



# EMPLOYEE BENEFITS

Corporate • Benefit plans effective through Dec. 31, 2024

# WHAT'S INSIDE

## HOW BENEFITS WORK

- Eligibility.....3
- Who pays.....3
- Enrollment .....4
- Changing your benefits.....5
- Key terms to know .....5

## HEALTH PLANS

- Medical benefits .....6
- Health savings account ..... 12
- Flexible spending accounts ..... 13
- Voluntary benefits..... 14
- Dental benefits ..... 15
- Vision benefits ..... 16

## FINANCIAL SECURITY

- Life and AD&D benefits.....17
- Disability benefits..... 18
- Retirement savings plan..... 19

## ADDITIONAL INFORMATION

- Employee assistance program ..... 20
- Additional benefits ..... 21
- Contacts.....22

At Ingenovis Health, we are invested in you. That's why we've designed a benefits package that helps to support your total wellbeing—physically, emotionally, and financially.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2024 plan year. The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.

## ELIGIBILITY

**As an Ingenovis Health employee, you are eligible to participate in our benefits programs. As a new hire, benefits are effective the first of the month following date of hire.**

**As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:**

- **Your spouse or partner:** This includes your legal spouse (if not legally separated) or domestic partner.\*

\*Tax implications may apply for coverage of your domestic partner.

- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.

**All coverages end when the first of the following occurs:**

- The last day of the month in which your employment ends. Coverage for STD, LTD, life/AD&D end on the day your employment ends for any reason.
- The last day of the month in which you are no longer eligible to participate in the plan due to a change in employment status.
- Ingenovis Health discontinues the plan, for any reason.

## WHO PAYS

**Some benefits are 100% paid by Ingenovis Health, while others require that you contribute.**

Benefit	You Pay	Ingenovis Health Pays
Medical Insurance	X	X
Health Savings Account	X	X
Flexible Spending Accounts*	X	
Critical Illness Insurance	X	
Accident Insurance	X	
Hospital Indemnity Insurance	X	
Dental Insurance	X	X
Vision Insurance	X	
Basic Life and AD&D Insurance*		X
Supplemental Life and AD&D Insurance	X	
Long-Term Disability Insurance*		X
Voluntary Short-Term Disability Insurance	X	
401(k) Retirement Savings Plan	X	X
Employee Assistance Program		X
Pet Insurance	X	

\*Temporary employees are not eligible.

# ENROLLMENT

**You can only sign up for benefits or change your benefits at the following times.**

- Within the first 10 days of joining Ingenovis Health as a new employee.
- During the annual benefits enrollment period.
- Within 31 days of a qualifying life event.

**The choices you make at this time will remain in place through Dec. 31, 2024**, unless you experience a qualifying life event as described on page 5. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

## TWO WAYS TO ENROLL



**Call 4myBenefits  
at 800-528-4223.**

Benefit counselors are ready to assist you. Please call the 4myBenefits Contact Center Monday–Friday from 8 a.m. to 5 p.m. EST year-round.

1



**Self-enroll in your benefits  
at [benefits.plansource.com](https://benefits.plansource.com).**

Click on "Enroll Now" and enter your username and password:

- **Username:** "IGH." + first 3 letters of first name + full last name + last 4 digits of your SSN

Example: Name = John Smith; DOB = 5/1/1985; SSN = 123-45-6789  
Username: IGH.JohSmith6789

- **Initial password:** YYYYMMDD of date of birth

2

# CHANGING YOUR BENEFITS

**Due to IRS regulations, once you have made your elections for 2024, you cannot change your benefits until the next annual open enrollment period.**

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

**Qualifying life events include, but are not limited to:**

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Spouse's work status changed affecting their benefits.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify Ingenovis Health Benefits Department at [benefits@ingenovishealth.com](mailto:benefits@ingenovishealth.com) or 720-593-7571 within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. You will need to provide proof of the event, such as a marriage license or birth certificate.

## KEY TERMS TO KNOW

**Take the first step to understanding your benefits by learning these four common terms.**



### **COPAY**

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



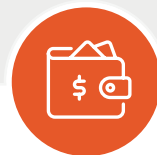
### **DEDUCTIBLE**

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



### **COINSURANCE**

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



### **OUT-OF-POCKET MAXIMUM**

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.

