

EOH

EMPLOYEE OWNED HOLDINGS, INC.

Powered by Ownership Committed to Excellence

EMPLOYEE BENEFITS GUIDE
5/1/2026 – 4/30/2027

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EMPLOYEE OWNED HOLDINGS, INC.

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Benefits Overview & Eligibility

Employee Owned Holdings, Inc. is committed to offering a competitive and comprehensive benefit plan that is focused on supporting your health and well-being. In this guide, you'll find information regarding your employee benefit options for this plan year.

This overview contains information that should help you make benefit choices for you and your family. Please be aware the information contained herein describes the basic features of the benefit plans available and should not be considered an official plan document. Should a discrepancy occur between this presentation/guide and the actual plan documents, the latter will govern.

Eligibility

Who is eligible?

If you are a full-time employee working at least 30 hours per week you are eligible to enroll in benefits described within this presentation/guide. You are eligible to enroll in benefits 1st of the month following 30 days of employment.

Eligible dependents include:

Legal spouse, children (birthed, legally adopted and stepchildren that reside in your home) and court-ordered dependents, or those for which you have been granted legal guardianship.

Unless otherwise noted, children are eligible for coverage from birth up to age 26. If a child becomes mentally or physically disabled while covered under the benefit plan, the child's coverage may be continued as long as the child remains disabled and dependent on your support. Documentation will be mandatory.

Enrollment

How to Enroll or Make Changes?

Any elections subject to underwriting review will take effect after approval is granted, and according to the carrier's guidelines.

Personal Information: Ensure all personal information is current throughout the year. This includes but is not limited to mailing addresses, contact information, dependents and beneficiary designations.

PLEASE NOTE:

You will not be able to make changes during the year without an IRS approved qualifying life event (i.e. Marriage, divorce, birth, adoption, loss of current insurance coverage). Please contact the Human Resource department if you have a question about the life event. You have 30 days for the date of the qualifying life event to submit this request to Human Resources.

REQUIRED NOTICES & DISCLOSURES: The Affordable Care Act (ACA) and the Employee Retirement Income Security Act (ERISA) requires us to provide you with notices that can be found on our online enrollment portal.



Benefits Enrollment System

During Open Enrollment, you will have the opportunity to reassess your current benefits and choose the coverage that is right for you and your family. Please don't hesitate to contact your Human Resources department if you have any questions or concerns.

How Do I Enroll in Paylocity System”

The video in the link below includes the following information that you will need to know for your online benefits enrollment.

- How to Login
- Complete Open Enrollment
- Enter Life Event
- View Benefit Coverages
- View/Modify Dependent Information

Copy the link to your web browser get started:

<https://www.youtube.com/watch?v=ejLSKL2y10Y&t>





Medical High Plan

	In-Network	Out-of-Network
Network	Open Access Plus	Open Access Plus
Deductible		
Individual / Family	\$1,500 / \$3,000	\$4,500 / \$9,000
Coinsurance (Out Of Pocket Max)		
Individual / Family	\$5,000 / \$10,000	\$15,000 / \$30,000
Preventative Care Annual Physicals Well-Woman/Mammogram Well-Child/Immunizations	Covered at 100%	40% after deductible
Primary / Specialist	\$30 copay / \$60 copay	You pay 40% after deductible
Virtual Visit	\$30 copay / \$60 copay for specialist	Not Covered
Convenience Clinic / Urgent Care	\$30 copay / \$100 copay	You pay 40% after deductible / \$100 copay
Emergency Room	\$250 copay	\$250 copay
Outpatient Services	You pay 20% after deductible	You pay 40% after deductible
Hospitalization	You pay 20% after deductible	You pay 40% after deductible
Prescription Drug Costs		
Generic	You pay \$20 copay	You pay 40%
Preferred	You pay \$40 copay	
Non-Preferred	You pay \$60 copay	
Specialty	You pay \$120 copay	
Retail & Mail Order (90-day supply)	2.5 copays	Not Covered

Coverage Tier	Payroll Deduction Semi-Monthly
Employee	\$162.73
EE+ Spouse	\$349.86
EE+ Child(ren)	\$309.25
Family	\$488.28



