



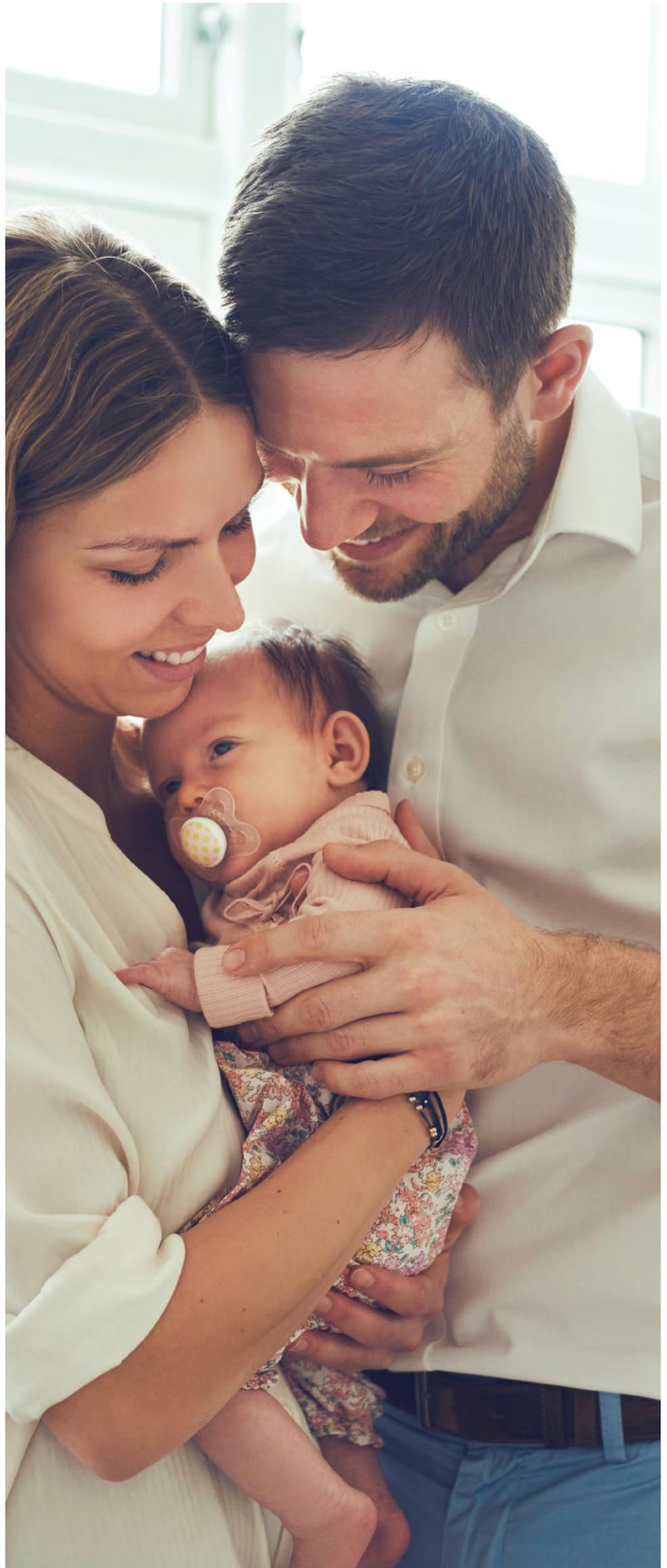
2025-2026 RSP/Relay Team Member Benefits



CL S is committed to providing you with a comprehensive benefits program that helps you and your family lead healthy, balanced lives.

At CLS we strive to provide our Team Members with a competitive benefit package. Each year, we work to understand what that looks like for the coming year – balancing trends with best practices and the claims we experience. We also try to make sure the benefits we offer are cost effective for CLS and our Team Members.

Part of your responsibility is to be an informed consumer of benefits – particularly your health care benefits – because they can have the most impact on your finances and CLS. We provide you with education, tools and resources to help you understand what benefits are available and how you can make the most of them. Using these resources to help you make informed choices will help you manage your finances now and in the future.



Open Enrollment

This guide provides an overview of the benefits CLS offers. If you have any questions about how these benefits may impact you, contact the Acrisure Client Advocate Service or CLS Human Resources. Detailed information about each benefit is available through the Employee Resource Center at paycor.com/login.