# MEDICAL BENEFITS

**Ingenovis Health offers three medical plan options through Anthem.**

Before you enroll in medical coverage, take some time to fully understand how each plan works. See page 7 for an overview of the plan benefits.

## ASK YOURSELF THESE QUESTIONS:



**Can you set aside money from your paycheck to save for out-of-pocket health care costs?**

**Consider the Standard HDHP plan.** You will have the option to fund a health savings account (HSA) that can save you money on your health care costs. See page 12 for details.



**Do you prefer to pay less when you visit the doctor's office?**

**Consider the Anthem Choice PPO.** While you will pay more from your paycheck each month for coverage, you will only be responsible for a small copay or cost share when you need care.



**Are you open to receiving care from in-network doctors and healthcare provider ONLY? Do you live or travel mostly within the 60+ major US cities in the BlueHPN network?**

**Take the [blueHPNquiz.Anthem.com](https://blueHPNquiz.Anthem.com) to see if the Base Narrow HPN plan may be a fit for you.**

## MEDICAL COSTS

Listed below are the monthly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 24 pay periods and for months where there are three paychecks, there are no benefit deductions from the third check.

Level of Coverage	Anthem Base Narrow HPN	Anthem Standard HDHP	Anthem Choice PPO
Employee Only	\$65	\$92	\$259
Employee + Spouse	\$137	\$187	\$558
Employee + Child(ren)	\$105	\$146	\$505
Employee + Family	\$256	\$337	\$854



# MEDICAL BENEFITS

The table below summarizes the benefits of each medical plan.

- The Anthem Base Narrow HPN offers in-network coverage only through a smaller network of curated providers dedicated to improving patient experience while managing costs. There is no out-of-network coverage; however, you will have urgent and emergency care coverage wherever you go.
- The Anthem Standard HDHP and Anthem Choice PPO plans offer in-and-out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an Anthem provider.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Anthem Base Narrow HPN In Network Only	Anthem Standard HDHP		Anthem Choice PPO	
		In Network	Out of Network	In Network	Out of Network
<b>Plan Year Deductible</b>					
Individual/Family	\$6,000/\$12,000	\$3,200/\$6,400	\$6,000/\$12,000	\$1,000/\$2,000	\$3,000/\$6,000
<b>Out-of-Pocket Maximum</b>		Includes deductible, copays, and coinsurance			
Individual/Family	\$8,700/\$17,400	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	50% after ded.	Plan pays 100%	50% after ded.
<b>Physician Services</b>					
Primary Care Physician	\$25 copay	20% after ded.	50% after ded.	\$25 copay	50% after ded.
Specialist	\$75 copay	20% after ded.	50% after ded.	\$75 copay	50% after ded.
Virtual Care	\$25 copay	20% after ded.	Not covered	Plan pays 100%	Not covered
Urgent Care	\$75 copay	20% after ded.	50% after ded.	\$25 copay	50% after ded.
<b>Lab/X-Ray</b>					
Diagnostic Lab/X-Ray	30% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
High-Tech Services (MRI, CT, PET)	30% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
<b>Hospital Services</b>					
Inpatient	30% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Outpatient	30% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
<b>Emergency Room</b>	30% after ded.	20% after ded.		\$300 copay	
<b>Prescription Drugs</b>					
Tier 1	\$10 copay	Ded., then \$10 copay	Not covered	\$10 copay	Not covered
Tier 2	\$35 copay	\$35 copay		\$30 copay	
Tier 3	\$60 copay	\$60 copay		\$50 copay	
Tier 4	25% up to \$200	25% up to \$200		25% up to \$200	
Mail Order (Up to a 90-day supply)	2.5x retail copay	2.5x retail copay		2.5x retail copay	

## ARE YOU COVERING YOUR SPOUSE AND/OR CHILDREN?

If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

# MEDICAL BENEFITS

## ANTHEM NETWORK OPTIONS

If you enroll in the Base Narrow plan, you will be utilizing Anthem's Blue High Performance Network Non-Tiered.