Medical Middle Plan

	In-Network	Out-of-Network
Network	Open Access Plus	Open Access Plus
Deductible		
Individual / Family	\$3,000 / \$9,000	\$10,000 / \$30,000
Coinsurance (Out Of Pocket Max)		
Individual / Family	\$6,000 / \$12,000	\$20,000 / \$60,000
Preventative Care Annual Physicals Well-Woman/Mammogram Well-Child/Immunizations	Covered at 100%	50% after deductible
Primary / Specialist	\$35 copay / \$65 copay	You pay 50% after deductible
Virtual Visit	\$35 copay / \$65 copay for specialist	Not Covered
Convenience Clinic / Urgent Care	\$35 copay / \$100 copay	You pay 50% after deductible / \$100 copay
Emergency Room	You pay 30% after deductible	You pay 50% after deductible
Outpatient Services	You pay 30% after deductible	You pay 50% after deductible
Hospitalization	You pay 30% after deductible	You pay 50% after deductible
Prescription Drug Costs		
Generic	You pay \$20 copay	You pay 40%
Preferred	You pay \$40 copay	
Non-Preferred	You pay \$60 copay	
Specialty	You pay \$120 copay	
Retail & Mail Order (90-day supply)	2.5 copays	Not Covered

Coverage Tier	Payroll Deduction Semi-Monthly
Employee	\$128.34
EE+ Spouse	\$275.94
EE+ Child(ren)	\$243.85
Family	\$385.03



Medical HDHP/HSA Plan

	In-Network	Out-of-Network
Network	Open Access Plus	Open Access Plus
Employer HSA Contribution	Individual \$1,200 or Family (EE + 1 or more) \$1,500	
Deductible		
Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000
Coinsurance (Out Of Pocket Max)		
Individual / Family	\$6,000 / \$12,000	\$12,000 / \$24,000
Preventative Care Annual Physicals Well-Woman/Mammogram Well-Child/Immunizations	Covered at 100%	50% after deductible
Primary / Specialist	You pay 20% after deductible	You pay 50% after deductible
Virtual Visit	You pay 20% after deductible	Not Covered
Convenience Clinic / Urgent Care	You pay 20% after deductible	You pay 50% after deductible
Emergency Room	You pay 20% after deductible	You pay 50% after deductible
Outpatient Services	You pay 20% after deductible	You pay 50% after deductible
Hospitalization	You pay 20% after deductible	You pay 50% after deductible
Prescription Drug Costs		
Generic	You pay \$20 copay after deductible	N/A
Preferred	You pay \$40 copay after deductible	
Non-Preferred	You pay \$60 copay after deductible	
Specialty	You pay \$120 copay after deductible	
Retail & Mail Order (90-day supply)	2.5 copays	

Coverage Tier	Payroll Deduction Semi-Monthly
Employee	\$111.85
EE+ Spouse	\$240.47
EE+ Child(ren)	\$212.50
Family	\$335.53



Health Savings Account (HSA)

Who Is Eligible?

You must be enrolled in Cigna’s HDHP medical plan AND meet the following requirements:

- Have no other health insurance coverage except what’s permitted by the IRS
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else’s tax return

A Health Savings Account (HSA) paired with Cigna’s High Deductible Health Plan (HDHP) will help you and your family to plan, save, and pay for qualified health care expenses. An HSA empowers you to build savings for health care expenses in a tax advantaged account.

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor’s office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

How Much Can I Contribute To A Health Savings Account (HSA)?

Each year the IRS establishes the maximum contribution limits. The chart below represents the IRS limits. These limits are for the total funds contributed, including company contributions, your contributions, and any other contributions. It is up to you as the account owner to ensure you do not exceed these IRS contribution limits annually.

What are the tax advantages of owning an HSA?

Triple Tax Savings: Contributions are tax-free, Earnings are tax-free, and withdrawals are tax-free when made for eligible medical care expenses.

Please keep in mind you can change your HSA allocation at any time during the plan year.

Any funds you do not use will continue to accumulate. Your HSA money rolls over from year-to-year, and you do not ever lose the money left in your HSA or the interest it has earned.

Your Employer contribution amounts may be pro-rated based on your hire date.