Each year, CLS has an open enrollment period, which allows us to evaluate our plan offerings, employer contributions and other plan design details, and provide you with the opportunity to make changes to your benefit elections. For 2025-2026, enrollment will be done online with Paycor. After open enrollment, you can use Paycor to learn about your benefits and make changes to your elections and covered dependents if you experience a life event or status change.

The online system is available 24 hours a day, 7 days a week. It is secure and your personal information is protected. Access the system at paycor.com/login.

Call the CLS Benefits Center at **877-645-4342** between 8:30 a.m. and 11 p.m. CST for technical support or with questions about your benefits.

Remember to have your primary care physician information and dependent information (dates of birth and Social Security numbers) available when you enroll.

Enrollment Changes

As long as you remain eligible, your benefit elections will be in place until March 31, 2026. However, you may make mid-year changes if you have a qualifying event. Examples of qualifying events that allow you to change some of your benefits during the year are:

- Marriage or divorce
- Birth, adoption or change in the custody of a child
- Death of your spouse or dependent child
- A change in the employment status of a spouse impacting your benefit eligibility
- A change in a dependent's status (due to age or eligibility for medical coverage through his/her own employer)
- A reduction in the number of hours worked that falls below 30 hours per week on average

If you have a qualifying event, **you must change your benefits within 30 days of the event.** If you do not make a change within 30 days, you must wait until the next open enrollment period. Please contact CLS Human Resources for more information.



Your Acrisure Client Advocate Service

Our benefits partner is Acrisure. One of the most valuable services they provide is their Client Advocate Service, which gives you and anyone covered by your insurance **free, unlimited access** to people who are knowledgeable about the specific benefits we offer and can help with:

- Claim questions
- Claim audits
- Plan dispute resolution
- Benefit questions
- ID card replacement
- Health care plan questions
- How to locate a physician
- Prescription questions
- More

Acrisure Client Advocates are available 24 hours a day, 7 days a week, 365 days a year at 877-381-3570 or GreatLakesAdvocate@acrisure.com

Medical & Prescription Meritain Health | Aetna

Continental Linen Services offers medical and prescription coverage through Meritain Health/Aetna. There are two plan options. The chart below shows a snapshot of the plan options for the 2025-2026 plan year through Meritain Health using the Aetna Choice POS II network. While the Aetna Choice POS \$1,000 enhanced plan is a traditional plan, the Aetna Choice POS HSA \$3,300 standard plan is a high deductible health plan that enables you to use a health savings account (HSA) for qualified medical expenses. **See page 8** for more information about HSAs. **The Aetna Choice POS HSA \$3,300 standard plan offering includes a Preventive Care Drug Rider that provides you with enhanced coverage for preventive prescription drugs for a healthier lifestyle. You don't have to meet a deductible before these drugs are covered and pay your coinsurance or copayment amount.**

To find an Aetna-network provider, **call 800-318-2023** or **visit aetna.com** and choose **Find a Doctor**. You may also contact an Acrisure Client Advocate at **877-381-3570** or **GreatLakesAdvocate@Acrisure.com**. Advocates are available 24 hours a day, 7 days a week, 365 days a year.

| In-Network Benefit Summary | | |
|--|--|--|
| | Aetna Choice POS \$1,000 - Enhanced Plan | Aetna Choice POS HSA \$3,300 - Standard Plan |
| Deductible BASED ON PLAN YEAR | Individual \$1,000 Family \$2,000 | Individual \$3,300 Family \$6,600 |
| CLS HSA Contribution PER YEAR | n/a | Single \$650 Double \$1,200 Family \$1,500 ENHANCED! |
| Coinsurance Maximum | Individual \$2,500 Family \$5,000 | n/a |
| Coinsurance PLAN PAYS | Plan Pays 80% You Pay 20% | Plan Pays 80% You Pay 20% |
| Out-of-Pocket Maximum (OOPM) | Individual \$8,150 Family \$16,300 | Individual \$6,900 Family \$13,800 |
| CLS HRA OOPM Reimbursement PER YEAR | Individual \$2,000 Family \$4,000 | n/a |
| Wellness/Preventive Care Services | 100% covered | 100% covered |
| Online Visit | 100% covered | 100% covered after deductible |
| Primary Care Office | \$20 per visit | 80% covered after deductible |
| Specialist Office Visit | \$40 per visit | 80% covered after deductible |
| Routine Prenatal & Postnatal Care Visits | 100% covered | 100% covered |
| Delivery & Nursery Care - Professional Services | 100% covered after deductible | 80% covered after deductible |
| Urgent Care | \$50 per visit | 80% covered after deductible |
| Emergency Room | \$250 copay after deductible (waived if admitted) | 80% covered after deductible |
| Lab/Pathology Tests | 80% covered after deductible | 80% covered after deductible |
| Diagnostic Tests/X-rays | 80% covered after deductible | 80% covered after deductible |

