock Features?

- LifeLock Identity Alert System
- Dark Web Monitoring
- LifeLock Privacy Monitor
- Wallet Protection
- 24/7 Live Member Support
- Account Activity Alerts
- Million Dollar Protection Package
- Credit Monitoring - **Premium Only**
- Credit Score / Reports - **Premium Only**
- Monthly Credit Score Tracking - **Premium Only**
- Account Application Alerts - **Premium Only**
- Bank Account Takeover Alerts - **Premium Only**

### What are the LifeLock Features?

- Secures PCs, Macs, smartphones - **Premium covers unlimited devices**
- Parental Controls
- Cloud Backup - Premier includes up to 100GB
- Password Manager
- Norton Secure VPN - **Premium covers unlimited devices**
- SafeCam
- Online Threat Protection
- Smart Firewall
- Virus Protection Promise

| Monthly Rates | | |
|---|---|---|
| | LifeLock Essential | LifeLock Premium |
| Employee (18+) | $8.49 | $13.99 |
| Employee + Family | $16.98 | $27.98 |

# Employee Assistance Program

Each of us experiences demands for our time and energy, both on and off the job. The key to balancing it all is having access to the right tools, resources, and support. Your EAP is Personal Assistance Services (PAS) free of charge to you. This benefit is paid by your employer. Having PAS is like having your own personal concierge service. PAS provides you with a wealth of confidential, professional services that can help you address challenges and strengthen your work and home life.

## Plan Features:

This plan provides telephonic coaching, consultation, and life management services to help you achieve goals and thrive in life. PAS's coach staff includes licensed/certified professionals: dietitians, health educators, child and elder care managers, professional organizers, attorneys, financial planners, educators, career counsloors and more.

**Lifestyle and Wellness:**
- Weight and nutrition
- Personal Health
- Tobacco cessation
- Fitness
- Sleep
- Life and well-being

**Legal**
- Legal information
- Online will prep
- Legal forms

**Consultation and Resourcing**
- Child care
- Education planning
- Elder care coordination
- Care diary
- Financial stress helpline

**Financial**
- Identity theft
- Money management and finance
- Foreclosure and bankruptcy prevention
- Financial planning and information
- Asset protection

**Family Care**
- Parenting
- Household organization
- Elder caregiving
- Child development and education

| **Who is covered under the EAP?** |
|---|
| You and your eligible dependents are covered. |
| **What should I expect when I use EAP services?** |
| A PAS counselor will talk with you about your personal situation, answer any questions you have about your EAP benefit and personally arrange services for you. In-person counseling, life and well-being coaching, plus a wide variety of professional services are available. We serve by personally connecting you with experts that can help you improve your life. |
| **What should I expect when I meet with an EAP consultant in-person or by phone?** |
| Our experts help you to sort out the areas of your life that you would like to improve and then guide you through the process of establishing and following a personal action plan. Our professionals are caring, understanding, and an excellent resource to help you achieve your goals. |
| **If I use the EAP, will it be confidential?** |
| Yes! The EAP is confidential. PAS does not provide access to EAP records to your employer nor will PAS disclose any information to anyone about your participation in EAP services unless you give your specific, written consent to do so (except as required by law). |
| **How can I use my EAP services?** |
| Call (800) 356-0845 or visit www.paseap.com |

# OTHER BENEFITS

## RETIREMENT SAVINGS PLAN 401(K)

Your financial security is important to you, your family, and to us as your employer. We want you to feel secure and prepared for life after your career. In partnership with John Hancock, our 401(k) plan is designed to help you plan ahead and feel prepared.

### IRS 401(k) Maximums

For 2027, you can contribute up to $25,500 to your 401(k) account. If you are age 50 or will turn age 50 by December 31, you may contribute an additional "catch-up" contribution of $8,500.