Coverage Tier	Employer’s Annual Contribution	Employee Maximum Contribution	IRS HSA Contribution 2026 Limits
Employee Only	\$1,200	\$3,200	\$4,400
Employee Spouse	\$1,500	\$7,250	\$8,750
Employee/Child(ren)	\$1,500	\$7,250	\$8,750
Family	\$1,500	\$7,250	\$8,750
55 and older catch-up	Can contribute an additional \$1,000		



Cost Savings Illustrations

Below are illustrations of the Cost Savings for the Middle and High Plans if you were to enroll in the HDHP/HSA.

You can use the annual savings to help fund your HSA account.

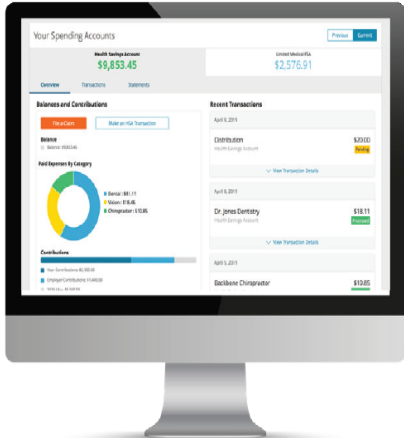
High Plan	Buy-up Plan Semi Monthly Cost	HSA Plan Semi Monthly Cost	Semi Monthly Cost Savings for HSA Account	Annual Savings for HSA Account
Employee Only	\$162.73	\$111.85	\$50.88	\$1,221.12
Employee/Spouse	\$349.86	\$240.47	\$109.39	\$2,625.36
Employee/Children	\$309.25	\$212.50	\$96.75	\$2,322.00
Employee Family	\$488.28	\$335.53	\$152.75	\$3,666.00

Middle Plan	Middle Plan Semi Monthly Cost	HSA Plan Semi Monthly Cost	Semi Monthly Cost Savings for HSA Account	Annual Savings for HSA Account
Employee Only	\$128.34	\$111.85	\$16.49	\$395.76
Employee/Spouse	\$275.94	\$240.47	\$35.47	\$851.28
Employee/Children	\$243.85	\$212.50	\$31.35	\$752.40
Employee Family	\$385.03	\$335.53	\$49.50	\$1,188.00



Health Savings Account (HSA)

Access to your healthcare account is just a few clicks away at access.paylocity.com

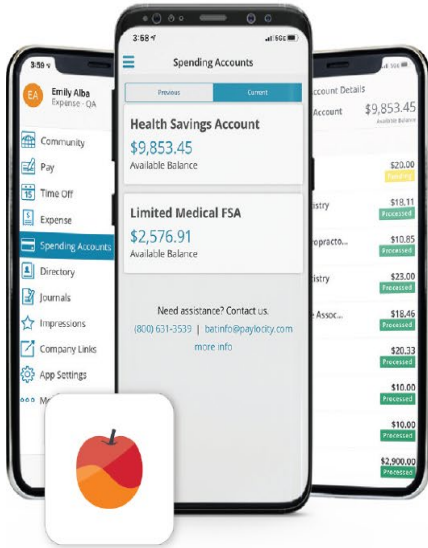


- ✓ View account balances & claims history
- ✓ Submit claims & upload receipts
- ✓ Update profile information
- ✓ Sign-up for direct deposit

GET STARTED TODAY!

Logging into your healthcare account is easy. Just log into Paylocity with your existing username and password and click the “Spending Accounts” button in the Employee Self Service portal.

For questions or issues, contact us by email at batinfo@paylocity.com or call us at (800) 631-3539. To check your account balances using our interactive voice response system, please call (855) 210-9527.



STAY CONNECTED WITH THE **PAYLOCITY APP!**

WHAT CAN YOU DO IN THE PAYLOCITY MOBILE APP?

- ✓ Check available balance(s)
- ✓ Upload pictures of receipts
- ✓ View account activity
- ✓ File claims

AVAILABLE FOR FREE

Search and download the Paylocity Mobile App. Log in with the same username and password you use to access your account online.