| Prescription Copays | | |
|---------------------------------|---------------------|--------------------------------------|
| Generic | \$10 copay | \$10 copay after deductible |
| Preferred Brand | \$40 copay | \$40 copay after deductible |
| Non-Preferred Brand | \$80 copay | \$80 copay after deductible |
| Preferred Specialty | 20% (maximum \$200) | 20% (maximum \$200) after deductible |
| Non-Preferred Specialty | 20% (maximum \$300) | 20% (maximum \$300) after deductible |
| Mail Order/90 Day Supply | 3x copay minus \$10 | 3x copay minus \$10 |

Telemedicine Teladoc

Meet with a doctor without leaving your home through your mobile device! Teladoc's national network of U.S. board-certified doctors is standing by to provide quality healthcare 24 hours a day, 7 days a week. From the information you provide, Teladoc can diagnose many illnesses and injuries, order prescriptions and know immediately if you need to be referred to in-person emergency care. You and your covered family members can see and talk to a doctor or behavioral health clinician or psychiatrist for non-emergency concerns like:

- Allergies
- Sore throat
- Respiratory problems
- Anxiety
- Grief
- Urinary problems/UTI
- Cold/Flu
- Ear problems
- Depression
- More

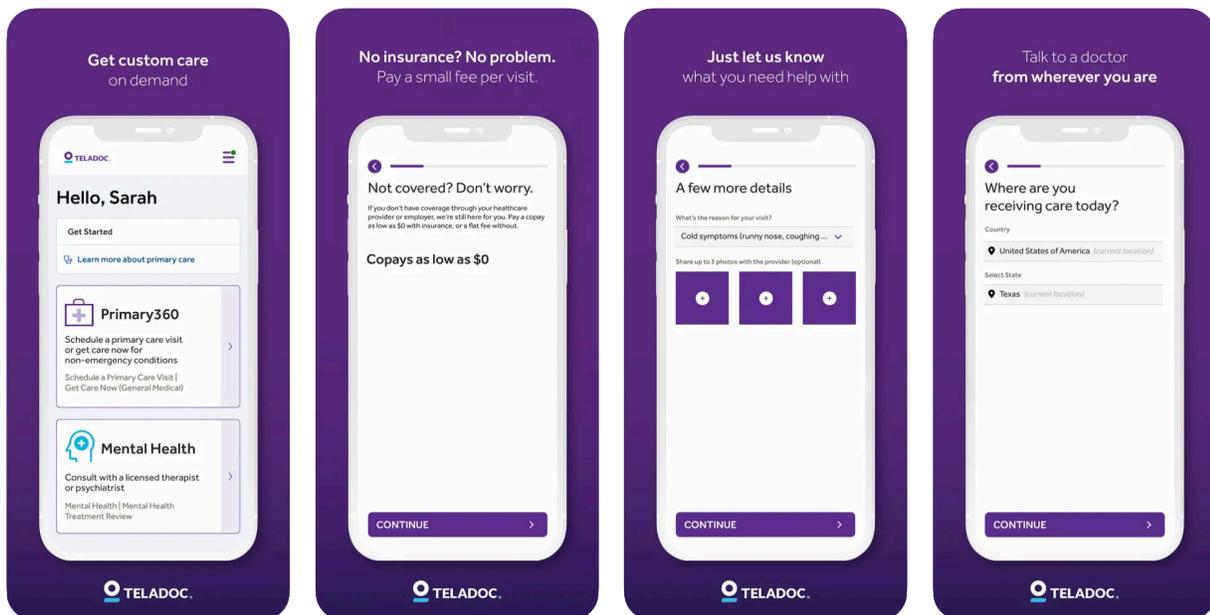
How to Connect

Mobile: Download app

Web: teladoc.com/mobile

Phone: 800-TELADOC

| Online Visit Costs | |
|---|-------------------------------|
| Aetna Choice POS \$1,000 - Enhanced Plan | 100% covered |
| Aetna Choice POS HSA \$3,300 - Standard Plan | 100% covered after deductible |