If you enroll in the Standard HDHP or the Choice PPO plan, you will utilize Anthem's broad network. The broad network that you will utilize depends on the state you live in:

- **DC/Maryland/Northern Virginia:** BlueChoice Adv Open Access
- **Florida:** NetworkBlue
- **Georgia:** Blue Open Access POS
- **Missouri (St. Louis):** Blue Access Choice
- **Missouri (Kansas City):** Preferred-Care Blue
- **New Hampshire:** BlueChoice Open Access POS
- **New Jersey:** Horizon Managed Care Network
- **Wisconsin:** Blue Preferred POS
- **All other states:** National PPO (Blue Card PPO)

To locate an in-network provider, visit [anthem.com/find-care](https://www.anthem.com/find-care), choose "Select a Plan" for basic search, and enter the following information:

- **What type of care are you searching for?** Select "Medical Plan" or "Network" from the drop-down list.
- **What state do you want to search?** Select your home state.
- **How do you get health insurance?** Select "Medical (Employer-Sponsored)."
- **Select a plan/network:** Choose the correct network from the list above.

**Questions? Call Anthem's pre-enrollment line at 833-401-1573 for help locating an in-network provider.**

## ANTHEM BLUE HIGH PERFORMANCE NETWORK NON-TIERED

Base Narrow plan networks utilize, Anthem's Blue High Performance Network Non-Tiered (BlueHPN). Answers to frequently asked questions about the BlueHPN are listed below.

### **Q. What is the Blue High Performance Network?**

A. The BlueHPN is a network of doctors and hospitals who are committed to providing you with consistent high-quality care while keeping your costs down. The BlueHPN is available in more than 60 service areas across the country, including the 10 largest cities in the United States.

### **Q. I have family members covered under my plan who don't live in one of the areas served by the BlueHPN.**

A. Outside the areas where the BlueHPN is offered, coverage is limited to urgent and emergency care only. For covered services, your family members will need to receive their care from a BlueHPN doctor.

### **Q. What will happen if I go to a doctor outside the network?**

A. If you see a doctor outside the BlueHPN for routine or non-urgent care, you will be responsible for the full cost. If you are traveling to an area not served by the BlueHPN, you will only have urgent and emergency care coverage. Use Anthem's Find Care tool to see if your doctor, specialist, or hospital is in the network before receiving care.

### **Q. Will the BlueHPN affect my pharmacy benefits?**

A. The BlueHPN has no effect on your pharmacy benefits. You will have access to the pharmacy network selected by your employer.





## MEDICAL BENEFITS

### PREVENTIVE CARE

In-network preventive care is 100% free for medical plan members. You won't have to pay anything out of your pocket when you receive in-network preventive care.



#### Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.



#### Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



#### Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Note: Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at [anthem.com/preventive-care/](https://anthem.com/preventive-care/)

# MEDICAL BENEFITS

## VIRTUAL CARE

You have access to virtual care through Anthem. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.



### **Get care for non-emergency conditions.**

Virtual care can connect you to a doctor without an appointment. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, rashes, and much more.



### **Your virtual doctor can provide a treatment plan to support your health.**

As part of your treatment plan, your virtual doctor can also prescribe certain medications, recommend specialists, order lab tests, or tell you if it's time to seek care in person.



### **See a doctor anytime, anywhere.**

Download the Sydney Health app to request a virtual visit with a doctor 24/7. The app allows you to video call, text, or chat with a doctor who can help you feel better—no appointment required.

## SYDNEY HEALTH APP

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, member services, virtual care, and wellness resources.

### **Use the app anytime to:**

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Chat with an Anthem representative.
- Request a virtual care visit with a doctor 24/7.

Download the free Sydney mobile app and select "Register" or visit [anthem.com/register](https://anthem.com/register).

