2026 BENEFITS **ENROLLMENT**

arrowleaf®

Growth. Community. Transformation.

BENEFITS OVERVIEW

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Arrowleaf is proud to offer a comprehensive benefits package to full-time eligible employees who work 35 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical), and Arrowleaf provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental - Low plan
- Voluntary Dental - High plan
- Voluntary Vision
- Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Short Term Disability
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Employee Assistance Program

Eligibility

You and your dependents are eligible for Arrowleaf benefits on the first of the month following 60 days of employment.

Eligible dependents are your spouse or domestic partner, children under age 26 and disabled dependents of any age.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources Department.

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	BlueCross BlueShield of Illinois	800.538.8838	www.bcbsil.com
Dental - Low Plan	BlueCross BlueShield of Illinois	800.538.8838	www.bcbsil.com
Voluntary Dental - High Plan	BlueCross BlueShield of Illinois	800.538.8838	www.bcbsil.com
Voluntary Vision	BlueCross BlueShield of Illinois	855.362.5539	www.eyemedvisioncare.com/bcbsilvis
Life and AD&D	BlueCross BlueShield of Illinois	800.538.8838	www.bcbsil.com
Voluntary Short Term Disability	Guardian	800.268.2525	www.guardiananytime.com
Accident Insurance	Guardian	800.268.2525	www.guardiananytime.com
Critical Illness Insurance	Guardian	800.268.2525	www.guardiananytime.com
Hospital Indemnity Insurance	Guardian	800.268.2525	www.guardiananytime.com
Employee Assistance Program	ComPsych	800.890.1213	www.guidanceresources.com
Carly Reichert	Human Resource Generalist	618.658.3079	carly.reichert@myarrowleaf.org
Sydney Charles	Chief Human Resources Officer	618.652.2044	sydney.charles@myarrowleaf.org
Lisa Dutton	Senior Director of Payables	618.652.2083	lisa.dutton@myarrowleaf.org
Mallory Hartman	Sr. Director of HR – Talent Strategy & Development	618.652.2048	mallory.hartman@myarrowleaf.org
Shannon Garrett	Insurance Broker/Consultant	217.433.5650	shannon_garrett@ajg.com

MEDICAL BENEFITS

Administered by BlueCross BlueShield of Illinois

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Arrowleaf.

Arrowleaf offers you a choice of three (3) PPO medical plans and one HSA Plan for IL residents only. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	MIBCO2045 Blue Choice Options 2045		
	Blue Choice	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Calendar Year Deductible	$1,500 single / $4,500 family	$3,750 single / $11,250 family	$7,500 single / $22,500 family
Calendar Year Out-of-Pocket Maximum	$3,500 single / $10,500 family	$6,000 single / $12,000 family	$18,000 single / $36,000 family
Coinsurance	10%	30%	50%
DOCTOR'S OFFICE			
Primary Care Office Visit	$35 copay per visit	$55 copay per visit	50% after deductible
Specialist Office Visit	$60 copay per visit	$110 copay per visit	50% after deductible
Preventive Care (screening, immunizations)	0%	0%	50% after deductible
Diagnostic Test (x-ray, blood)	Primary care: $35 copay per visit; Specialist: $60 copay per visit	Primary care: $55 copay per visit; Specialist: $110 copay per visit	50% after deductible
Imaging (CT/PET scans, MRIs)	10% after deductible	30% after deductible	50% after deductible
PRESCRIPTION DRUGS*			
Retail—Generic Drugs (Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $5 copay per prescription; Non-Preferred: $15 copay per prescription	Preferred: $5 copay per prescription; Non-Preferred: $15 copay per prescription	$15 copay per prescription
Retail—Generic Drugs (Non-Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $15 copay per prescription; Non-Preferred: $25 copay per prescription	Preferred: $15 copay per prescription; Non-Preferred: $25 copay per prescription	$25 copay per prescription
Retail—Brand Drugs (Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $45 copay per prescription; Non-Preferred: $65 copay per prescription	Preferred: $45 copay per prescription; Non-Preferred: $65 copay per prescription	$65 copay per prescription
Retail—Brand Drugs (Non-Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $85 copay per prescription; Non-Preferred: $105 copay per prescription	Preferred: $85 copay per prescription; Non-Preferred: $105 copay per prescription	$105 copay per prescription
Specialty Drugs (Preferred / Non-Preferred) (30-day supply)	$250 copay per prescription / $350 copay per prescription	$250 copay per prescription / $350 copay per prescription	$250 copay per prescription / $350 copay per prescription
Mail Order—Generic Drugs (Preferred) (90-day supply)	$15 copay per prescription	$15 copay per prescription	Not covered
Mail Order—Generic Drugs (Non-Preferred) (90-day supply)	$45 copay per prescription	$45 copay per prescription	Not covered
Mail Order—Brand Drugs (Preferred) (90-day supply)	$135 copay per prescription	$135 copay per prescription	Not covered
Mail Order—Brand Drugs (Non-Preferred) (90-day supply)	$255 copay per prescription	$255 copay per prescription	Not covered

*All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copayment/coinsurance. Additional charge will not apply to any deductible or out-of-pocket amounts.

MEDICAL BENEFITS (Continued)

	MIBCO2045 Blue Choice Options 2045		
	Blue Choice	In-Network	Out-of-Network
HOSPITAL SERVICES			
Emergency Room (per occurrence deductible waived if admitted)	$400 POD per visit plus 10% after deductible	$400 POD per visit plus 10% after deductible	$400 POD per visit plus 10% after deductible
Inpatient	$250 copay per visit plus 10% after deductible	$500 copay per visit plus 30% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Surgery	$200 copay per visit plus 10% after deductible	$400 copay per visit plus 30% after deductible	$500 copay per visit plus 50% after deductible
Ambulance Service	10% after deductible	10% after deductible	10% after deductible
Urgent Care	$75 copay per visit	$75 copay per visit	$75 copay per visit
MENTAL HEALTH SERVICES			
Inpatient Services	$250 copay per visit plus 10% after deductible	$500 copay per visit plus 30% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Services	Office visit - $35 copay; Other outpatient services - 10% after deductible	Office visit - $55 copay; Other outpatient services - 30% after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES			
Inpatient Services	$250 copay per visit plus 10% after deductible	$500 copay per visit plus 30% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Services	Office visit - $35 copay; Other outpatient services - 10% after deductible	Office visit - $55 copay; Other outpatient services - 30% after deductible	50% after deductible
OTHER SERVICES			
Maternity Services	Primary care - $35 copay per initial visit; Specialist - $60 copay per initial visit	Primary care - $55 copay per initial visit; Specialist - $110 copay per initial visit	50% after deductible
All other maternity hospital/ physician services	$250 copay per visit plus 10% after deductible	$500 copay per visit plus 30% after deductible	$600 copay per visit plus 50% after deductible
Muscle Manipulation Services (30 visits per calendar years)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services	10% after deductible	30% after deductible	50% after deductible
Skilled Nursing	$250 copay per visit plus 10% after deductible	$500 copay per visit plus 30% after deductible	$600 copay per visit plus 50% after deductible

MEDICAL BENEFITS (Continued)

	MIBCO2055 Blue Choice Options 2055		
	Blue Choice	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Calendar Year Deductible	$4,250 single / $10,500 family	$5,250 single / $10,500 family	$10,000 single / $31,500 family
Calendar Year Out-of-Pocket Maximum	$6,100 single / $12,200 family	$6,100 single / $12,200 family	$18,300 single / $36,600 family
Coinsurance	20%	40%	50%
DOCTOR'S OFFICE			
Primary Care Office Visit	$40 copay per visit	$65 copay per visit	50% after deductible
Specialist Office Visit	$65 copay per visit	$130 copay per visit	50% after deductible
Preventive Care (screening, immunizations)	0%	0%	50% after deductible
Diagnostic Test (x-ray, blood)	Primary care: $40 copay per visit; Specialist: $65 copay per visit	Primary care: $65 copay per visit; Specialist: $130 copay per visit	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible	50% after deductible
PRESCRIPTION DRUGS*			
Retail—Generic Drugs (Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $5 copay per prescription; Non-Preferred: $15 copay per prescription	Preferred: $5 copay per prescription; Non-Preferred: $15 copay per prescription	$15 copay per prescription
Retail—Generic Drugs (Non-Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $15 copay per prescription; Non-Preferred: $25 copay per prescription	Preferred: $15 copay per prescription; Non-Preferred: $25 copay per prescription	$25 copay per prescription
Retail—Brand Drugs (Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $45 copay per prescription; Non-Preferred: $65 copay per prescription	Preferred: $45 copay per prescription; Non-Preferred: $65 copay per prescription	$65 copay per prescription
Retail—Brand Drugs (Non-Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $85 copay per prescription; Non-Preferred: $105 copay per prescription	Preferred: $85 copay per prescription; Non-Preferred: $105 copay per prescription	$105 copay per prescription
Specialty Drugs (Preferred / Non-Preferred) (30-day supply)	$250 copay per prescription / $350 copay per prescription	$250 copay per prescription / $350 copay per prescription	$250 copay per prescription / $350 copay per prescription
Mail Order—Generic Drugs (Preferred) (90-day supply)	$15 copay per prescription	$15 copay per prescription	Not covered
Mail Order—Generic Drugs (Non-Preferred) (90-day supply)	$45 copay per prescription	$45 copay per prescription	Not covered
Mail Order—Brand Drugs (Preferred) (90-day supply)	$135 copay per prescription	$135 copay per prescription	Not covered
Mail Order—Brand Drugs (Non-Preferred) (90-day supply)	$255 copay per prescription	$255 copay per prescription	Not covered

*All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copayment/coinsurance. Additional charge will not apply to any deductible or out-of-pocket amounts.