Health Reimbursement Arrangement **BASIC**

RSP/Relay Team Members who choose to enroll in the **Enhanced medical plan** and exceed its out-of-pocket maximums will be eligible for reimbursement via a Health Reimbursement Arrangement (HRA) administered by BASIC. As noted in the chart on page four, the Enhanced plan's out-of-pocket maximum is \$8,150 for individuals or \$16,300 for families. However, as RSP/Relay Team Members, your out-of-pocket maximums are limited to \$2,000 for an individual or \$4,000 for a family, based on your level of coverage.

- After you have medical services or get a prescription filled, you'll receive an Explanation of Benefits (EOB) from Aetna. This EOB shows a total of what you have paid toward your out-of-pocket maximum. **The quickest way to get your EOBs is to have them sent electronically. Sign up for this online at aetna.com.**
- Once you meet the out-of-pocket maximum of \$2,000 for an individual or \$4,000 for a family, send your EOBs and a completed HRA claim form for each EOB to BASIC. **The form can be found at paycor.com/login.**
- The claim form should indicate the amount being requested, which will be the amount of the out-of-pocket maximum exceeding either \$2,000 for an individual or \$4,000 for a family, based on your level of coverage.
- You will receive your reimbursement via check or direct deposit, based on the option you select.

Questions? Contact BASIC at **800-444-1922** or an Acrisure Client Advocate at **877-381-3570** or myadvocate@keyseragency.com.

Tools & Resources **Meritain Health/Aetna**

As advocates for healthier living, Meritain Health/Aetna provides these tools and resources to help you live well.

24/7 Customer Service

You can **call Meritain Health/Aetna customer service at 800-318-2023** for answers to questions about:

- Verification of eligibility and benefit information
- Status of submitted claims
- Copies of Explanations of Benefits (EOBs)
- Verification of a claim mailing address
- ID cards

Member Site

You can find information about your Meritain Health/Aetna benefits online at **meritain.com**. As an added bonus, Meritain Health/Aetna understands you may not always be in front of a computer when you need to access your benefit information, so they've made their sites mobile-friendly so you can always find the healthcare information you need. You can rely on Meritain Health/Aetna's mobile-friendly websites to:

- Review your benefits
- Find in-network doctors and facilities
- Check on claims and access EOBs
- View a copy of your ID card
- More

Getting Started

- **Create your member account at meritain.com.** It's best to do this from a desktop computer. Call Meritain Health/Aetna customer service at **800-318-2023** for help signing up with a mobile device.
- **After you've created your account, simply log in from any mobile device.** Once you do, your mobile features will be ready to use. You'll find quick-to-navigate displays you can easily use with your device's touch screen

MinuteClinic Meritain Health/Aetna

When you're enrolled in a Continental Linen Services medical plan, MinuteClinic makes it easy for you to get the care you need, when and where you need it. And now you can access all eligible services, including general medical MinuteClinic Virtual Care visits at any in-network MinuteClinic at little to no cost* to you.

- MinuteClinic is a walk-in clinic inside select CVS Pharmacy and Target stores, and is the largest provider of retail health care in the United States—with over 1,100 locations in 35 and District of Columbia**.
- It's open every day, including evenings. MinuteClinic offers walk in, scheduled appointments at their brick-and-mortar locations, and MinuteClinic Virtual Care.
- MinuteClinic health care providers treat a variety of illnesses, injuries and conditions. They can also write prescriptions, when medically appropriate.
- MinuteClinic Virtual Care provides eligible general medical services as a virtual visit option available seven days a week.
- All behavioral health services through MinuteClinic locations and MinuteClinic Virtual Care are not a part of the MinuteClinic benefit and are subject to any applicable cost share and limitations. See benefit plan documents for details.

Questions? Call Meritain Health at the number located on the back of your ID card

*Meritain Health, Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic branded walk-in clinics) are within the CVS Health family. Meritain Health is not responsible or liable in any manner for services received at CVS MinuteClinic locations.