FSA, HSA, HRA, 213D

Eligible Medical Expenses

Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses.*

- Acupuncture
- Addition treatments smoking, alcohol, & drug therapy
- Ambulance fees
- Braille books and magazines
- Breast Pump
- Childbirth classes mother-to-be expenses only
- Chiropractic & osteopath care
- Coinsurance
- Contact lenses, solutions, & cleaners
- CPAP devices and apparatus cleaner
- Deductibles
- Dental & orthodontia fees
- Diagnostic & laboratory testing fees
- Eyeglasses with prescription
- Guide dog
- Hearing aids & batteries
- Hospital bills
- Insulin & diabetic supplies
- Laser eye surgery
- Mobility Aids crutches, wheelchairs, etc.
- Nurse fees
- Obstetrical expenses
- Oxygen
- Physician fees
- Psychologist fees or individual therapy
- Routine physicals
- Special communication equipment for the deaf
- Surgical & operation fees
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Tuition at special school for learning disabled requires a letter of medical necessity
- X-rays

*Eligible items subject to change

Over-The-Counter Items

Eligible without a doctor's prescription

- Acid controllers
- Allergy & sinus
- Antibiotic products
- Anti-itch & insect bite
- Anti-parasitic treatments
- Asthma flow meters
- Band-aids
- Blood pressure monitors
- Callous, corn, & wart removers
- Cholesterol tests
- Cold sore remedies
- Contact lens solution
- Cough, cold, & flu
- Crutches
- Diabetes care: blood test strips, glucose kits, monitors, and tests
- First aid kits
- Gauze & gauze pads
- Heating pads
- Hemorrhoidal preps
- Incontinence supplies for adults
- Medical bracelets/necklaces
- Medical tape
- Menstrual products
- Nasal strips
- Nebulizers
- Ointments
- Orthopedic shoe inserts
- Pain relief
- Reading glasses
- Respiratory treatments
- Rubbing Alcohol
- Sleep aids
- Stomach remedies
- Sunburn Creams
- Sunscreen (SPF 15+)
- Supports & braces
- Thermometers

For more information please contact us at batinfo@paylocity.com



CHOOSE A PLAN WITH CONFIDENCE

Cigna One Guide service can help.

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® service is available to you now.**

Call a Cigna One Guide representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- › Easily understand the basics of health coverage
- › Identify the types of health plans available to you
- › Check if your doctors are in-network to help you avoid unnecessary costs
- › Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.

Don't wait until the last minute to enroll.

Call **888.806.5094** to speak with a Cigna One Guide representative today.

After enrollment, the support continues for Cigna customers.

Cigna One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

Cigna One Guide service provides personalized assistance to help you:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find hospitals and health care providers in your plan's network
- › Get cost estimates and avoid surprise expenses
- › Understand your bills

Access Cigna One Guide – after enrollment – in the way that's most convenient for you:

myCigna.com or the myCigna® app

Live chat

Phone



Together, all the way.®





Earn up to \$350 per year!

Wellness Rewards

It's easy to earn rewards by making healthy decisions. Choose your healthy activities and watch your rewards add up. The more you do, the more you'll earn—up to \$350 in Wellness Cash.

Complete actions to help you earn:	Complete a biometric screening	\$50
	Complete the Health Assessment	\$50
	Annual physical or well-woman visit	\$100

Participate in additional healthy activities throughout the year to earn points and watch your additional Wellness Rewards add up.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	Wellness Cash earned by completing each level
Points	7,000	25,000	40,000	60,000	
Rewards	\$20	\$30	\$45	\$55	\$150

If you think you might be unable to meet a standard for a reward under this wellness experience, you might qualify for an opportunity to earn the same reward by different means. Log in to myCigna to request a Cigna Healthcare representative to work with you, and if you wish, with your doctor.



Ways to earn:

Go to your **myCigna**® Wellness Experience for a complete list of activities to earn rewards.