MEDICAL BENEFITS (Continued)

MIBCO2055 BLUE CHOICE OPTIONS 2055			
	Blue Choice	In-Network	Out-of-Network
HOSPITAL SERVICES			
Emergency Room (per occurrence deductible waived if admitted)	$500 POD per visit plus 20% after deductible	$500 POD per visit plus 20% after deductible	$500 POD per visit plus 20% after deductible
Inpatient	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Surgery	$200 copay per visit plus 20% after deductible	$400 copay per visit plus 40% after deductible	$500 copay per visit plus 50% after deductible
Ambulance Service	20% after deductible	20% after deductible	20% after deductible
Urgent Care	$75 copay per visit	$75 copay per visit	$75 copay per visit
MENTAL HEALTH SERVICES			
Inpatient Services	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Services	Office visit - $40 copay; Other outpatient services - 20% after deductible	Office visit - $65 copay; Other outpatient services - 40% after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES			
Inpatient Services	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Services	Office visit - $40 copay; Other outpatient services - 20% after deductible	Office visit - $65 copay; Other outpatient services - 40% after deductible	50% after deductible
OTHER SERVICES			
Maternity Services	Primary care - $40 copay per initial visit; Specialist - $65 copay per initial visit	Primary care - $65 copay per initial visit; Specialist - $130 copay per initial visit	50% after deductible
All other maternity hospital/ physician services	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible
Muscle Manipulation Services (30 visits per calendar years)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services	20% after deductible	40% after deductible	50% after deductible
Skilled Nursing	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible

MEDICAL BENEFITS (Continued)

	MIBCO4075 Blue Choice Options 4075		
	Blue Choice	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		
Calendar Year Deductible	$5,250 single / $10,500 family	$6,250 single / $12,500 family	$18,750 single / $37,500 family
Calendar Year Out-of-Pocket Maximum	$7,100 single / $14,200 family	$8,100 single / $16,200 family	$24,300 single / $48,600 family
Coinsurance	20%	40%	50%
DOCTOR'S OFFICE			
Primary Care Office Visit	$45 copay per visit	$70 copay per visit	50% after deductible
Specialist Office Visit	$70 copay per visit	$130 copay per visit	50% after deductible
Preventive Care (screening, immunizations)	0%	0%	50% after deductible
Diagnostic Test (x-ray, blood)	Primary Care: $45 copay per visit; Specialist: $70 copay per visit	Primary Care: $70 copay per visit; Specialist: $130 copay per visit	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible	50% after deductible
PRESCRIPTION DRUGS*			
Retail—Generic Drugs (Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $5 copay per prescription; Non-Preferred: $15 copay per prescription		$15 copay per prescription
Retail—Generic Drugs (Non-Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $15 copay per prescription; Non-Preferred: $25 copay per prescription		$25 copay per prescription
Retail—Brand Drugs (Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $45 copay per prescription; Non-Preferred: $65 copay per prescription		$65 copay per prescription
Retail—Brand Drugs (Non-Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	Preferred: $85 copay per prescription; Non-Preferred: $105 copay per prescription		$105 copay per prescription
Specialty Drugs (Preferred / Non-Preferred) (30-day supply)	$250 copay per prescription / $350 copay per prescription		$250 copay per prescription / $350 copay per prescription
Mail Order—Generic Drugs (Preferred) (90-day supply)	$15 copay per prescription		Not covered
Mail Order—Generic Drugs (Non-Preferred) (90-day supply)	$45 copay per prescription		Not covered
Mail Order—Brand Drugs (Preferred) (90-day supply)	$135 copay per prescription		Not covered
Mail Order—Brand Drugs (Non-Preferred) (90-day supply)	$255 copay per prescription		Not covered

*All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copayment/coinsurance. Additional charge will not apply to any deductible or out-of-pocket amounts.

MEDICAL BENEFITS (Continued)

	MIBCO4075 Blue Choice Options 4075		
	Blue Choice	In-Network	Out-of-Network
HOSPITAL SERVICES			
Emergency Room	$500 POD per visit plus 20% after deductible	$500 POD per visit plus 20% after deductible	$500 POD per visit plus 20% after deductible
Inpatient	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Surgery	$200 copay per visit plus 20% after deductible	$400 copay per visit plus 40% after deductible	$500 copay per visit plus 50% after deductible
Ambulance Service	20% after deductible	20% after deductible	20% after deductible
Urgent Care	$75 copay per visit	$75 copay per visit	$75 copay per visit
MENTAL HEALTH SERVICES			
Inpatient Services	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Services	Office visit - $45 copay; Other outpatient services - 20% after deductible	Office visit - $70 copay; Other outpatient services - 40% after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES			
Inpatient Services	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible
Outpatient Services	Office visit - $45 copay; Other outpatient services - 20% after deductible	Office visit - $70 copay; Other outpatient services - 40% after deductible	50% after deductible
OTHER SERVICES			
Maternity Services	Primary care - $45 copay per initial visit; Specialist - $70 copay per initial visit	Primary care - $70 copay per initial visit; Specialist - $130 copay per initial visit	50% after deductible
All other maternity hospital/ physician services	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible
Muscle Manipulation Services (30 visits per calendar years)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services	20% after deductible	40% after deductible	50% after deductible
Skilled Nursing	$250 copay per visit plus 20% after deductible	$500 copay per visit plus 40% after deductible	$600 copay per visit plus 50% after deductible

MEDICAL BENEFITS (Continued)

	MIESE4024 BlueEdge Select HSA 4024 (IL Residents Only)	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Calendar Year Deductible	$7,500 single / $15,000 family	$15,000 single / $30,000 family
Calendar Year Out-of-Pocket Maximum	$7,500 single / $15,000 family	$15,000 single / $30,000 family
Coinsurance	0%	0%
DOCTOR'S OFFICE		
Primary Care Office Visit	0% after deductible	0% after deductible
Specialist Office Visit	0% after deductible	0% after deductible
Preventive Care (screening, immunizations)	0%	0% after deductible
Diagnostic Test (x-ray, blood)	0% after deductible	0% after deductible
Imaging (CT/PET scans, MRIs)	0% after deductible	0% after deductible
PRESCRIPTION DRUGS		
Retail—Generic Drugs (Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	0% after deductible	0% after deductible
Retail—Generic Drugs (Non- Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	0% after deductible	0% after deductible
Retail—Brand Drugs (Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	0% after deductible	0% after deductible
Retail—Brand Drugs (Non-Preferred) (30-day supply or 90-day supply at a network of select retail pharmacies)	0% after deductible	0% after deductible
Specialty Drugs (Preferred / Non-Preferred) (30-day supply)	0% after deductible	0% after deductible
Mail Order—Generic Drugs (Preferred) (90-day supply)	N/A	N/A
Mail Order—Generic Drugs (Non-Preferred) (90-day supply)	N/A	N/A
Mail Order—Brand Drugs (Preferred) (90-day supply)	N/A	N/A
Mail Order—Brand Drugs (Non-Preferred) (90-day supply)	N/A	N/A

MEDICAL BENEFITS (Continued)

	MIESE4024 BlueEdge Select HSA 4024 (IL Residents Only)	
	In-Network	Out-of-Network
HOSPITAL SERVICES		
Emergency Room	0% after deductible	0% after deductible
Inpatient	0% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	0% after deductible
Ambulance Service	0% after deductible	0% after deductible
Urgent care	0% after deductible	0% after deductible
MENTAL HEALTH SERVICES		
Inpatient Services	0% after deductible	0% after deductible
Outpatient Services	0% after deductible	0% after deductible
SUBSTANCE ABUSE SERVICES		
Inpatient Services	0% after deductible	0% after deductible
Outpatient Services	0% after deductible	0% after deductible
OTHER SERVICES		
Maternity Services	0% after deductible	0% after deductible
All other maternity hospital/ physician services	0% after deductible	0% after deductible
Muscle Manipulation Services (30 visits per calendar years)	Covered	Covered
Physical, Occupational and Speech Therapy Services	0% after deductible	0% after deductible
Skilled Nursing	0% after deductible	0% after deductible

"How to Choose a Plan" Decision Guide
If you primarily use preventive care → consider the BlueEdge Select HSA 4024.
This plan, although it has a very high deductible and no copays, does have FREE treatment for preventive care services.

If you expect higher medical usage → consider MIBCO2045 Blue Choice Options.
This plan has a significantly lower out of pocket cost than the other plans. If you choose this plan, "all in" exposure under the Blue Choice network will only be $3500 if you are a single person. That includes all copays, deductibles, and coinsurance for the calendar year.

If you want to be able to pay a low copay when you see a physician or pick up an Rx, but do not expect to have expensive medical claims→ consider MIBCO2055 Blue Choice Options 2055 or MIBCO4075 Blue Choice Options 4075
These plans have lower per pay deductions than the plan referenced for high medical users but keep point of service usage low since they are driven by copays.

If you want the lowest paycheck deduction → consider the BlueEdge Select HSA 4024

Here is additional information to help you understand the difference between choosing one of the three Blue Options Plans vs The BlueEdge Select HSA:

You will have four insurance plans to choose from this year. The first three in your booklet are traditional PPO's but with two tiers of benefits. These plans utilize the Blue Choice Options network. This means that if you use Tier 1 (Blue Choice) Providers, you will receive lower out of pocket costs and higher benefits by utilizing a smaller network of providers. If you choose to go outside of that network but still remain in the PPO network, then you will still have copays for certain services and not be subject to out of network benefits. However, you will be subject to higher out of pocket costs. To search for providers in this new network, please refer to the Blue Choice Options Provider Finder Member Flier, which is included within, and follow the instructions.

In the plans described above, you will still have copays for doctor visits and for prescriptions. In the last plan option, the BlueEdge Select HSA 4024 (IL residents only), you will not. You will also ONLY have access to Blue Choice providers under this plan…no second tier. This plan is an HSA (Health Savings Account) compatible plan and ALL charges are subject to deductible and coinsurance. To provide a scenario to further explain…
If you were to go see your primary care physician about an illness using any of the Blue Choice Options plans, you would only pay a designated copay as long you are using an in-network providers. If you were to see that same physician about that same illness, using the Blue Edge Select plan, then you would have to pay the full amount for that office visit minus the negotiated discount. For instance, let's say the full charge for that visit was $150. You would not pay that amount at the time of service because the bill would need to make its way to Blue Cross first. Once your provider sends it in, it will be discounted according to their scheduled allowance and then a bill will be sent back to you for your payment. In most cases, this discount will be around 50%, leaving you with about $75 to pay, in this example. The $75 you spend on this visit will go toward meeting your deductible and out of pocket maximum on the plan. A similar scenario would occur with prescriptions at the pharmacy since you would have no copays for Rx either, BUT you would need to pay at the point of service rather than waiting to be billed at home.