**Visit [cvs.com/minuteclinic](https://www.cvs.com/minuteclinic) for age and service restrictions. Video visits are not a covered service under this benefit. This is for informational purposes only. It is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Information is believed to be accurate as of the production date; however, it is subject to change. Includes access to all covered services at MinuteClinic.

Members in Aetna Whole Health ACO, APCN Plus, HMO and indemnity plans may not be eligible for this benefit. Such members should refer to their benefit plan documents in order to determine coverage and applicable cost-share for walk-in clinic benefits and services, as applicable

Prescription Savings Clever RX

If you're taking a specialty or high-cost medication regularly, you may be paying hundreds of dollars each time you get a refill. That can make it hard to afford your medicine, even though you know how important it is to take it as your doctor ordered.

Clever RX

Clever RX is a state-of-the-art, money-saving tool that can save you up to 80 percent off prescription drugs and often beat your insurance copay.

Why use Clever RX when you have insurance?

Even with the best insurance plan, some drugs may not be covered. Clever RX can help you save on those. Also, you don't have to use your insurance if the Clever RX price is better — in other words, if the Clever RX price for a covered drug is cheaper than your copay, you can use Clever RX instead. You just can't use Clever RX vouchers and your insurance at the same time.

Where is Clever RX accepted?

Clever RX is accepted at top pharmacies nationwide, including CVS, Walgreens, Rite Aid and Walmart.

Ready to get started? Here's what to do.

- Download the **Clever RX app**. Enter **3004** for Group and **1248** for Member.
- Enter your **zip code**. Clever RX will show you which pharmacies near you offer the lowest price.
- **Click the voucher that's right for you**. TIP: Take a screenshot for easy access at the pharmacy.
- **Show the onscreen voucher to the pharmacist** when you pick up your medication.

Health Savings Account **Health Equity**

When you enroll in the Standard (HSA) medical plan, you can use a Health Savings Account to pay for medical expenses (including dental and vision), with pre-tax dollars.

Using an HSA gives you a triple tax advantage:

- 1. Contributions** to an HSA are pre-tax, meaning you don't pay federal income tax, Social Security tax, and in most cases state income tax on contributions
- 2. Earnings** on your investments within an HSA are tax-free
- 3. Withdrawals** for qualified medical expenses (including dental and vision) are tax-free

With an HSA, you are in control. The account belongs to you, so you decide whether to use the money for medical expenses now or later. You can move the money with you if you change employers or decide to change banks. In addition, the money in your account can be invested, earning you income on your savings. You decide how it's invested. Because a HSA is a savings account, money in the account at the end of the year is yours – there is no need to “use it or lose it.”

Contributions

You can make contributions through payroll deduction up to the maximum amounts allowed by the IRS. For 2025, those amounts are \$4,300 for singles or \$8,550 for two people or families. People age 55 and older can make additional catch-up contributions totaling up to \$1,000 each year.

In addition, CLS will contribute:

- **Team Member: \$650 per year (\$54.16 per month)**
- **Team Member + One: \$1,200 per year (\$100 per month)**
- **Family: \$1,500 per year (\$125 per month)**

ENHANCED!

The maximums allowed are for all contributions, which means when you decide how much you want to contribute yourself, you need to factor in the amounts that may be contributed by others (e.g. CLS, your spouse, etc.).

How it works

- 1. Enroll in the high deductible HSA plan offered.** After that you'll receive a debit card in the mail from Health Equity with instructions for completing the setup of your account.
- 2. Decide how much money to contribute** for the year through payroll deductions.
- 3. Pay for eligible expenses from your HSA** with your HSA debit card, online bill pay or online transfer.
- 4. Save your receipts** in case there is a question about an expense. You can use the HSA for eligible expenses incurred by you, your spouse or anyone you claim as an eligible dependent for federal income tax purposes. **See Pub 502 on irs.gov for a list.**

To learn more, visit <https://healthequity.com/learn/hsa>.

2025 Maximum HSA Contributions

Single \$4,300 **Family** \$8,550

Individuals age 55 and older may make catch-up contributions totaling up to \$1,000 each year. Maximum contribution amounts are for the total of ALL contributions.

Remember, maximum contribution amounts are determined and updated every year by the IRS.