	Do healthy things:	Earn points:
Getting started	Complete registration	100
	Add profile picture	100
	Add 5 friends	250
	Set a well-being goal	200
	Complete the Nicotine Free Agreement	100
Daily	Take 1,000 steps in a day	10
	Do your Daily Cards (2 per day)	20
	Track your Healthy Habits (3 per day)	10
	Track sleep nightly	20
	Sleep > 7 hours in a night	50
	Complete a step in Journeys®	20
Monthly	Win the promoted Healthy Habit challenge	200
	Complete 20 Daily Cards in a month	200
	Track Healthy Habits 20 days in a month	300
	Track sleep 10 days in a month	100
	20-Day Triple Tracker: 10,000 steps/30 active minutes/30 workout minutes	500
	Join the Challenge	100
Quarterly	Set your interests	100
	Complete a Journey	150

Use your Wellness Cash:



Visit the store



Donate it



Get a gift card



Scan the QR code to visit **myCigna.com** to log in or get started today!

Who's eligible?

Employees on the Cigna Healthcare medical plan eligible to participate in the Wellness Experience and earn rewards.

So many ways to help manage your health.

Get to know the full value of myCigna.



Now it's easier than ever to manage your health and make the most of your health plan with myCigna®.* From programs that help improve your health to tools that help manage your health spending, there's so much you can do.



View, print and send ID cards



Find in-network doctors, hospitals and medical services



Compare quality of care information, including patient reviews from Cigna HealthcareSM customers



Manage and track claims



See cost estimates for medical procedures



Use the click-to-chat feature to connect with a live Cigna Healthcare rep



Feel better protected Cigna Healthcare is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

Visit [myCigna](#) today. Not registered yet? [Start here](#).**

Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](#).



Download the myCigna App for your mobile device. Disponible en Español.





Dental PPO Plan



Calendar Year Maximum (Class I, II, III Expenses)	\$1500, Class I Applies	\$1500, Class I Applies
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance)	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings (Amalgam and composite on all teeth) Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Minor Periodontics Major Periodontics Root Canal Therapy / Endodon Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Anesthetics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible \$1000	50%, No Ortho Deductible \$1000

Coverage Tier	Dental - Payroll Deduction Semi-Monthly
Employee	\$0.00
EE+ Spouse	\$18.36
EE+ Child(ren)	\$25.66
Family	\$50.42



Vision Plan



Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: Frequency*: once per 12 month <div style="text-align: right;"> Eye Exam Retinal Screening </div>	100% after \$10 Copay \$0	\$10 Copay Up to \$39	Up to \$45 Allowance Not Covered
Standard Eyeglass Lenses Allowances: Frequency*: once per 12 month <div style="text-align: right;"> Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular </div>	Copay: \$25 100% 100% 100% 100%	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Up to \$32 Allowance Up to \$55 Allowance Up to \$65 Allowance Up to \$80 Allowance
Lens Enhancements / Options <div style="text-align: right;"> Oversize lenses Rose #1 and #2 Solid Tints Polycarbonate Lenses <19 years of age Standard Progressives Plastic Dye Tints Photochromic - Glass or Plastic Standard Scratch Coating Standard Ultraviolet (UV) Coating Anti-Reflective (AR) Coating Hi-Index Lenses All other lens options, including Premium Tiers </div>	100% 100% 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$65 \$15 \$75 \$15 \$15 \$45 20% off retail 20% off retail	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Contact Lenses Retail Allowance: Frequency*: one pair or single purchase per 12 month <div style="text-align: right;"> Elective Therapeutic </div>	100% up to \$130 Retail Allowance 100%	Balance over \$130 Allowance \$0	Up to \$105 Allowance Up to \$210 Allowance
Frame Retail Allowance Frequency*: one per 24 month	100% up to \$130 Retail Allowance	20% off balance over \$130 Allowance	Up to \$71 Allowance

Coverage Tier	Vision - Payroll Deduction Semi-Monthly
Employee	\$0.00
EE+ Spouse	\$2.69
EE+ Child(ren)	\$3.67
Family	\$6.39



Employer Paid Basic Life and AD&D

Summary of Benefits

Eligibility:

All active, Full-time Employees of the Employer whose work location is in the United States regularly working a minimum of 30 hours per week. **Employee:** You are eligible for coverage the first of the month following 30 days of Active Service.