Arrowleaf contributes up to $700 per month toward the premium for single coverage. If the premium for the selected plan exceeds $700 per month, or exceeds the cost of the highest premium plan offered by the agency, the employee will be responsible for paying the difference, which is deducted from payroll. Dependent coverage may be available at the employee's option, with the full cost paid by the employee.

• Open enrollment start and end dates January 12th –January 20th
• Deadline to make elections or changes is January 20th
• When coverage becomes effective February 1st, 2026
• First Payroll deduction is February 27, 2026
• Consequences of not enrolling or missing the deadline If you do not enroll by the deadline, you will not have coverage starting 2/1/2026. After the deadline, the only opportunity you will have to choose a plan will be if a qualifying event occurs. Examples
:• Birth/adoption, death
• Divorce/marriage
• Involuntary loss of other coverage

Steps to enroll in ADP & who to contact internally for assistance with enrolling in ADP (Sydney, Carly, or Mallory, or contact ADP support team)
o My Life Advisor (ADP Support): Email: mylifeadvisor@adp.com Phone: (855) 547-8508
o Steps to enroll: ADP will have a pop up when an employee logs in that should prompt them to select benefits by the deadline if they haven't already. Employees can view their benefits and selections by logging into ADP and going to: Myself tab > Benefits > Enrollments > View Benefits

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Frequently Asked Questions for a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)

Q. What is the HDHP?

A. The High Deductible Health Plan (HDHP) is a health care plan that gives you more control and responsibility over how you spend your health care dollars. Under the HDHP, your per pay check employee costs are lower and your annual deductibles are higher than a Traditional PPO. However, you can make pre-tax contributions to a Health Savings Account (HSA) to help pay for qualified health care expenses.

Q. How can I receive the most value from the HDHP?

A. You can get the most value from your HDHP by actively managing your health care, knowing the plan and how you use medical care.

Use preventive care. Take advantage of your 100%, no deductible in-network preventive care so you can stay healthy and detect problems before they become serious.

Lead a healthy lifestyle. Not only will you feel better, but you may end up spending less on health care, less of your own money and saving more of your HSA for future health care needs.

Know the costs and look for appropriate alternatives. Taking financial responsibility is a big part of using the HDHP plan. You can save money by researching for in-network facilities that are lower cost options but are still high in quality of care. All medical carriers have tools on their website to assist. You should also consider alternative means of care and discuss with your provider (e.g. generic instead of brand drugs, an X-ray instead of an MRI, going to your primary care physician or an urgent care facility rather than an emergency room for non-life threatening medical conditions, etc.).

Q. Is the network for the HDHP different than the network for the Traditional PPO?

A. The HDHP uses the same network as the Traditional PPO.

Q. Do I pay for the full amount of the office visit when I go to the doctor?

A. If you see an in-network doctor, you are responsible to pay the discounted amount, until your deductible is met. If you use an out-of-network doctor, you are responsible for the full amount. The doctor's office should submit a claim to your medical insurance carrier. The medical insurance carrier will then apply all discounts and credit your deductible. Once the claim is processed, you will receive an explanation of benefits (EOB) showing the amount that is your responsibility. You can use your HSA for the amount that is your responsibility.

Q. What do I say if my doctor's office asks what is my copay?

A. With the HDHP, you will not have a copay for your care. If your doctor's office asks, tell them you do not have a copay. For preventive services, your care is covered at 100%, no deductible for in-network providers. For non-preventive care, you will pay for the cost of your care based on the discounted amount after your doctor's office has submitted the claim to your medical insurance carrier.

Q. Will preventive care be covered?

A. In-network preventive care services are covered at 100%, no deductible. That means your routine physicals, well baby care, immunizations, screenings, from colonoscopies to mammograms are not subject the deductible or coinsurance.

Q. Do I pay the full amount for prescription drugs?

A. Until you meet your combined medical and prescription drug deductible, you will pay the discounted cost of prescription drugs instead of copays. Once the deductible is met, you will pay your cost share until the out of pocket maximum is met.

Q. Is there a separate deductible for each covered dependent?

A. No. Your deductible is based on the coverage tier selected. If you elect employee only coverage then you must only satisfy the individual deductible. If you elect employee plus dependent coverage (i.e. employee plus spouse, employee plus dependent(s), or family) you must satisfy the entire family deductible.

Q. What is a Health Savings Account (HSA)?

A. A Health Savings account, most commonly called an HSA, is a bank account that you own and use to pay for current and future qualified health care expenses.

Key features include:

- The HSA is a tax-savings vehicle that lets you set aside tax-free money to pay for eligible health care expenses. You decide which expenses to pay from your HSA.
- Your balance rolls over year to year. There is no "use it or lose it" rule like in an FSA.
- If you leave your current employer or retire, you take the money with you; you own the account.

Q. How do I know what is included as "qualified health care expenses"?

A. "Qualified health care expenses" are defined by IRS code 213(d). Qualified expenses include, but are not limited to, doctors' visits, hospital expenses, labs, x-rays and other diagnostic services, prescription drugs, hearing aids, braces, wheelchairs. For a complete listing go to: www.irs.gov/publications/p502/index.html.

Q. Who is able to open and contribute to an HSA?

A. You may open and contribute to an HSA if you meet all the below criteria:

- Enrolled in the HDHP
- Not covered by other medical insurance other than another HDHP
- Not claimed as a dependent on someone else's tax return
- Not enrolled in Medicare

If any of the above apply to you then you are not able to contribute the your HSA but you can continue to use the funds in your HSA to pay for health care expenses or Medicare premiums until the funds are exhausted.

Q. Who owns the HSA?

A. You do.

Q. Does my employer have access to my HSA?

A. Your employer only has access to deposit funds into your account if permission was granted to perform this function. This is the only access your employer has to your account since you own and manage your own HSA. Your employer cannot access funds for withdrawal or distribution nor can they view your account as you are the owner of the account.

Q. How much money can I contribute to my HSA each year?

A. In 2016, the maximum contribution for individual coverage is $4,400 and the maximum contribution for family coverage is $8,750. HSA account holders over the age of 55 can make an additional "catch up" contribution of $1,000 per year. These limits are set by the IRS and are typically increased each calendar year for a January 1st effective date.

Q. What happens to the money in my HSA if I change health plans, leave my current employer, or retire?

A. You own the HSA, so the money is yours to keep. If you retire and are insured by Medicare, or change to a non HSA-qualified plan you can still use the money in your HSA to pay for out-of-pocket qualified health care expenses but you won't be able to continue to make contributions to your HSA.

Q. Can I take the money out of my HSA anytime I want?

A. Yes. You can take money out anytime, tax-free and without penalty, as long as it's used for qualified health care expenses. If you withdraw funds for other purposes prior to age 65, you will pay income taxes on the withdrawal plus a 20% penalty. If you withdraw funds for other purposes after age 65, you will pay income taxes on the withdrawal.

Q. I enrolled in the HDHP but didn't elect to cover my dependents. Can I use my HSA to pay for my dependent's qualified health care expenses?

A. Yes. Your HSA can be used to pay for qualified health care expenses of any family member who qualifies as a dependent on your tax return. Remember, if the dependent isn't covered under your plan, his/her expenses won't apply toward your plan's deductible.

Q. I am currently enrolled in Medicare. Can I be on the high deductible health plan?

A. You can be covered by both a HDHP and Medicare but once you are enrolled in Medicare, you can no longer contribute to your Health Savings Account. You can use any funds in the HSA to pay for qualified health care expenses.

Q. My spouse has an FSA through their employer, can I have an HSA?

A. You cannot have an HSA if your spouse's FSA can pay for any of your medical expenses before your HDHP deductible is met.

Q. Can I use my HSA to pay for qualified health care expenses incurred before I set up my account?

A. No. You cannot reimburse qualified health care expenses incurred before the date your account is established.

Q. If I incur an eligible expense but choose not to use money in my HSA to reimburse myself immediately, can I do so in the future?

A. Yes. Therefore, it is very important to keep your receipts for your health care expenses. You can withdraw funds from your HSA years after you incur the expense as long as you have the appropriate documentation.

Arthur J. Gallagher & Co.

15GBS24936D

BlueCross BlueShield of Illinois

Blue Choice Options℠

You know that you may save money when you see doctors and hospitals in your health plan's PPO network. But, did you know that with your Blue Choice Options benefit plan, you can save more money by using a doctor or hospital that is part of the Blue Choice OPT PPO℠ network?

What Is a Blue Choice Options Plan?

Learn about the different tiers so you can make smart choices and get the best value.

Why Using a Blue Choice OPT PPO Network Provider Saves You Money

The Blue Choice OPT PPO network has many doctors and hospitals that can meet all your health care needs. They all meet Blue Cross and Blue Shield of Illinois (BCBSIL) quality standards and have agreed to offer you care and services at a lower cost.

Tier 1
Blue Choice OPT PPO Network
Best value, the least out-of-pocket costs with in-network providers

Tier 2
Larger Statewide PPO Network
Larger network, more out-of-pocket costs with these providers

Tier 3
Out-of-Network
Out-of-network, highest out-of-pocket costs, you may have to pay those fees up front

How to Find a Tier 1 or Tier 2 Provider

Log in to Blue Access for Members℠ (BAM℠) at **bcbsil.com/member**, register for a BAM account using your name, date of birth and identification number found on your member ID card. When you search for providers in BAM, it will take you to network providers only.