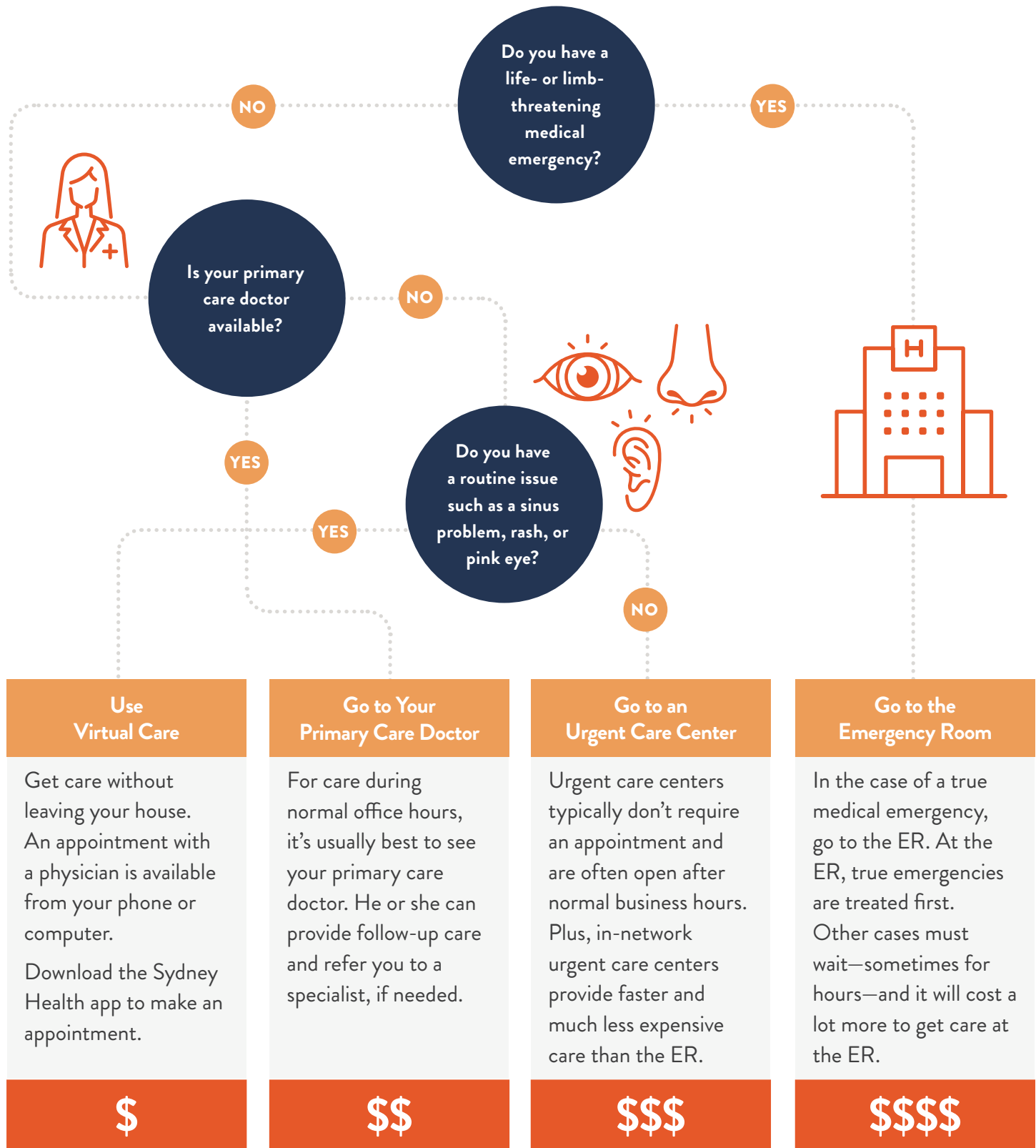


**Scan the QR code to the left to download the Sydney Health app.**

# MEDICAL BENEFITS

## Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



## MAXIMIZE YOUR TAX SAVINGS WITH AN HSA



### SPEND

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.



### SAVE

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



### INVEST

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.



## HEALTH SAVINGS ACCOUNT

**If you enroll in the Anthem Standard HDHP, you may be eligible to open and fund a health savings account (HSA) through WealthCare.**

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

A WealthCare HSA account will automatically be opened if you enroll in the Anthem Standard HDHP.

### INGENOVIS HEALTH HSA CONTRIBUTION\*

If you enroll in the Anthem Standard HDHP, Ingenovis Health will help you save by making a monthly contribution to your account:

- **Employee-only coverage:** \$750 annually
- **All other coverage tiers:** \$1,000 annually

### 2024 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA (including the Ingenovis Health contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,150
- **All other coverage levels:** \$8,300

If you are age 55+ by Dec. 31, 2024, you may contribute an additional \$1,000.