# HOW THE PLAN WORKS:

- Employees are eligible to join the plan upon your date of hire.
- You can contribute before-tax dollars to your 401(k) account through payroll deductions (up to the annual IRS limits)
- You can contribute after-tax dollars to your ROTH 401(k) account through payroll deductions (up to the annual IRS limits); your savings are not taxed when you withdraw them at retirement
- The company may match your contributions up to 2% of your salary once you become eligible for match contributions.
- You choose how to invest your money in a variety of investments options
- You are always 100% vested in your own contributions
- Enroll or change your contributions at www.myplan.johnhancock.com/login
- For first time enrollees:
  Contract #109221
  Access #226250
- You are eligible to receive a matching contribution after one year of service



| Company Contributions Vesting Schedule | |
|---|---|
| Years of Vesting Service | Years of Vesting Percentage |
| Less Than Two Years | 0% |
| Two Years But Less Than Three Years | 20% |
| Three Years But Less Than Four Years | 40% |
| Four Years But Less Than Five Years | 60% |
| Five Years But Less Than Six Years | 80% |
| Six Or More Years | 100% |

# INSURANCE TERMS

**Coinsurance**—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

**Copays—**A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible—**The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

**In-Network Provider—**A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-pocket Maximum—**The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

**Preauthorization—**A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

**UCR (Usual, Customary and Reasonable)—**The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

**Lifetime Benefit Maximum—**All plans have an unlimited lifetime maximum excluding the Bronze Limited Plan.

# MEDICAL TERMS

**Prescription Drugs—**Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply.

**Urgent Care** for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

**Emergency Room—**Services you receive from a hospital for any serious condition requiring immediate care.

**Preventive Services—**All services coded as Preventive must be covered 100% without a deductible, coinsurance or co-payments.

**Medically Necessary—**Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

# CARRIER CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carrier listed below.

| | | | | |
|---|---|---|---|---|
| Benefit Enrollment Center | BenManage | 314.997.3835 | chubb.benselect.com/enroll | |
| Medical Administrator | Leading Edge Administrators | 844-469-5474 | mesa.leadingedgeadmin.com | For claims, ID cards, and plan information |
| Specialty Drug Prescription | Payer Matrix | 877.305.6202 | | |
| Prescription Drugs | Carelonrx | 1-833-267-2133 | carelonrx.com | See ID care for more information |
| Medical Network & Virtual Care | Anthem | | Anthem.com | Live Health & Sydney Care App |
| Bronze Limited Plan | Homestead | 866.794.2337 | myhomesteadplans.com | Member App: mexoom Network = Multiplan |
| Dental | Sun Life | 1.800.247.6875 | sunlife.com/sunlifedentalnetwork | |
| Vision | Sun Life | 1.800.877.7195 | vsp.com | |
| Disability<br>Accident<br>Critical Illness<br>Hospital Indemnity<br>Basic Life Insurance | Sun Life | 1.866-806-3619 | sunlife.com/us | |
| Lifetime Benefite Term Life Insurance | Chubb | 1.855.241.9891 | Chubb.com | email claims@gotoservice.chubb.com or fax claims to 603.357.1179 |
| 401(K) | John Hancock | To Enroll: 1.855.543.6765<br><br>Plan Questions: 1.800.395.1113 | To enroll: jhgoenroll.com<br><br>For exsiting members: myplan.johnhancock.com/ login | Contract Number: 109221<br><br>Enrollment Access Number: 226250 |
| Identity Theft Protection | LifeLock | 1.800.607.9174 | lifelock.norton.com/ | |
| Employee Assistance Program | Personal Assistance Services (PAS) | 1.800.356.0845 | paseap.com | |

# IMPORTANT DISCLAIMERS

## The Bronze Limited Plan is a Fixed Indemnity policy, NOT Health Insurance.

**This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.**

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it does not have to include most Federal consumer protections that apply to Health Insurance.

### Looking for Comprehensive Health Insurance?

- To find out if you can get health insurance through you job, or a family member's job, contact the employer.
- **Visit HealthCare.gov or call 1.800.318.2596** (TTY: 1.855.889.4325) to find health coverage options.

### Questions about this policy?

To ask questions or file a complaint about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioner's website (naic.org) under "Insurance Departments". If you have this policy through your job, or a family member's job, contact the employer.




This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by MGM Healthcare. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Any discrepancy that may arise between the benefit summary and the full policy certificate, shall be governed and decided by the full policy certificate.

## Notes