For basic provider searches, you use Provider Finder® without logging in to BAM. Visit **bcbsil.com** and click on the **Find Care** tab and select **Find a Doctor or Hospital**, and click **Search as Guest**. Under **Plans**: enter your search criteria:

- When you choose **Blue Choice Options℠ (BCO)**, you will get a list of Tier 1 providers only.*
- When you choose **Participating Provider Organization (PPO)**, you willl get a list of Tier 2 BCO providers.
- Or you can Browse by Category or Search for Names and Specialties.

* If you change the option to view "All Tiers", then results are sorted with Tier 1 providers to the top and Tier 2 providers are displayed below. The top tier providers will have Tier 1 listed by their names and the Tier 2 providers will just have the provider's name with no tier listed.

Choosing Tier 1 and 2 Providers Can Help You Save Money

	Tier 1 Blue Choice OPT PPO Network	Tier 2 Larger Statewide PPO Network	Tier 3 Out-of-Network**
Doctor Visit	Cost is $200 You pay $15	Cost is $200 You pay $30	Cost is $200 You pay $200
Specialist Visit	Cost is $200 You pay $30	Cost is $200 You pay $50	Cost is $200 You pay $200
2-Day Hospital Stay	Cost is $5,000 You pay $1,400	Cost is $5,000 You pay $2,900	Cost is $5,000 You pay $5,000

** Applied to member's deductible. Once deductible is met, pays at percentage designated by plan. Benefit information is based on a $1,000 deductible and 90% coinsurance for Tier 1, a $2,000 deductible and 70% coinsurance for Tier 2, and a $8,000 deductible and 50% coinsurance for OON. These examples are stand-alone and do not track the member's out-of-pocket max.

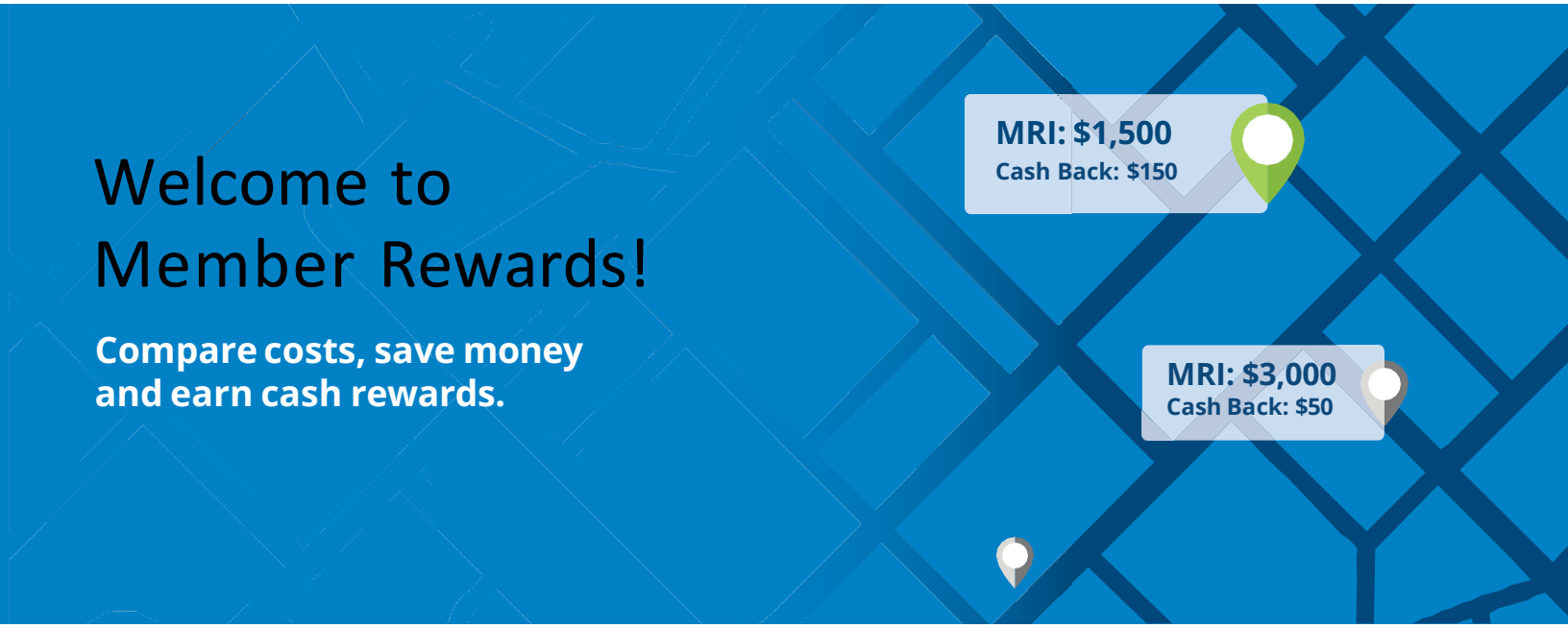
Need Help Finding a Network Provider?

Call the toll-free number on the back of your member ID card.

BlueCross BlueShield of Illinois

Welcome to Member Rewards!

Compare costs, save money and earn cash rewards.



Costs for the same medical care can vary.

With Member Rewards, you can shop and earn cash rewards for procedures and services, which can vary based on location. It is quick and easy to shop in-network for scans, colonoscopies, surgeries and more. The Member Rewards program is part of your health plan benefits and administered by Sapphire Digital.

How it works

Step 1

Search online via Provider Finder® to find a reward-eligible location for your procedure or service.

Step 2

Get the procedure or service at your chosen reward-eligible location.

Step 3

Receive a cash reward by check, which will be mailed directly to your home, after your claim is paid and the location is verified as reward-eligible.

Shop online with Provider Finder by visiting **bcbsil.com**, register or log in to Blue Access for Members℠ and select "Find Care." If you need help, call the Customer Service number on the back of your member ID card.

Sapphire Digital is an independent company that has contracted with Blue Cross and Blue Shield of Illinois (BCBSIL) to administer the Member Rewards program for members with coverage through BCBSIL. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSIL does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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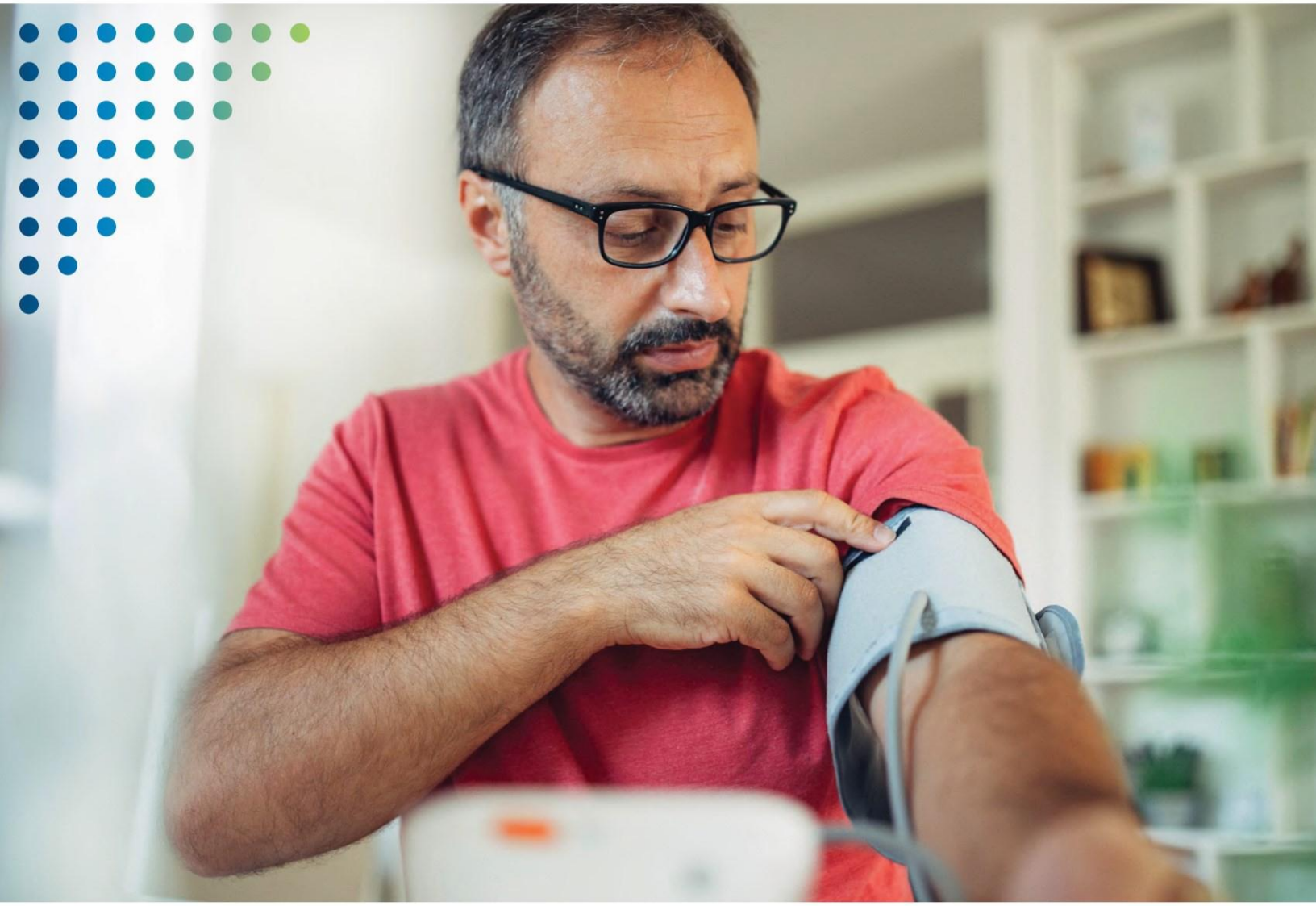
BlueCross BlueShield of Illinois



Livongo® for Hypertension

Coaching Services for Wellbeing Management and Health Advocacy Solutions (HAS)

Funding Type: Fully Insured (FI), Administrative Services Only (ASO), Cost Plus (CP), Minimum Premium Program (MPP), Blue Balanced Funded (BBF)

Segments: Large Group (ASO, Custom Fully Insured, Standard Fully Insured) | Small Group | Mid-Market

Networks: Preferred Provider Organization (PPO)

As part of our Wellbeing Management package, Blue Cross and Blue Shield of Illinois (BCBSIL) is providing coaching for hypertension through Livongo, at no extra cost to members.