### HSA ELIGIBILITY

**You are eligible to fund an HSA if:**

- You are enrolled in the Anthem Standard HDHP.

**You are NOT eligible to fund an HSA if:**

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact the Benefits Department.

\*Temporary employees are not eligible for the Ingenovis Health contribution.



# FLEXIBLE SPENDING ACCOUNTS<sup>1</sup>

Ingenovis Health offers two flexible spending account (FSA) options through Rocky Mountain Reserve.

Log into your account at [rockymountainreserve.com](https://rockymountainreserve.com) to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

## HEALTHCARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

**The healthcare FSA maximum contribution is \$3,050 for the 2024 calendar year.**

## DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

**You may contribute up to \$5,000<sup>2</sup> to the dependent care FSA for the 2024 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500<sup>2</sup> for the 2024 calendar year.**

(1) Temporary employees are not eligible.

## HOW TO USE AN FSA

1

### CONTRIBUTE

Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

2

### PAY

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at [rockymountainreserve.com](https://rockymountainreserve.com). Keep all receipts in case you are required to verify the eligibility of a purchase.

3

### USE IT OR LOSE IT

Use your FSA funds before the end of the year.  
You have until Mar. 31, 2025 to submit any claims that were incurred on or before Dec. 31, 2024.

# VOLUNTARY BENEFITS

Ingenovis Health offers the following voluntary benefits through Lincoln Financial Group.

## ACCIDENT INSURANCE BENEFITS

Accident insurance provides cash benefits if you or a covered family member is accidentally injured while off the job. Claims payments are made in flat amounts based on services incurred during an accident.

You receive a \$50 cash benefit every year you and any of your covered family members complete a single covered health assessment.

### ACCIDENT INSURANCE COSTS

Listed to the right are the monthly costs for accident insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	Accident Insurance
Employee Only	\$13.81
Employee + Spouse	\$22.89
Employee + Child(ren)	\$24.87
Employee + Family	\$33.60

## CRITICAL ILLNESS BENEFITS

Critical illness insurance provides cash benefits if you or a covered family member is diagnosed with a critical illness or event. Benefits are paid in addition to what is covered under your health insurance. This plan includes access to a personal health advocate who can assist you in managing health care services for you and your entire family.

- **Employee:** \$10,000, \$20,000, or \$30,000—guarantee issue: \$30,000
- **Spouse:** \$5,000, \$10,000, or \$15,000 (up to 50% of the employee coverage amount)—guarantee issue: \$15,000
- **Dependent children:** \$5,000, \$10,000, or \$15,000 (up to 50% of the employee coverage amount)—guarantee issue: \$15,000

You receive a \$50 cash benefit every year you and any of your covered family members complete a single covered health assessment.

## HOSPITAL INDEMNITY BENEFITS

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses—anything from deductibles to child care to everyday bills.

- **Hospital admission:** \$1,000 (1 admission/year)
- **Hospital confinement:** \$100 per day up to 60 days
- **Intensive care unit admission:** \$2,000 (1 admission/year)
- **Intensive care unit confinement:** \$200 per day for 15 days

You receive a \$50 cash benefit every year you and any of your covered family members complete a single covered health assessment.

### HOSPITAL INDEMNITY COSTS

Listed to the right are the monthly costs for hospital indemnity insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	Hospital Indemnity Insurance
Employee Only	\$18.78
Employee + Spouse	\$40.43
Employee + Child(ren)	\$29.65
Employee + Family	\$53.61



# DENTAL BENEFITS

## Ingenovis Health offers a dental insurance plan through Delta Dental of Colorado.

The dental plan provides in- and out-of-network benefits, allowing you the freedom to choose any dentist. The amount you pay varies based on whether you see a Delta Dental PPO dentist, Delta Dental Premier dentist, or out-of-network (non-participating) dentist. Locate a Delta Dental network provider at [deltadentalco.com/dentist-search.html](https://deltadentalco.com/dentist-search.html).