Employee Assistance Program **Guardian**

Our comprehensive WorklifeMatters Employee Assistance Program, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics, such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

EAP Consulting Services

- **Telephone Counseling** Unlimited, 24/7 consultations with master's and doctoral-level counselors.
- **Face-to-face Counseling** Up to 3 visits per Team Member/household member per year .
- **Bereavement Counseling** Support available through telephone or face-to-face sessions; online resources available on EAP website.
- **Tobacco Cessation Coaching** Unlimited telephone support and resources to assist with quitting smoking; refers you directly to the American Lung Association's Quit program.
- **EAP Website Resources** Website that includes articles, videos, FAQs, etc. Additionally, you can chat online with an EAP Consultant or email an EAP Counselor through the website.
- **College Planning Resources** Expert help in finding the right college that fits your child academically, socially and financially. Provided by College Planning USA.

Work/Life Assistance Resources

- **WorkLife Services** Unlimited 24/7 access to Worklife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities.
- **Child and Elder Care Referral** Unlimited telephone consultation with a Worklife Specialist (part of Worklife Services).
- **Team Member Discounts** Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more.

- **Webinars, Podcasts, Articles and FAQs** Various topics available on the EAP website.

Legal/Financial Assistance and Resources

- **Legal Consultation** Unlimited telephone support and free initial 30-minute face-to-face consultation with an attorney, includes a 25 percent discount on attorney services after that; online legal forms; extensive online law library.
- **Financial Consultation** Unlimited telephone support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators.
- **ID Theft** Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online.
- **Will Prep** Online self-service documents available on EAP website; 30-minute consultation (part of Legal Consultation offering) can be used for estate planning or will preparation.
- **Legal Document Preparation** Online self-service documents available on the EAP website.
- **Tax Consultation** Tax questions only can be answered as part of the Financial Consultation offering.
- **Online Self-Service Documents** Examples include, but are not limited to: living trust, will, power of attorney and deeds.

How to Connect

Email

eapcounselor@uprisehealth.com

24/7 Phone

800-386-7055

Web

worklife.uprisehealth.com

Access Code: worklife

Flexible Spending Account **Meritain Flex**

CLS offers three different Flexible Spending Accounts that enable you to pay for qualified out-of-pocket health care expenses with pre-tax dollars: a Medical FSA, Limited Purpose FSA and Dependent Care FSA. For more information you can visit [meritain.com](https://www.meritain.com) or call **800-566-9305 (option 5)**. You may also contact an Acrisure Client Advocate at **877-381-3570** or GreatLakesAdvocate@Acrisure.com. Advocates are available 24 hours a day, 7 days a week, 365 days a year.

Health Care FSA - For Team Members Enrolled in the Enhanced Medical Plan

- Team Members may contribute up to \$3,300 to their Health Care FSA.
- At the end of the plan year, you may rollover \$660 of unused funds to the next plan year.
- Eligible expenses include most **medical, dental and vision expenses** not already covered by your insurance. See **Publication 502** on [irs.gov](https://www.irs.gov) for a list of eligible expenses.
- FSA debit cards are available for your convenience.

When you're considering how much to put in your Health Care FSA, ask yourself:

- How much do you expect to pay for medical, dental and vision expenses out of your own pocket?
- Do you have predictable, non-covered medical, dental and vision expenses that you pay out of your own pocket?
- Do you expect that your health care expenses may exceed plan limits?

Limited Purpose FSA - For Team Members Enrolled in the Standard (HSA) Medical Plan

- Team Members may contribute up to \$3,300 to their Limited Purpose FSA.
- At the end of the plan year, you may rollover \$660 of unused funds to the next plan year.
- Eligible expenses include most **dental and vision expenses** not already covered by your insurance. You can't use a Limited Purpose FSA to pay for medical expenses. See **Publication 502** on [irs.gov](https://www.irs.gov) for a list of eligible expenses.
- FSA debit cards are available for your convenience.

When you're considering how much to contribute to your Limited Purpose FSA, ask yourself:

- How much do you expect to pay for dental or vision expenses out of your own pocket?
- Do you have predictable, non-covered dental or vision expenses out of your own pocket?
- Do you expect dental or vision expenses that may exceed plan limits?

Dependent Care FSA - For Those Enrolled in Either Medical Plan

Generally, eligible **dependent care** expenses include day care for dependents under age 13 that allows you (and your spouse, if you're married) to work or attend school full-time. See **Publication 503** on [irs.gov](https://www.irs.gov) for eligible dependent care expenses.