Hypertension Management Solution

Livongo for Hypertension combines personalized health insights with clinical expertise to modify behavior and drive change. Members are motivated every step of the way, so they can reach their blood pressure goals and live healthier lives through:

- Individualized, live 1:1 coaching, as needed.
- 24/7 coaching on nutrition and weight, stress and blood pressure management
- A cellular-connected monitor that enables uploading blood pressure measurements directly to the Livongo cloud platform, without needing to connect to a Wi-Fi network
- Notifications for high blood pressure readings and reminders to check blood pressure
- Tools and resources to help monitor blood pressure, better manage nutrition and understand blood pressure reading trends
- A mobile app to easily track progress and receive personalized coaching, weight management advice and alerts and daily reminders to check blood pressure

To support the program, Livongo will receive a weekly file of eligible members. BCBSIL screens prior claims to identify members with diabetes and/or hypertension and provides only those members to Livongo. Members without prior claims can self-identify as having a covered condition when they enroll in the Livongo program and will be subsequently included in eligibility files.

BlueCross BlueShield of Illinois

Livongo®
For Diabetes Management

A Coach-Led Digital Program for Wellbeing Management and Health Advocacy Solutions

Funding Types: Fully Insured (FI), Administrative Services Only (ASO) | Cost Plus (CP) | Minimum Premium Program (MPP) | Blue Balanced Funded (BBF)

Segments: Large Group (ASO, Custom Fully Insured, Standard Fully Insured) | Small Group | Mid-Market

Networks: Preferred Provider Organization (PPO)

As part of the Wellbeing Management and Health Advocacy Solutions packaging, Blue Cross and Blue Shield of Illinois (BCBSIL) offers an exciting coaching option, with no extra charge to members. You can provide your employees digital educational opportunities for diabetes management with Livongo. This supplemental remote care can be done in the comfort of the member's own home.

Livongo – Diabetes Management Solution

Livongo is a consumer digital health company providing an end-to-end diabetes management program that combines a connected glucose meter with personal support by certified diabetes educators. Features include:

- Real-time personalized messaging on the Livongo connected blood glucose meter
- Certified diabetes educators available 24/7
- Member-initiated reporting to BCBSIL clinician or member's healthcare provider with blood glucose readings and trends to enable more focused conversations
- Instant interventions when blood glucose readings are out of range
- Optional notifications for high and low readings to give to loved ones and member-initated reports to providers
- Test strips and lancets at no extra cost, delivered right to the member's door
- Business reports on enrollment, activation and clinical outcomes

Coaching Solutions Claims-based Billing	
$59	One-time (welcome kit - DME*)
$65	Monthly participation

* Durable Medical Equipment

Member Eligibility

To support the program, Livongo will receive a weekly file of eligible members. BCBSIL screens prior claims to identify members with diabetes and/or hypertension and provides only those members to Livongo. Members without prior claims can self-identify as having a covered condition when they enroll in the Livongo program and will be subsequently included in eligibility files.

Livongo is an independent company that has contracted with Blue Cross and Blue Shield of Illinois to provide chronic disease management for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

BlueCross BlueShield of Illinois

Hinge Health

Struggle with back or joint pain?

Blue Cross and Blue Shield of Illinois is excited to announce that we are working with Hinge Health to help conquer back and joint pain.

HOW DO I GET STARTED?

Hinge Health will reach out to eligible members with program details and next steps.

Hinge Health is an independent company that provides an online Musculoskeletal Management program for Blue Cross and Blue Shield of Illinois. Hinge Health is solely responsible for the products and services that it provides. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

Your employer has partnered with Wondr Health™ to help you improve your health at no cost to you.*

Go to wondrhealth.com/BCBSIL

What is Wondr?

No points, plans, or counting calories
Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the "e" in Won**dr**) and is clinically-proven for lasting results.

LET'S TALK RESULTS

In as little as 10 weeks:

84% LOST WEIGHT	62% FEEL MORE CONFIDENT	61% HAVE MORE ENERGY
68% ARE MORE PHYSICALLY ACTIVE	85% FEEL MORE IN CONTROL OF THEIR WEIGHT	57% FEEL THEIR MOOD HAS IMPROVED

*To learn more and join the waitlist, visit: wondrhealth.com/BCBSIL

*Based on Wondr Health Book of Business

wondr | FORMERLY NATURALLY SLIM

What to expect

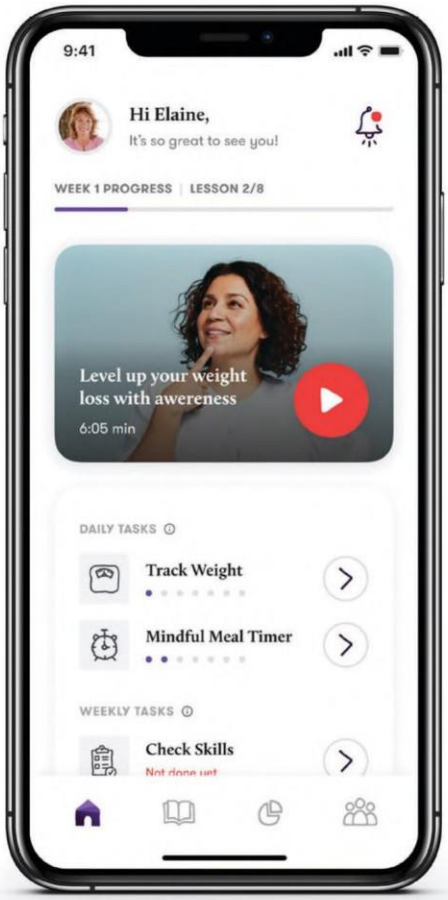
Learn more or apply at wondrhealth.com/BCBSIL. Application period not open yet? Join our waitlist.

You'll receive a Welcome Kit to kick off the program after your application's been accepted.

Sign in online or on our mobile app (available on App Store and Google Play) to access weekly video lessons and our mindful eating tools.

Watch our weekly master classes. On your start date, you can sign in to view your Week 1 videos and start your journey to better overall health.

Learn life-changing skills during the program's first phase—WondrSkills™, then move to the skill reinforcement phase—WondrUp™, and keep the momentum going in the skill maintenance phase—WondrLast™.



GET IT ON Google Play

Download on the App Store

Questions? Visit support.wondrhealth.com.

"I love the whole idea of the psychology of things. I like to look in the why's and how it works. You can eat whatever you want. You just need to retrain your brain into thinking about how you need to eat your food."

—Brad M.
WONDR PARTICIPANT

LOST 70 lbs | GAINED Confidence

wondr | FORMERLY NATURALLY SLIM

DENTAL BENEFITS - LOW PLAN

Administered by BlueCross BlueShield of Illinois

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Arrowleaf dental benefit plan.

SERVICES	DINHM44	
	IN-NETWORK	OUT-OF-NETWORK**
Calendar Year Deductible	$50 per person; $150 family limit	$50 per person; $150 family limit
Calendar Year Benefit Maximum	$1,500	$1,000
Preventive Dental Services (prophylaxis (cleanings), topical fluoride applications)	100%	80%
Basic Dental Services (amalgams, resin-based composite restorations)	80% after deductible	60% after deductible
Major Dental Services (single crown restorations, inlays/onlay restorations, labial veneer restorations, crowns placed over implants)	50% after deductible*	40% after deductible*
Orthodontia Services	Not covered	

*A 12-month waiting period applies for these services.

**All benefits are based upon the Allowable Amount, which is the amount determined by BCBSIL as the maximum amount eligible for payment of benefits. A Contracting Dentist cannot balance bill for charges in excess of the Allowable Amount. Benefits for covered services provided by a Non-Contracting Dentist will be based upon the same Allowable Amount, and it is likely that the Non-Contracting Dentist will balance bill for amounts above this, resulting in higher out-of-pocket expenses

VOLUNARY DENTAL BENEFITS - HIGH PLAN

Administered by BlueCross BlueShield of Illinois

SERVICES	DINLR60	
	IN-NETWORK	OUT-OF-NETWORK*
Calendar Year Deductible	$50 per person; $150 family limit	$50 per person; $150 family limit
Calendar Year Benefit Maximum	$1,000	$1,000
Preventive Dental Services** (prophylaxis (cleanings), topical fluoride applications)	100%	100%
Basic Dental Services (amalgams, resin-based composite restorations)	80% after deductible	80% after deductible
Major Dental Services (single crown restorations, inlays/onlay restorations, labial veneer restorations, crowns placed over implants)	50% after deductible***	50% after deductible***
Orthodontia Services (covered to age 19)	50% to $1,000 lifetime maximum	50% to $1,000 lifetime maximum

* Benefits for covered services received from a Contracting Dentist are based on the Allowable Amount, and such Dentist cannot balance bill for charges in excess of this Allowable Amount. Benefits for covered services received from a Non-Contracting Dentist will be based upon an Allowable Amount determined by BCBSIL, where non-contracting Allowable Amount will be not less than the amount BCBSIL would have paid, for the same covered service, supply, or procedure if performed or provided by a Contracting Dentist, and it is possible that such Dentist will balance bill for amounts above this.

**The Allowable Amount of covered services will not apply to the Participant's Annual Maximum benefit.

***A 12-month waiting period applies for these services.

VOLUNTARY VISION BENEFITS

VOLUNTARY VISION BENEFITS

Administered by BlueCross BlueShield of Illinois

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a EyeMed doctor

SERVICE	IN-NETWORK (any EYEMED provider)	OUT-OF-NETWORK (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	$10 copay	Up to $30
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	$25 copay	Up to $25
Lined Bifocal Lenses	$25 copay	Up to $40
Lined Trifocal Lenses	$25 copay	Up to $55
Lenticular Lenses	$25 copay	Up to $55
Frames — once every 24 months	$100 allowance, 20% off balance over $100	Up to $50
CONTACT LENSES — ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES		
Conventional	$100 allowance, 15% off balance over $100	Up to $80
Disposable	$100 allowance, plus balance over $100	Up to $80
Medically Necessary	Covered in full	Up to $210

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, we offer voluntary benefits, which you can purchase at group rates.