- You will pay less out of your pocket when you see a Delta Dental PPO dentist.
- Delta Dental PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full for covered services. When you see a PPO or Premier dentist, you will only be responsible for your deductible and coinsurance for covered services. Non-covered services are subject to balance billing.
- If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (balance billing).
- When you see a Delta Dental PPO or Premier dentist, you are protected from balance billing for covered services.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Delta Dental PPO		
	PPO Dentist	Premier Dentist	Non-Participating Dentist
<b>Plan Year Deductible</b> Individual/Family		\$50/\$150	
<b>Plan Year Benefit Maximum</b>	\$1,500	\$1,000	\$1,000
<b>Preventive Care</b> (Oral exams, cleanings, x-rays)	Plan pays 100%	20% (ded. waived)	20% (ded. waived)
<b>Basic Services</b> (Periodontal services, endodontic services, oral surgery, fillings)	20% after ded.	40% after ded.	40% after ded.
<b>Major Services</b> (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after ded.	60% after ded.	60% after ded.
<b>Orthodontia Services</b> (children up to age 19)		50%	
<b>Orthodontia Lifetime Maximum</b>		\$1,000	

## DENTAL COSTS

Listed below are the monthly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 24 pay periods and for months where there are three paychecks, there are no benefit deductions from the third check.

Level of Coverage	Delta Dental PPO
<b>Employee Only</b>	\$17.95
<b>Employee + Spouse</b>	\$45.00
<b>Employee + Child(ren)</b>	\$55.00
<b>Employee + Family</b>	\$75.89



# VISION BENEFITS

## Ingenovis Health offers a vision insurance plan through EyeMed.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate an EyeMed network provider at [eyemed.com](https://eyemed.com).

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	EyeMed Vision Plan	
	In Network	Out of Network
<b>Eye Exam</b> (Every 12 months)	\$10 copay	Reimbursement up to \$40
<b>Standard Plastic Lenses</b> (Every 12 months) Single/Bifocal/Trifocal	\$10 copay	Reimbursement up to \$30/\$50/\$70
<b>Frames</b> (Every 24 months)	\$130 allowance, 20% off remaining balance	Reimbursement up to \$91
<b>Contact Lenses</b> (Every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$110 allowance Plan pays 100%	Reimbursement up to \$77 Reimbursement up to \$300
<b>Laser Vision Correction</b>	15% off retail price or 5% off promotional price	



Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

## VISION COSTS

Listed below are the monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 24 pay periods and for months where there are three paychecks, there are no benefit deductions.

Level of Coverage	EyeMed Vision Plan
<b>Employee Only</b>	\$5.94
<b>Employee + Spouse</b>	\$14.39
<b>Employee + Child(ren)</b>	\$15.06
<b>Employee + Family</b>	\$19.81

# LIFE AND AD&D BENEFITS

## BASIC LIFE AND AD&D INSURANCE\*

Ingenovis Health automatically provides basic life and AD&D insurance through Lincoln Financial to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date. Your beneficiary is the person who will receive benefits from the plan in the event of your death.**

- **Employee life and AD&D benefit:** 1x annual base salary up to a maximum of \$100,000

## SUPPLEMENTAL LIFE AND AD&D INSURANCE

Ingenovis Health provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Lincoln Financial.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded based on the age of the employee (see below for rates). Benefits for you and your dependents are subject to an age reduction schedule beginning at age 65.

- **Employee:** \$10,000 increments up to \$500,000—guarantee issue: \$200,000
- **Spouse:** \$5,000 increments up to \$250,000 or 50% of the employee's election, whichever is less—guarantee issue: \$30,000
- **Dependent children:** \$10,000—guarantee issue: \$10,000

Listed below are the monthly rates for supplemental life and AD&D insurance. The amount you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse life rates are based on the spouse's age.

Age	Employee Rate Per \$1,000 of coverage	Spouse Rate Per \$1,000 of coverage	Child Rate Per \$1,000 of coverage
<20	\$0.059	\$0.059	
20–24	\$0.059	\$0.059	
25–29	\$0.059	\$0.059	
30–34	\$0.072	\$0.072	
35–39	\$0.087	\$0.087	
40–44	\$0.113	\$0.113	
45–49	\$0.162	\$0.162	\$0.22
50–54	\$0.239	\$0.239	
55–59	\$0.390	\$0.390	
60–64	\$0.578	\$0.578	
65–69	\$1.071	\$1.071	
70–74	\$1.935	\$1.935	
75+	\$1.935	\$1.935	

During your newly eligible window, you may elect coverage up to the guarantee issue amount without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Lincoln Financial Group.