When you're considering how much to put in your Dependent Care FSA, ask yourself:

- Do you use dependent care for your children (under 13) or other qualified dependent relatives so you (or you and your spouse) can work? You can also use the Dependent Care FSA if the care is needed because you work full-time and your spouse is a full-time student.
- Will your children (under age 13) attend eligible daytime summer camp or before-school or after-school activities?
- Would you save more money with the Federal Dependent Tax Credit? Consult a tax advisor about which account is best for you, or contact the IRS at [irs.gov](https://www.irs.gov) or **1-800-TAX-FORM**.

Meritain Flex
800-566-9305 (option 5)
meritain.com

Voluntary Dental **Delta Dental**

You may elect voluntary dental coverage through Delta Dental via its Delta Dental PPO network. Coverage is also available through the Delta Dental Premier network and non-participating dentists, but your out-of-pocket costs will be less if you use a Delta Dental PPO network provider. To locate a participating provider in the dental plan, visit **deltadentalmi.com** or call **1-800-524-0149**. **If you elect this benefit, you pay the full cost.**

| Dental Benefit Summary | |
|---|--|
| Diagnostic and Preventive CLASS I | 100% covered |
| Basic Services CLASS II | 80% covered |
| Major Services CLASS III | 50% covered |
| Annual Maximum CLASS I, II AND III | \$1,200 per person per calendar year |
| Orthodontia CLASS IV | no coverage |
| Waiting Period | 12 months for Major Services (Class III) for new enrollees |
| Deductible | \$0 |
| Out of Pocket Maximum | none |
| Network | Delta Dental PPO |



Voluntary Vision Ameritas/EyeMed

You may elect voluntary vision coverage through Ameritas via the EyeMed Insight network. Call **866-804-0982** or visit **eyemed.com** to locate a participating provider. **If you elect coverage through Ameritas/EyeMed, you pay the full cost. Vision benefits reset 12 months from the last time used. For example, if your last eye exam was on May 5, 2024, your next eye exam must be May 6, 2025 or later.**

CLS Team Members and their families may participate in the **Rx Optical Vision Advantage Program** through Acrisure Insurance Group. **There is no other cost to you to participate.** When you participate in the program, you will receive a discount on services and items purchased (glasses and/or contacts). To find an Rx Optical location, visit **rxoptical.com**.

- **Group** Acrisure Agency
- **Membership Number** KYS3759/Plan 321

The Rx Optical Vision Advantage Program is a cost savings program, not insurance. If you have questions, please contact an Acrisure Client Advocate at **877-381-3570** or **GreatLakesAdvocate@acrisure.com**.

| In-Network Benefit Summary | | |
|---|---------------------------------|---|
| | Ameritas EYEMED INSIGHT NETWORK | Rx Optical Vision Advantage Program |
| Exam | \$10 copay | 20% discount |
| Exam Frequency | once every 12 months | no limit |
| Standard Lenses | \$25 copay | Single Vision Plastic \$50 |
| Progressive Lenses | see benefit summary for copays | Progressive Plastic \$156 |
| Medically Necessary Contact Lenses | 100% covered | ask your optician about available savings |
| Elective Contact Lenses | \$130 allowance | ask your optician about available savings |
| Lenses/Contact Lenses Frequency | once every 12 months | no limit |
| Standard Frames | \$130 allowance | 10% to 45% off depending upon frame selection |
| Frames Frequency | once every 24 months | no limit |



Financial Protection Benefits Guardian

These benefits are provided through Guardian. The chart provides a snapshot of the income protection benefits available to you and questions to consider before you enroll. For more details, visit paycor.com/login or contact an Acrisure Client Advocate at **877-381-3570** or GreatLakesAdvocate@acrisure.com.

| Benefit Plan | Benefit Description |
|---|--|
| <p>Group Life/AD&D Insurance CLS provides this benefit at no cost to you.</p> | <p>Team Member Benefit \$25,000 Spouse Benefit \$3,000 Child Benefit \$1,000</p> |
| <p>Voluntary Life/AD&D Insurance If you elect this benefit, you pay the cost.</p> | <p>Team Member Benefit Up to \$300,000 in increments of \$10,000. Spouse Benefit Up to 100% of the Team Member election in increments of \$5,000 to a maximum of \$250,000. Child Benefit Up to \$10,000 in increments of \$2,000. Evidence of Insurability An Evidence of Insurability (EOI) form is required for anyone electing Voluntary Life for the first time, or electing above the Guaranteed Issue amount. Team Members who are currently enrolled in Voluntary Life can increase their election by up to \$50,000 without an EOI up to the GI amount. Team Member must enroll to elect coverage for spouse and/or dependents.</p> |
| <p>Group Short-Term Disability CLS provides this benefit at no cost to you.</p> | <p>Team Member Benefit \$275 weekly benefit beginning on the eighth day of an illness or off-the-job injury. Benefit Duration Up to 26 weeks</p> |
| <p>Voluntary Short-Term Disability If you elect this benefit, you pay the cost.</p> | <p>Team Member Benefit 60% of your weekly pay to a maximum of \$1,000 per week on the eighth day of an illness or off-the-job accident. Benefit Duration Benefits are payable for up to 26 weeks. Evidence of Insurability Required only for existing Team Members who elect coverage after initial eligibility. Pre-Existing Conditions Benefits will not be paid in the first 12 months of coverage for injuries or illnesses existing in the three months before coverage begins.</p> |
| <p>Voluntary Accident If you elect this benefit, you pay the cost. Your cost for this benefit per weekly pay: Team Member \$3.06 Team Member + Spouse \$4.71 Team Member+ Child \$4.88 Family \$6.53 Your cost for this benefit per bi-weekly pay: Team Member \$6.12 Team Member + Spouse \$9.42 Team Member+ Child \$9.75 Family \$13.05</p> | <p>Provides cash for out-of-pocket expenses associated with an accidental injury. Emergency Room \$200 Initial Office Visit \$100 Physician Follow Up Visit \$50 Hospital Admission \$1,000 ICU Admission \$2,000 Hospital Confinement \$250 per day for up to one year ICU Confinement \$500 per day for up to 15 days Lodging \$125 per day Transportation \$500 per trip</p> |
| <p>Voluntary Critical Illness If you elect this benefit, you pay the cost.</p> | <p>Team Member Benefit Up to \$20,000 Spouse Benefit Up to \$20,000 Child Benefit Up to \$10,000 (child benefit included in Team Member election) Pre-Existing Injuries existing in the three months before coverage begins will not be covered for the first 12 months of coverage Covered Illnesses Invasive cancer, heart attack, stroke, organ failure, kidney failure, heart failure, ALS, coma, loss of speech, sight or hearing, Parkinson's Disease, benign brain tumor, Alzheimer's Disease, carcinoma in situ, coronary arteriosclerosis, Addison's Disease, Huntington's Disease, Multiple Sclerosis. <i>Coverage amounts vary. Please see plan documents for coverage amounts, a complete list of covered illnesses, and Team Member costs.</i></p> |

Compliance Notices

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact the Plan Administrator.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Key Contacts

| Contacts | Email / Website | Telephone |
|---|---|-------------------------|
| CLS Human Resources-Production Peter Sanchez | psanchez@clsimage.com | 800-875-4636 x 7029 |
| CLS Human Resources-All Others Dawn McMillen | dmcmillen@clsimage.com | 269-365-8710 |
| Acrisure Client Advocate Service | GreatLakesAdvocate@acrisure.com | 877-381-3570 |
| Medical & Prescription Meritain Health Aetna | aetna.com | 800-318-2023 |
| Prescription Savings Clever RX | cleverrx.com/keyser Group 3004 Member 1248 | 888-879-7336 |
| Employee Assistance Program Guardian | eapcounselor@uprisehealth.com worklife.uprisehealth.com Access Code worklife | 800-386-7055 |
| Health Savings Account Health Equity | healthequity.com | 866-346-5800 |
| Health Reimbursement Account BASIC | basic.com | 800-444-1922 |
| Dental Delta Dental | deltadentalmi.com | 800-524-0149 |
| Vision Ameritas/EyeMed Insight Network | eyemed.com | 866-804-0982 |
| Flexible Spending Account Meritain Flex | meritain.com | 800-566-9305 (option 5) |
| Financial Protection Benefits Guardian | guardianlife.com | 888-482-7342 |





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