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	\$50,000	\$50,000	\$50,000

Additional Features:

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you’re eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. “Disabled” means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupation as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium – If you become Disabled prior to age 65, and you remain Disabled continuously for a 9 month period and thereafter, you won’t need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. “Disabled” for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable. After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain Disabled. This benefit will remain active until age 65 subject to proof of continuing disability each year.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to: Employee: 75% of your Term Life Insurance coverage amount or \$37,500, whichever is less.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

When Your Coverage Begins and Ends – Coverage becomes effective on the later of the program’s effective date, the date you become eligible, the date your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule : If you are employed, your benefits will reduce to 65% at age 70 and 50% at age 75.

Limitations - The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.



Employee Paid Voluntary Life and AD&D

Summary of Benefits

Eligibility:

All active, Full-time Employees of the Employer whose work location is in the United States regularly working a minimum of 30 hours per week. **Employee:** You are eligible for coverage the first of the month following 30 days of Active Service.

Spouse: Up to age 70, as long as you apply for and are approved for coverage yourself.

Child(ren): 14 days old to age 26, as long as you apply for and are approved for coverage yourself.

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	Units of \$10,000	Lesser of 5 times salary or \$500,000	\$100,000
Spouse	Units of \$5,000	\$250,000 not to exceed 50% of the employees benefit	\$25,000
Children	Units of \$2,000	\$10,000; under 6 Months old \$500	All amounts

Additional Features:

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupation as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Waiver of Premium – If you become Disabled prior to age 65, and you remain Disabled continuously for a 9 month period and thereafter, you won't need to pay premiums for your life insurance coverage, provided we/the Insurance Company determine(s) you are Disabled. "Disabled" for this coverage means, because of injury or sickness, you are unable to perform the material duties of your regular occupation, or are receiving disability benefits under a program sponsored by your employer, for the first 12 months after your Disability began. Thereafter, you must be unable to perform the material duties of any occupation that you are or may reasonably become qualified based on your education, training or experience. If you qualify for this coverage and have insured your spouse or children, the insurance company will also waive their premium if applicable.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 75% of your Term Life Insurance coverage amount or \$275,000, whichever is less.

Spouse: 75% of your Term Life Insurance coverage amount or \$187,500, whichever is less.

Portability – If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 70, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Benefit Reduction Schedule : If you are employed, your benefits will reduce to 65% at age 70 and 50% at age 75.



Employer Paid Short Term Disability (STD)

Summary of Benefits

Eligibility:

All active, Full-time Employees of the Employer whose work location is in the United States regularly working a minimum of 30 hours per week. **Employee:** You are eligible for coverage the first of the month following 30 days of Active Service.

	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your weekly covered earnings	\$1,500	14 Days for accident 14 Days for sickness	11 Weeks for accident 11 Weeks for sickness

Important Definitions and Policy Provisions:

Disability - “Disability” or “Disabled” means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular job and you are unable to earn 80% or more of your covered earnings from working in your regular job. We will require proof of earnings and continued disability.

Covered Earnings -Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the Policy Anniversary following the change, if the Employer gives us written notice of the change and the required premium is paid. It includes earnings received from commissions but not bonuses, overtime pay or other extra compensation. Commissions will be averaged for the 12 months just prior to the date your Disability begins, or for the months you are employed by the Employer, if less than 12 months. Any increase in your Covered Earnings will not be effective during a period of continuous Disability

When Coverage Takes Effect - Your coverage takes effect on the later of the policy’s effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you’re not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Did You Know?

- 5.6% of working Americans experience a short-term disability each year.
- The most common causes of short-term disability claims include pregnancies (25%), musculoskeletal disorders (20%), digestive disorders (7.8%), mental health issues (7.7%), and injuries such as fractures, sprains, and strains (7.5%).
- 36% of private industry workers and 30% of state and local government workers have access to short-term disability insurance.

These statistics highlight the importance of having short-term disability coverage as part of employee benefits.





Employer Paid Long Term Disability (LTD)

Summary of Benefits

Eligibility:

All Active, Full-time Employees of the Employer whose work location is in the United States regularly working a minimum of 30 hours per week.

Employee: You are eligible for coverage the first of the month following 30 days of Active Service.