During the annual enrollment period, you may increase your coverage by two increments up to the guarantee issue amount without completing evidence of insurability (EOI) even if you have previously waived coverage.

\*Temporary employees are not eligible.



## DISABILITY BENEFITS

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

### LONG-TERM DISABILITY INSURANCE\*

Ingenovis Health automatically provides long-term disability (LTD) insurance through Lincoln Financial to all benefits-eligible employees

**AT NO COST.** LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of base monthly pay up to \$14,000
- **Elimination period:** 180 days
- **Benefit duration:** Later of age 65 or social security normal retirement age

### VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Ingenovis Health offers you the option to purchase voluntary short-term disability (STD) insurance through Lincoln Financial. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** 60% of base weekly pay up to \$2,000
- **Elimination period:** 14 days (illness or accident)
- **Benefit duration:** Up to 26 weeks

Age	Voluntary Short-Term Disability Monthly Rates
	Per \$10 of weekly benefit
0-54	\$1.180
55-59	\$1.310
60-64	\$1.530
65-99	\$1.680

\*Temporary employees are not eligible.



INJURY



DISABILITY  
INSURANCE



FINANCIAL  
PROTECTION



# RETIREMENT SAVINGS PLAN

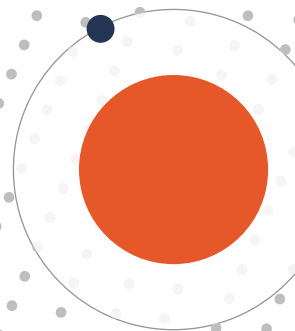
**Ingenovis Health offers a 401(k) retirement savings plan to ALL employees.**

You are eligible to participate in the salary deferral feature of the 401(k) retirement savings plan on the first day of the month following date of hire following attainment of age 21. You may contribute up to 86% of your compensation (not to exceed the maximum calendar year dollar amount set by federal regulations).

At one year of employment, Ingenovis Health will make a special matching contribution (called a safe harbor contribution) on your behalf. This amount of matching is: \$1.00 for \$1.00 on the first 3% you contribute plus \$0.50 on the \$1.00 for the next 2% you contribute. Essentially, when you contribute 5% of your salary Ingenovis Health will match 4%! You are always 100% vested in your salary deferrals and employer safe harbor match contributions.

**For additional information, to enroll, or change deferrals, please refer to:**

- **Truststaff and VitalSolutions employees:** Visit [mykplan.com](https://mykplan.com) or call ADP Retirement at 800-929-2170.
- **All other employees:** Visit [startright.bokf.com](https://startright.bokf.com) or call the Participant Services Group (PSG) at 800-876-9557.



# EMPLOYEE ASSISTANCE PROGRAM



## TOOLS AND RESOURCES

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



## CARE OPTIONS

Find child and elder care to support you and your family's day-to-day needs.



## LEGAL AND FINANCIAL GUIDANCE

Receive guidance for buying a home, planning for retirement, budgeting, and more.



## SUPPORT ALL YEAR

Connect with a mental health professional about addiction, family, and individual counseling.

**Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through EmployeeConnect.**

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **five free face-to-face** visits per person, per issue, per year with a licensed counselor.

### When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Ingenovis Health and access to the EAP is completely confidential.



Access your EAP by calling 888-628-4824 or visiting [guidanceresources.com](https://guidanceresources.com) and use the following login credentials:

• **Username:** LFGSupport

• **Password:** LFGSupport1



# ☆ ADDITIONAL BENEFITS

## PET INSURANCE

Ingenovis Health provides you the option to purchase voluntary pet insurance through the ASPCA. Customize your plan by choosing your deductible, reimbursement percentage, and maximum annual benefit. Coverage includes:

- Accidents and illnesses
- Hereditary conditions
- Acupuncture
- Dental disease
- Behavioral issues
- Advanced treatments

Contact 877-343-5314 or visit [aspcapetinsurance.com/Ingenovishealth](https://aspcapetinsurance.com/Ingenovishealth) and use code: EB22Ingenovis for your custom quote. Rates vary by pet and level of coverage to fit your budget.