LIFE & DISABILITY INSURANCE

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by BlueCross BlueShield of Illinois

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Arrowleaf. The company provides basic life insurance of $50,000.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Arrowleaf provides AD&D coverage of $50,000.

DISABILITY INSURANCE

Administered by Guardian

Arrowleaf also provides disability insurance through Guardian. This benefit replaces a portion of your income if you become disabled and are unable to work.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
Short-term Disability	You receive 60% of your income from $100 to $1,500 per week. Benefits begin after 14 calendar days of absence from work and continue for up to 26 weeks.	Employee

Guardian®

Watch our video
How accident insurance can get you back on your feet.

Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **$2,500**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **$1,700**

Amanda's Guardian Accident policy pays her a benefit of **$1,700,** which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

You will receive these benefits if you meet the conditions listed in the policy.

Arrowleaf
ALL ELIGIBLE EMPLOYEES
2023-158779 (07/25)

Kit created 12/20/2023
Group number: 00061253

Guardian

Your accident coverage

	ACCIDENT	
COVERAGE - DETAILS	**Option 1: Advantage**	**Option 2: Premier**
Your Monthly premium	$12.03	$17.00
You and Spouse/Domestic Partner	$19.01	$26.58
You and Child(ren)	$19.56	$27.33
You, Spouse/Domestic Partner and Child(ren)	$26.54	$36.91
Accident Coverage Type	On and Off Job	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee $25,000 Spouse $12,500 Child $5,000	Employee $50,000 Spouse $25,000 Child $5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: $10,000 & Airbags: $15,000	Seatbelts: $10,000 & Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500	$2,500
WELLNESS BENEFIT - Per Year Limit	$50	$50
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: $400 Rollover Maximum: $200 Fund Maximum: $800	Benefit Amount: $500 Rollover Maximum: $250 Fund Maximum: $1,000
FEATURES		
Air Ambulance	$1,000	$1,500
Ambulance	$200	$300
Blood/Plasma/Platelets	$300	$300

Guardian®

Your accident coverage

FEATURES (Cont.)	Option 1: Advantage	Option 2: Premier
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: $0/$2,000 18 sq inches To 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000	9 sq inches To 18 sq inches: $0/$2,000 18 sq inches To 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000
Burns - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	$50/visit, up to 6 visits	$50/visit, up to 6 visits
Coma	$10,000	$12,500
Concussion Baseline Study	$25	$25
Concussions	$200	$300
Diagnostic Exam (Major)	$200	$300
Dislocations	Schedule up to $5,000	Schedule up to $7,000
Doctor Follow-Up Visits	$50, up to 6 treatments	$75, up to 6 treatments
Emergency Dental Work	$300/Crown, $75/Extraction	$400/Crown, $100/Extraction
Emergency Room Treatment	$200	$250
Epidural Anesthesia Pain Management	$100, 2 times per accident	$100, 2 times per accident
Eye Injury	$300	$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	$20/day, up to 30 days	$30/day, up to 30 days
Fractures	Schedule up to $6,000	Schedule up to $8,000
Gun Shot Wound	$750	$1,000
Hospital Admission	$1,000	$1,500
Hospital Confinement	$250/day - up to 1 year	$300/day - up to 1 year
Hospital ICU Admission	$2,000	$3,000
Hospital ICU Confinement	$500/day - up to 15 days	$600/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	$100	$125
Joint Replacement (Hip/Knee/Shoulder)	$2,500/$1,250/$1,250	$3,500/$1,750/$1,750
Knee Cartilage	$500	$750
Laceration	Schedule up to $400	Schedule up to $500
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	$125/day, up to 30 days for companion hotel stay	$150/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to $300	Schedule up to $600
Outpatient Therapies	$35/day, up to 10 days	$50/day, up to 10 days
Post-Traumatic Stress Disorder	$400	$500
Prosthetic Device/Artificial Limb	1: $500 2 or more: $1,000	1: $1,000 2 or more: $2,000

Guardian®

Your accident coverage

FEATURES (Cont.)	Option 1: Advantage	Option 2: Premier
Rehabilitation Unit Confinement	$100/day, up to 15 days	$150/day, up to 15 days
Ruptured Disc With Surgical Repair	$500	$750
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to $1,250 Hernia: $250	Schedule up to $1,500 Hernia: $300
Surgery (Exploratory or Arthroscopic)	$400	$500
Tendon/Ligament/Rotator Cuff	1: $500 2 or more: $1,000	1: $750 2 or more: $1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	$0.50 per mile, limited to $500/round trip, up to 3 times per accident	$0.50 per mile, limited to $600/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	$1,000	$5,000
X - Ray	$40	$50

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passanger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accomodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

Guardian®

Your accident coverage

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Guardian®

Watch our video
How critical illness insurance helps cover the costs of treatment.

Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **$53,000**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **$11,800**.

John has a **$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

You will receive these benefits if you meet the conditions listed in the policy.

Arrowleaf
ALL ELIGIBLE EMPLOYEES
2023-158782 (07/25)

Kit created 12/20/2023
Group number: 00061253

Guardian

Your critical illness coverage

	CRITICAL ILLNESS	
Benefit Amount(s)	Employee may choose a lump sum benefit of $5,000 to $30,000 in $5,000 increments.	
CONDITIONS		
Cancer	**1st OCCURRENCE**	**2nd OCCURRENCE**
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
ADDITIONAL CONDITIONS	**1st OCCURRENCE ONLY**	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	**1st OCCURRENCE ONLY**	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	
Type 1 Diabetes	100%	

Guardian®

Your critical illness coverage

	CRITICAL ILLNESS
Spouse/Domestic Partner Benefit	May choose a lump sum benefit of $5,000 to $30,000 in $5,000 increments up to 100% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: $30,000 For a spouse: $30,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue.**
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
Cancer Vaccine Benefit	$50 per lifetime for receiving a cancer vaccine
WELLNESS BENEFIT	
Employee Per Year Limit	$50
Spouse Per Year Limit	$50
Child Per Year Limit	$50

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

	Monthly Premiums Displayed *Election Cost Per Age Bracket*					
	< 30	*30-39*	*40-49*	*50-59*	*60-69*	*70+*
Employee						
$5,000	$2.20	$3.95	$7.70	$14.70	$24.55	$38.50
$10,000	$4.40	$7.90	$15.40	$29.40	$49.10	$77.00
$15,000	$6.60	$11.85	$23.10	$44.10	$73.65	$115.50
$20,000	$8.80	$15.80	$30.80	$58.80	$98.20	$154.00
$25,000	$11.00	$19.75	$38.50	$73.50	$122.75	$192.50
$30,000	$13.20	$23.70	$46.20	$88.20	$147.30	$231.00
Benefit Amount Up To 100% of Employee Amount to a Maximum of $30,000						
Spouse						
$5,000	$2.20	$3.95	$7.70	$14.70	$24.55	$38.50
$10,000	$4.40	$7.90	$15.40	$29.40	$49.10	$77.00
$15,000	$6.60	$11.85	$23.10	$44.10	$73.65	$115.50
$20,000	$8.80	$15.80	$30.80	$58.80	$98.20	$154.00
$25,000	$11.00	$19.75	$38.50	$73.50	$122.75	$192.50
$30,000	$13.20	$23.70	$46.20	$88.20	$147.30	$231.00

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or " medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # GP-1-CI-14

Guardian®

Watch our video
How hospital indemnity insurance can give you a comfortable stay.

Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

What does it cover?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you – even if you didn't incur any out-of-pocket expenses.

You will receive these benefits if you meet the conditions listed in the policy.

Be prepared

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **$53,000**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **$11,800**.

John's Guardian Hospital Indemnity policy pays him **$1,000** for hospital admission.

The policy gives him a total payment of **$1,000** to help cover the out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

Arrowleaf
ALL ELIGIBLE EMPLOYEES
2023-158795 (07/25)

Kit created 12/20/2023
Groupnumber:00061253

Guardian®

Your hospital indemnity coverage

	Hospital Indemnity	
	Option 1	Option 2
Coverage Details		
Your Monthly premium	$24.67	$48.27
You and Spouse/Domestic Partner	$43.22	$84.55
You and Child(ren)	$38.07	$74.48
You, Spouse/Domestic Partner and Child(ren)	$56.63	$110.76
Benefits		
Hospital/ICU Admission	$1,000 per admission, limited to 2 admission(s) per insured and 2 admission(s) per covered family per benefit year.	$2,000 per admission, limited to 2 admission(s) per insured and 2 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	$100/$100 per day, limited to 30 day(s) per insured per benefit year.	$200/$200 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

Guardian

Your hospital indemnity coverage

LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

• Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

.• Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15

ARROWLEAF

ALL ELIGIBLE EMPLOYEES

Kit created 12/20/2023

Group number: 00061253

401(k)

RETIREMENT SERVICES

Your retirement journey begins here

Eight simple steps to begin investing in yourself and your future

ADP
Always Designing for People®

Welcome!

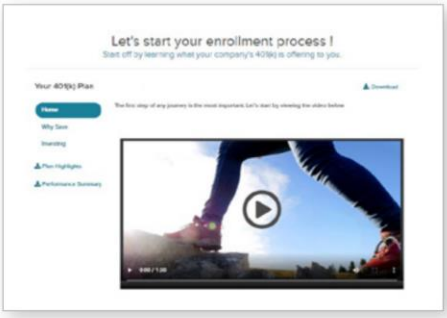
The first step of any journey is the most important. It gives you a sense of direction and starts you toward a destination. The same is true of your journey to retirement. By enrolling in your employer's retirement plan, you are taking an important first step.