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your monthly covered earnings	Class I - \$20,000 Class II - \$10,000	90 Days	Class I - Own occupation to later age 65 or SSNRA Class II - Own occupation- 2yr - qualified job to age 65 or SSNRA

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability - “Disability” or “Disabled” means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings -Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. It includes earnings received from commissions, bonuses, overtime pay or other extra compensation. Commissions, bonuses, overtime pay will be averaged for the 24 months just prior to the date Disability begins, or the months employed, if less than 24 months. Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

How Long Benefits Last - Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

1 out of 4

20 year olds can expect to become disabled before reaching retirement age.*



Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.

You will be eligible for coverage on the first of the month after 30 days from date of hire or Active Service.

Your Spouse/Domestic Partner: Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides off the job only coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Spouse	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown
Initial & Emergency Care	Plan 1	Plan 2	
Emergency Care Treatment	\$100	\$200	
Physician Office Visit (includes urgent care)	\$50	\$100	
Diagnostic Exam (x-ray or lab)	\$10	\$25	
Ground or Water Ambulance/Air Ambulance	\$100/\$300	\$200/\$600	
Hospitalization Benefits	Plan 1	Plan 2	
Hospital Admission	\$500	\$1,000	
Hospital Stay	\$100	\$200	
Intensive Care Unit Stay	\$200	\$400	
Fractures and Dislocations	Plan 1	Plan 2	
Per covered surgically-repaired fracture	\$100-\$2,000	\$200-\$4,000	
Per covered non-surgically-repaired fracture	\$50-\$1,000	\$100-\$2,000	
Chip Fracture (percent of fracture benefit)	25%	25%	
Per covered surgically-repaired dislocation	\$100-\$4,000	\$200-\$4,000	
Per covered non-surgically-repaired dislocation	\$50-\$2,000	\$100-\$2,000	
Follow-Up Care	Plan 1	Plan 2	
Follow-up Physician (or medical professional) Office Visit	\$50	\$100	
Follow-up Physical Therapy Visit	\$25	\$50	
Enhanced Accident Benefits	Plan 1	Plan 2	
Examples:			
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$50	\$100	
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$100	\$200	

Enhanced Accident Benefits	Plan 1	Plan 2
Concussion	\$100	\$150
Coma (lasting 7 days with no response)	\$5,000	\$10,000

Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.

Wellness Treatment, Health Screening Test & Preventive Care Benefit*	Plan 1	Plan 2
Wellness Treatment, Health Screening Test and Preventive Care Benefit:* Benefit paid for all covered persons is 100% of the benefit shown. Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.	\$50	\$50

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Semi-Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	\$3.75	\$7.26
Employee and spouse	\$6.18	\$12.11
Employee and child(ren)	\$6.00	\$11.81
Family	\$8.36	\$16.49

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.



Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. See State Variations (marked by *) below.

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States who are enrolled in the High Deductible Health Plan with the HSA option, excluding residents of the state of Washington.

You will be eligible for coverage on the first of the month after 30 days from date of hire or Active Service.

Your Spouse/Domestic Partner: Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000	Up to \$10,000
Spouse	50% of employee amount	Up to \$5,000
Children	25% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	\$250 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Nervous System Conditions		
Advanced Stage Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	100%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Other Specified Conditions		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	25%	25%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%

Wellness Treatment, Health Screening Test and Preventive Care Benefit*	Benefit Amount
The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$50 1 per year

Benefits	
Initial Critical Illness Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person, subject to the Maximum Lifetime Limit. A 180 days separation period between the dates of diagnosis is required.*
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 12 month separation period from diagnosis of a previous Covered Condition, subject to the Maximum Lifetime Limit.
Skin Cancer Benefit	Pays benefit stated above.