## PAID TIME OFF BENEFITS

All full-time employees will be granted paid time off for the following company recognized holidays:

- New Year's Day
- Independence Day
- Day After Thanksgiving
- Martin Luther King Jr. Day
- Labor Day
- Christmas Day
- Memorial Day
- Thanksgiving Day
- Two Floating Holidays

Paid time off (PTO) is accrued biweekly based on hours worked (not to exceed 40 hours per week). Part-time eligible employees will accrue prorated PTO based on hours worked.

Class of Employee	Years of Service	Hourly Accrual	Max Weekly Accrual (Hours)	Max Annual Accrual Hours	Max Balance Carried
Director and Above	N/A	Unlimited PTO			
Managers and Below	Up to 2	0.069	2.76	144 hours/18 days	224 hours/28 days
	3-4	0.081	3.24	168 hours/21 days	224 hours/28 days
	5-7	0.088	3.52	184 hours/23 days	224 hours/28 days
	8-9	0.096	3.84	200 hours/25 days	224 hours/28 days
	10+	1.08	4.32	224 hours/28 days	224 hours/28 days
Accrual Method	All	PTO accrues on hours worked up to 40 per week			

## PARENTAL LEAVE

Ingenovis Health will provide 100% paid leave for up to 12 consecutive weeks to primary caregivers and three consecutive weeks for secondary caregivers who have been employed for over one year and meet the FMLA eligibility guidelines as of the last day worked prior to the child's birth or adoption.

## TUITION REIMBURSEMENT PROGRAM

After one year of service, Ingenovis Health will reimburse up to \$5,250 for qualified tuition/lab fees for successfully completed business- or industry-related courses.

## PERKSPOT

Ingenovis Health provides you with access to PerkSpot—a discounts platform that allows you to find everyday deals and discounts on all the products you love like, AMC theater movie tickets, Target, Enterprise car rentals, Disney Parks and Resorts, Apple products, gym memberships, and much more. Register online at [ingenovis.perkspot.com](https://ingenovis.perkspot.com) and use access code: myperks. Then, download the PerkSpot mobile app via the App Store or Google Play.

# CONTACTS

If you have any questions regarding your benefits or the material contained in this guide, please contact Ingenovis Health Human Resources Benefits Department.

Provider/Plan	Group Number	Contact Number	Website
<b>Medical</b> —Anthem	174314	833-401-1573	anthem.com
<b>Health Savings Account</b> —WealthCare	N/A	833-401-1573	anthem.com
<b>Flexible Spending Accounts</b> —Rocky Mountain Reserve	N/A	888-722-1223	rockymountainreserve.com
<b>Critical Illness</b> —Lincoln Financial	BLUELF0820	800-423-2765	lincolnfinancial.com
<b>Accident</b> —Lincoln Financial	BLUELF0820	800-423-2765	lincolnfinancial.com
<b>Hospital Indemnity</b> —Lincoln Financial	BLUELF0820	800-423-2765	lincolnfinancial.com
<b>Dental</b> —Delta Dental	DD000001331	800-610-0201	deltadentalco.com
<b>Vision</b> —EyeMed	1041805	866-723-0513	eyemed.com
<b>Supplemental Life and Disability Insurance</b> —Lincoln Financial	Supplemental Life: 400001000-25699	800-423-2765	lincolnfinancial.com
<b>401(k) Retirement Savings Plan</b> —ADP Retirement	N/A	800-929-2170	mykplan.com
BOK Financial Participant Services Group	N/A	800-876-9557	startright.bokf.com
<b>Employee Assistance Program</b> —EmployeeConnect	N/A	888-628-4824	guidanceresources.com
<b>Pet Insurance</b> —ASPCA	EB22Ingenovis	877-343-5314	aspcapetinsurance.com/ingenovishealth

This summary of benefits is not intended to be a complete description of the terms and Ingenovis Health insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Ingenovis Health maintains its benefit plans on an ongoing basis, Ingenovis Health reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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