Step 1: Go to www.mykplan.com/enroll

Click on the **"Get Started"** button to begin your enrollment process.

Step 2: Enter your plan number, passcode and email address

The plan number and passcode were provided to you during an enrollment meeting. If you have misplaced the information or did not receive it, please contact your plan administrator.



Step 3: Explore and Enroll

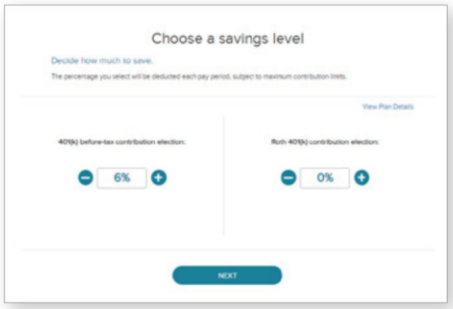
Take some time to explore information on the site. Information about your employer's retirement plan is located in the Plan Highlights and the Performance Summary section provides details about the investments. You can also download a full education kit by clicking the download button.

Click on the **"ENROLL NOW"** button to move to the next step in your journey.

Step 4: Verify your date of birth

Providing this information allows ADP to provide you with information that may be helpful during the investment election process. ***None of the information you enter to complete your enrollment will be stored on this site.***

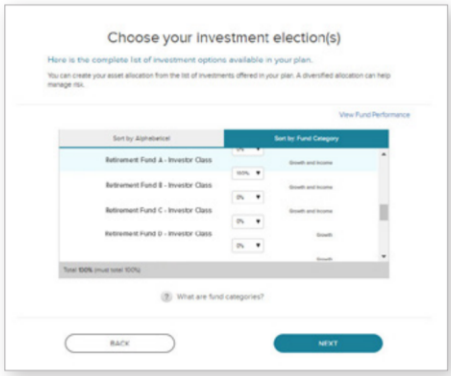
Step 5: Select your contribution type and percentage



During this step, you will select how you want to contribute to the Plan (before-tax or Roth) or a combination of both). You can also select the percentage to each contribution type.

You can click **"View Plan Details"** to view your Plan's highlights, which will contain more complete information on the Plan's contribution types and contribution percentage limits.

Click on **"NEXT"** to continue to the next step.

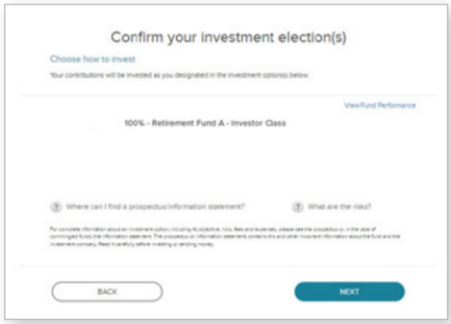


Step 6: Investment selection

During this step, you will select your investments and the percentage you want to contribute to each. You can view investment performance by clicking on **"View Fund Performance."**

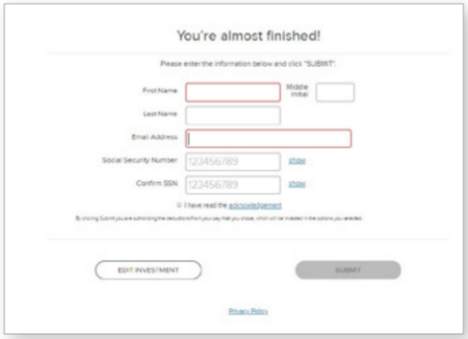
If your plan includes target date funds and you wish to invest in one of these funds, you may do so. Generally, you would select the fund that is closest to the date you will turn age 65. However, you do not need to select this fund. You can also select a mix of investments to create your own asset allocation. The total of your investment election much equal 100%.

Click on **"NEXT"** to continue to the next step.



Step 7: Confirm your investment election(s)

Review your investment election(s). If you need to make changes, select the **"Back"** button. If everything looks good, then select **"NEXT."**



Step 8: Provide personal information

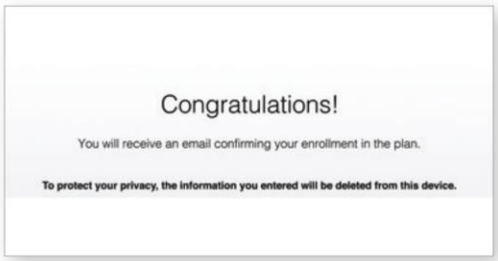
ADP will need your name and Social Security Number so we can identify your account record from your employer and correctly setup your retirement account.

Once you have confirmed this information is correct, select **"SUBMIT"** to compete your enrollment process.

ADP RETIREMENT SERVICES 71 Hanover Road Florham Park, NJ 07932

Congratulations on taking your first retirement step!

You have just completed a big step towards saving for your future retirement.



Next step: Watch for your Welcome Letter.

This will be mailed by ADP and include information about accessing and making changes to your retirement plan account.

Planning tools and resources

Everyone's financial journey is different. ADP's Financial Wellness site provides you with access to tools and information that can help you tailor a path specific to your needs.

1 Generally available 24 hours a day, 7 days a week except for periods of scheduled maintenance. Customer Service Representatives are registered representatives of ADP Broker-Dealer, Inc. (Member FINRA), an affiliate of ADP, Inc. One ADP Blvd, Roseland, NJ.

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Descriptions of plan features and benefits are subject to the plan document. The plan document will govern in the event of any inconsistencies.

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Always Designing for People®

ADP Retirement Services

Always Designing for People®

WELCOME TO YOUR RETIREMENT PLAN

Participating in your employer's retirement plan allows you to take control of your future now, paving the way for financial security down the road.

You will not be automatically enrolled on the plan's start date.

You will need to meet the eligibility requirements to be automatically enrolled in the plan.

Details related to your enrollment will be mailed to you in the Welcome/PIN Letter. You can also find enrollment details in the plan's Summary Plan Description.

Every dollar counts!

Your company's retirement plan provides a great way to invest in yourself and save toward your retirement. Let's take a look at what happens if you saved $1 a day or $7 a week... in 30 years you could have $30,629 in savings

$7 SAVED PER WEEK

You should evaluate your ability to continue saving in the event of a prolonged market decline, unexpected expenses,or an unforeseeable emergency. For illustrative purposes only. Assumes a starting balance of $0, a weekly contribution

of $7, an annual rate of return of 6%, compounded daily, the reinvestment of earning and no withdrawals or loans. Results are not meant to represent past or future performance of any specific investment vehicle. Investment return and principal value will fluctuate and when redeemed the investment may be worth more or less than its original cost.

PLANNING AND RESOURCE TOOLS

What is a Retirement Plan Video	Automatic Enrollment Video	ADP Achieve Engagement Hub	ADP Achieve Financial Wellness Website

You are in control of your journey

Manage your enrollment and view your retirement plan account in the participant website at My.ADP.com or through the ADP Mobile Solutions App. The app is available from one of the app stores.

Download on the App Store | GET IT ON Google Play

or by scanning the QR code with your phone

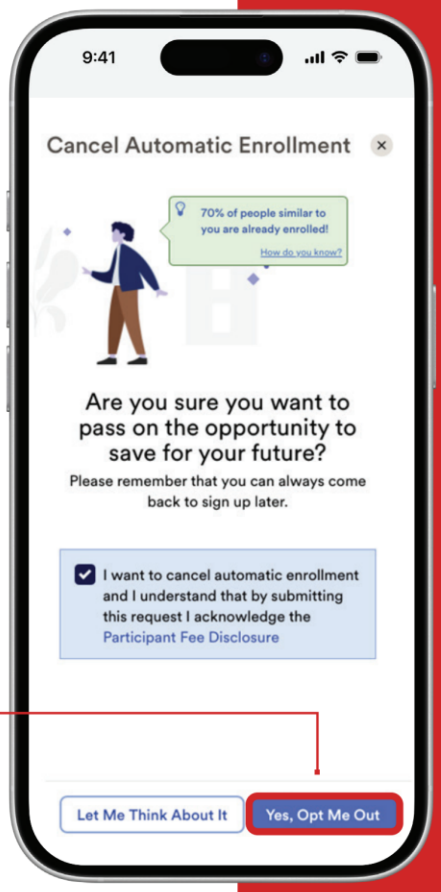
To decline participation in the Plan

Saving for retirement should be an important part of your financial planning, but if the timing is not right you can decline participation with these steps. Even if you choose not to participate right now, you can always enroll at a later time.

1. Sign into your retirement account in the ADP Mobile Solutions App or at My.ADP.com. You can also scan the QR code.

2. Select **"Make Changes"** from the You Are Set to Be Enrolled screen.

3. Check the "I do not want to participate" option and confirm your selection by clicking through until you select **"Yes, Opt Me Out"**



VACATION

Vacation with pay is granted to all regular full time employees and all regular part time employees. Newly hired regular full time employees will be credited with one vacation day (7 hrs or 8 hrs, as applicable) for each full calendar month of employment with the Corporation (and regular part time employees on a pro-rated basis). Vacation may not, however, be taken until the employee has completed their initial probationary period.

If a regular part time employee has become eligible to use their pro-rated accrued vacation, and they are selected to fill a full time position, they will be allowed to continue to use vacation previously earned.

Vacation days are earned on a monthly basis with the number to total annual days as follows:

Years of service	Annual vacation days	Days earned per month
0 - 1 year	12 days	1 day
2 - 3 years	15 days	1.25 days
4 - 5 years	21 days	1.75 days
6 - 7 years	24 days	2 days
8 - 9 years	30 days	2.50 days
10+ years	39 days	3.25 days

- Accrual

  Employees may not accumulate more than one year of earned vacation time beyond the end of the anniversary month of employment. If the employee reaches their maximum accrual, the additional vacation time beyond their one year shall automatically forward into sick time or the employee may elect to be paid at rates according to Payments in Lieu of Vacation section of this handbook.