Portability Feature: You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Semi-Monthly Cost of Coverage:

Benefit Amount: \$5,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<29	\$1.14	\$1.82	\$1.77	\$2.83	\$1.23	\$1.90	\$1.85	\$2.91
30 to 39	\$2.33	\$4.34	\$3.64	\$6.80	\$2.41	\$4.42	\$3.73	\$6.88
40 to 49	\$4.45	\$8.76	\$6.99	\$13.77	\$4.54	\$8.84	\$7.08	\$13.86
50 to 59	\$7.93	\$15.26	\$12.49	\$24.05	\$8.02	\$15.35	\$12.57	\$24.13
60 to 69	\$14.28	\$25.24	\$22.52	\$39.88	\$14.36	\$25.32	\$22.61	\$39.97
70 to 79	\$13.39	\$22.96	\$21.12	\$36.30	\$13.47	\$23.05	\$21.20	\$36.38
80 to 89	\$22.47	\$30.42	\$35.45	\$48.04	\$22.55	\$30.50	\$35.54	\$48.12
90+	\$22.47	\$30.42	\$35.45	\$48.04	\$22.55	\$30.50	\$35.54	\$48.12

Benefit Amount: \$10,000

Age	Employee		Employee + Spouse		Employee + Children		Employee + Family	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<29	\$2.28	\$3.63	\$3.53	\$5.66	\$2.44	\$3.80	\$3.70	\$5.82
30 to 39	\$4.65	\$8.66	\$7.28	\$13.60	\$4.82	\$8.83	\$7.45	\$13.76
40 to 49	\$8.90	\$17.51	\$13.98	\$27.54	\$9.07	\$17.67	\$14.15	\$27.71
50 to 59	\$15.86	\$30.52	\$24.97	\$48.10	\$16.02	\$30.69	\$25.14	\$48.26
60 to 69	\$28.55	\$50.47	\$45.04	\$79.76	\$28.72	\$50.64	\$45.21	\$79.93
70 to 79	\$26.77	\$45.92	\$42.23	\$72.60	\$26.94	\$46.09	\$42.40	\$72.76
80 to 89	\$44.93	\$60.83	\$70.90	\$96.07	\$45.10	\$61.00	\$71.07	\$96.24
90+	\$44.93	\$60.83	\$70.90	\$96.07	\$45.10	\$61.00	\$71.07	\$96.24

How can we help you today?

Our Employee Assistance Program (EAP) has you covered.¹



As an employee of Employee Owned Holdings, Inc you have access to our valuable Employee Assistance Program (EAP) at no cost to you.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services offered at no cost to you

- **3 In-person counseling sessions with a counselor in your area, as well as video-based sessions.**
- **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone.²
- **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- **Identity theft:** 60-minute consultation with a fraud resolution specialist.



**We're here to listen.
Contact us any day, anytime.**

Contact us any day, anytime
at 877.622.4327 or visit
myCigna.com
Employer ID: eohinc
(for initial registration)

TTY/TDD users call 711

If already registered on myCigna.com,
log in and go to the EAP link under
the Coverage tab.





Insurance Contact Information

Benefits Customer Service Contact Information to assist you with the following issues or concerns:

Deciding which plan is best for you and your family	Benefit plan and policy questions
Eligibility and claim issues with the insurance carrier	Finding in-network providers and facilities
Information about claim appeals and processes	Filing claims for out-of-network services
Claims escalation, appeal and resolution	Questions about life events and mid-year changes

INSURANCE CUSTOMER SERVICE AND GBS HOUSTON TEAM INFORMATION

Insurance Co.	Group No.	Customer Service	Website
Cigna Healthcare Medical/Dental	3338852	866.494.2111	myCigna.com
Cigna Healthcare Vision	3338852	877.478.7557	myCigna.com
Paylocity Flexible Spending Account Health Savings Account		800-631-3539	https://access.paylocity.com
New York Life Basic/Voluntary Life / AD&D	LX966697 / FLX966697VL	800.732.1603	www.mynylgbs.com
New York Life Short & Long Term Disability	LK751818 / LK964602	800.244.6224 / 800.362.4462 Claims	www.mynylgbs.com
Cigna Accident and Critical Illness	OK968219 CI110589	800.754.3207	www.myCigna.com

Call GBS Houston or your HR contact for assistance with any questions or concerns you may have with your benefits.

Tammy Brisco, Client Service Director: tammy.brisco@gbsbenefits.com 713.979.4550

Maria Cantu, Executive Account Manager: maria.cantu@gbsbenefits.com 713.980.2249

Patrick Strimple, Human Resources Email: pstrimple@eoh-inc.com 281.569.7075

EOH

EMPLOYEE OWNED HOLDINGS, INC.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the benefit summaries and the actual plan documents, plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