Paid Leave for All Workers Act (PLAWA)

Full-time employees: Exempt and non-exempt

All employees working 40 hours per week will accrue 1 hour of paid time off per 40 hours worked until 40 hours of paid time off have accrued within a 12-month period. The start date of that 12-month period is January 1, 2026 or at the commencement of employment with Arrowleaf, whichever is later. Unused, accrued leave under this policy shall carry over annually from one 12-month period to the next 12-month period but an employee may not carry over more than 80 hours of leave under this policy from one 12-month period to the next 12-month period.

Temporary, part-time, and seasonal employees:

Employees working less than full-time will be granted 1 hour of leave for every 40 hours worked, accruing a maximum of 40 hours of paid time off under this policy within a 12-month period. The start date of that 12- month period is January 1, 2026, or at the commencement of employment with Arrowleaf, whichever is later. Unused, accrued leave under this policy shall carry over annually from one 12-month period to the next 12- month period, but an employee may not carry over more than 80 hours of leave under this policy from one 12- month period to the next 12-month period.

Interns:

Interns are generally excluded but will be evaluated on a case-by-case basis to determine eligibility.

SICK LEAVE

All employees, except temporary and call-in employees, shall earn sick leave at the rate of one (1) working day per full calendar month of service.

Paid sick leave may only be used for: the diagnosis, care, or treatment of an employee's own illness, injury, or health condition; or the diagnosis, care, or treatment of the mental or physical illness, injury, or health condition of an employee's family member; or attending an appointment with a health care provider for the care of the employee or the employee's family member, including preventive care.

For purposes of this policy, family member means an employee's spouse, domestic partner, child (including a biological, adopted, foster, or step child, legal ward, child of a spouse or domestic partner, or any individual with whom the employee has or had an in loco parentis relationship), parent, including a biological, adopted, foster, or step parent, parent of a spouse or domestic partner, or any individual who was the employee's legal guardian or has or had an in loco parentis relationship with the employee, sibling, grandparent, or grandchild.

Sick leave may be used in fifteen (15) minute increments. Use of sick leave for routine appointments with health care professionals shall be made fourteen (14) days in advance to ensure adequate employee coverage business operations. A maximum of five (5) sick days per year may be used for the care of a member of the employee's immediate family who is not a member of the household. In the event an employee submits notice of resignation, the employee shall not be permitted to use sick time thereafter unless the request for sick time is accompanied by medical verification of illness.

Holidays

The following days shall be recognized and observed as paid holidays:

New Year's Day
Memorial Day
Veterans Day
Christmas Eve
Employee's Birthday

Martin Luther King's Birthday
Independence Day
Thanksgiving
Christmas Day

Good Friday
Labor Day
Friday after Thanksgiving
Juneteenth/Freedom Day

- Observed Holidays

  Recognized holidays that fall on Saturday shall be observed on the preceding Friday. Recognized holidays that fall on Sunday shall be observed on the following Monday. Recognized holidays that are nationally observed and celebrated on Mondays (i.e. Memorial Day) will be observed by the Corporation in the same manner.

  In the event that Christmas Eve falls on Friday and Christmas Day falls on Saturday, the observed days shall be Thursday and Friday. In the event that Christmas Eve falls on Sunday and Christmas Day falls on Monday, the observed days off shall be Monday and Tuesday.

- Holidays for Residential/Shift Employees

  Residential employees who provide 24 hour supervision and/or shift employees shall be paid time and one-half (1.5) of their hourly wage when they are scheduled to work on a recognized holiday. When the recognized holiday falls on the regular day off of the residential and/or shift employees, they shall receive straight time for the recognized holiday. When the recognized holiday falls on a Friday, Saturday, Sunday, or Monday, the residential and/or shift employee will be compensated at the rate of time and one-half (1.5) for the actual holiday worked, rather than the observed day.

- Holiday During Vacation

When a holiday falls on an employee's regularly scheduled workday during the employee's vacation period, the employee will be charged with that holiday and retain the vacation day

VOLUNTEER **LEAVE**

All employees, except temporary and call-in employees, shall be granted up to 8 hours each year (employee working less than a 40 hour work week will be prorated based on their designated work week) to volunteer within the community, a 501c3 charitable organization, or other acceptable locations and/or activities in accordance to the Volunteer Time Off Policy and Procedure. Volunteer leave does not accrue from year to year.

Employees shall provide written notification of the intent to take volunteer leave at least 2 weeks in advance of the day of the leave and receive approval prior to taking volunteer leave.

Requests for volunteer leave may be denied if it is determined that critical coverage of a Corporation function may be disrupted.

BlueCross BlueShield of Illinois

Get to Know Your Employee Assistance Program

Find professional support when you need it for challenging life events.

ComPsych GuidanceResources is an Employee Assistance Program (EAP) included with your Blue Cross and Blue Shield of Illinois (BCBSIL) plan. You and your family members can use EAP services - no copays or deductibles needed.

Reach Out

Don't be afraid to reach out for help. Your health records are kept private from your employer, as required by law.

- Call: **800-890-1213**
- Online: **guidanceresources.com**
- App: **GuidanceNow**
- Web ID: **EAPIL**

ComPsych® GuidanceResources•Worldwide

Make a Positive Change

Connect with a therapist for confidential emotional support. A trained mental health professional can counsel you through concerns like:

- Sadness, worry and stress
- Alcohol or drug use
- Grief, loss and personal struggles
- Conflicts with people in your life

Your EAP includes 5 free therapy sessions per issue. Once you've used these free sessions, you can use your BCBSIL network benefits to keep seeing the same therapist in most cases.

Check off Your To-dos

Specialists can save you time by searching for local services so you don't have to. They can help find:

- Child care, elder care or pet care
- Movers or home repair services
- And much more

Have Your Legal Questions Answered

Talk to a lawyer for help with legal questions, including:

- Divorce, adoption and family law
- Wills and trusts
- Landlord/tenant issues

Get Help with Your Finances

Financial experts can help with a wide range of money matters. Call to discuss:

- Retirement planning or taxes
- Relocation, mortgages or insurance
- Budgeting, debt or bankruptcy

Access Online Tools 24/7

GuidanceResources Online is your link to information and support whenever you need it. Log on for:

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

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EMPLOYEE CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	BIMONTHLY 24 PAY PERIOD
Medical/Rx MIBCO2045 Blue Choice Options 2045	
Employee	$167.10
Employee + Spouse	$814.58
Employee + Child(ren)	$586.42
Employee + Family	$1,233.90
Medical/Rx MIBCO2055 Blue Choice Options 2055	
Employee	$127.51
Employee + Spouse	$725.43
Employee + Child(ren)	$514.73
Employee + Family	$1,112.65
Medical/RX MIBCO4075 Blue Choice Options 4075	
Employee	$73.12
Employee + Spouse	$602.93
Employee + Child(ren)	$$416.24
Employee + Family	$946.04
Medical/Rx MIESE4024 BlueEdge Select HSA 4024 (IL Residents Only)	
Employee	$5.05
Employee + Spouse	$449.62
Employee + Child(ren)	$292.91
Employee + Family	$737.53

BENEFIT PLAN	BIMONTHLY 24 PAY PERIOD
DINHM44 - LOW PLAN DENTAL RATES	
Employee	$0.00
Employee + Spouse	$11.23
Employee + Child(ren)	$16.24
Employee + Family	$31.19
DINLR60 - HIGH PLAN DENTAL RATES	
Employee	$6.25
Employee + Spouse	$23.72
Employee + Child(ren)	$32.49
Employee + Family	$56.00
Vision Rates	
Employee	$2.41
Employee + Spouse	$4.57
Employee + Child(ren)	$4.81
Employee + Family	$7.08

VOLUNTARY STD	BIMONTHLY 24 PAY PERIOD
Age Range	
0 - 19	$0.36
20 - 24	$0.36
25 - 29	$0.51
30 - 34	$0.87
35 - 39	$0.70
40 - 44	$0.43
45 - 49	$0.43
50 - 54	$0.49
55 - 59	$0.58
60+	$0.77

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- Bold blue text indicates a term defined in this Glossary.
- See page 4 for an example showing how deductibles, co-insurance and out-of-pocket limits work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

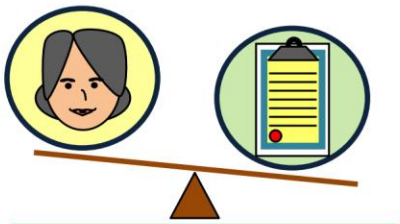
Appeal

A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may ***not*** balance bill you for covered services.

Co-insurance



Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance ***plus*** any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

(See page 4 for a detailed example.)

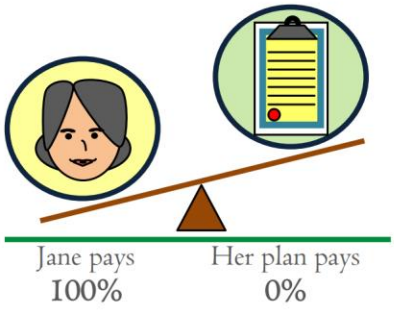
Complications of Pregnancy

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible



The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

(See page 4 for a detailed example.)

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an emergency medical condition.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Excluded Services
Health care services that your health insurance or plan doesn't pay for or cover.

Grievance
A complaint that you communicate to your health insurer or plan.

Habilitation Services
Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance
A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care
Health care services a person receives at home.

Hospice Services
Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care
Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance
The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment
A fixed amount (for example, $15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

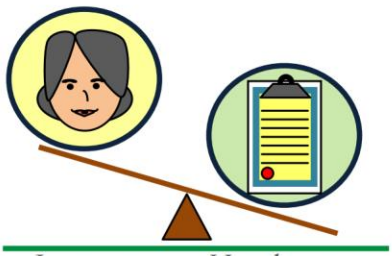
Medically Necessary
Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider
A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-network Co-insurance
The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do ***not*** contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment
A fixed amount (for example, $30) you pay for covered health care services from providers who do ***not*** contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

Out-of-Pocket Limit


The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

(See page 4 for a detailed example.)

Physician Services
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan
A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider
A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage
Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs
Drugs and medications that by law require a prescription.

Primary Care Physician
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery
Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services
Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care
Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

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

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting