

Schupan 2025 EMPLOYEE BENEFITS GUIDE

Effective January 1, 2025



Contact Information

The list below highlights who to contact regarding your employee benefits. When contacting a carrier, please have your plan number and I.D. ready, as you may be asked to verify your identity. For answers to any questions regarding your benefits, please contact Talent Management & Retention directly.

COMPENSATION AND BENEFITS MANAGER	Schupan	Heidi Liddle hliddle@schupan.com 269-337-4726
MEDICAL & PRESCRIPTION	BlueCross. BlueShield.	Blue Cross Blue Shield of Michigan 1-800-972-9797 www.bcbsm.com
BLUE CROSS ONLINE VISITS	Online Visits	Blue Cross Online Visits 1-844-606-1608 www.bcbsmonlinevisits.com
HEALTH SAVINGS ACCOUNT (HSA)	<u>UMB</u>	UMB Health Services 1-866-520-4472 Info@theHSAauthority.com
RX MAIL ORDER	OPTUMRx*	OptumRx 1-855-811-2223 www.bcbsm.com
DENTAL	△ DELTA DENTAL®	Delta Dental 1-800-524-0149 www.deltadentalmi.com
VISION	eye med	EyeMed 1-866-804-0982 www.eyemedvisioncare.com
MEDICAL & DEPENDENT CARE FSA	FLEX ADMINISTRATORS	Flex Administrators 1-800-968-3539 www.flexadministrators.com
LIFE, AD&D, STD, LTD & VOLUNTARY LIFE	บกํบํกํ	Unum 866-679-3054 www.unum.com
BENEFIT ADVOCATE & EAP	HealthJoy	HealthJoy 1-877-500-3212 www.healthjoy.com
PET INSURANCE	Nationwide [®]	Nationwide 1-877-738-4874 www.petnationwide.com
IDENTITY THEFT	Allstate IDENTITY PROTECTION	Allstate Identify Theft 1-800-789-2720 www.MyAip.com/schupan
	_	Tammy Flores Account Executive (616) 281-5672 Tammy.flores@aleragroup.com
ALERA GROUP	ALERAGROUP	Anne-Marie Reid Account Executive (616) 493-6904 Annemarie.reid@aleragroup.com



2025 Employee Benefits Overview

Your needs, and those of your family, are unique to you. For this reason, Schupan provides a comprehensive and flexible benefits program you can customize to fit your personal situation. Our offerings provide you and your family with choices to support your healthcare needs and financial security.

Your benefits are an important part of your total compensation at Schupan. To get the most value from your benefits, please take the time to review and evaluate all the options available to you.

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Eligibility

When Does Coverage Begin?

Full-time employees working 30+ hours each week and their legal dependents are eligible for coverage beginning the first day of the month following their date of hire or move to full-time status*.

Dependent children may remain on your plan through the end of the calendar year they turn 26 years of age*.

*unless noted otherwise

Who is Eligible?

Medical Coverage

You, your spouse**, and your dependent children

If your spouse is employed and eligible for medical insurance through his/her employer, he/she will be eligible for **secondary coverage only on the Schupan medical plan. Your spouse will need to elect his/her employer's medical plan as primary.

Dental, Vision, and Flexible Spending Accounts

You, your spouse, and your dependent children

Term Life and Disability (both company paid and voluntary coverage)

You, your spouse, and your dependent children up to 26th birthday

HealthJoy & Employee Assistance Program (EAP)

- You, your spouse, and your dependent children
- Eligibility begins on date of hire

Pet Insurance & Identity Theft

Full-time employees

Voluntary Accident, Critical Illness, Universal Life Insurance, Hospital Indemnity

 Eligibility begins on date of hire. Offered only at open enrollment. 2025 will be the last year this coverage is offered

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end on the last day of eligibility, or last day of employment, whichever is applicable. Your life coverages are convertible.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, medical FSA, dental, vision, and Employee Assistance Program (EAP) coverage.

You must inform Talent Management & Retention of any change in eligibility for you or a dependent within 30 days of effective date of the change.

You can find all plan related documents and notices at oneschupan.com under "Your Benefits"

Enrollment

When Can I Enroll in Benefits?

You can enroll:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through December 31, 2025. If you have a "qualifying life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Talent Management & Retention within **30** days of the event. Proof of qualifying events is subject to approval by Schupan. Documentation is required to be submitted timely. Qualifying life events include, but are not limited to:

- · Your marriage or divorce
- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- · Death of your spouse or covered dependent
- Change in you or your spouse's work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- · Your spouse's Open Enrollment differs from yours
- A change in your child's eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- · Relocation if the move impacts access to coverage

Other qualifying events may also apply. Please contact Talent Management & Retention.

Please Note:

Federal regulations require Schupan to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

Wellness Program

BE WELL. BE YOU. BE THERE.

NOW is not your traditional wellness program; it's a whole person approach to your overall well-being. Powered by WellWorks, **NOW** helps you save on annual premiums and earn wellness points for rewards. **NOW** is your partner in providing tools for how you balance and thrive in every aspect of your life. To help you take full advantage of your benefits, we encourage all eligible employees to participate in our wellness initiatives and save on your 2025 medical premiums!

What You Need to do to save on 2025 medical premiums:

- Earn \$400 for completing and submitting your Physician Results form (biometrics).
- Earn \$400 for completing and submitting your Preventive Screening form (one medical, dental, or vision).

If Your Spouse is on Your Plan:

Earn \$200 for completing and submitting your spouse's Preventive Screening form (one medical, dental, or vision). To submit a spouse's Preventive Screening form, contact TMR@schupan.com for instructions.

Important Information:

Wellness forms (above) must be submitted by November 30th to qualify for premium discounts. Download the HealthJoy app and submit your completed forms in the Wellworks portal.

Step 1: To Participate.

(Full-time employees only)

Download the HealthJoy App

Click "sign up" and enter the email address tied to your employee benefits

Activate via the link sent to your email



Login on the Wellworks portal

www.wellworksforyoulogin.com

First time logging on? You are already registered! Use the **LOGIN** option.

Username: SCHU First Name Initial. Last Name + Date of Birth (no spaces, dashes)

Example, Dwayne "The Rock" Johnson: SCHU djohnson05121972

Temporary password: Date of Birth in MMDDYYYY format (including leading zeros)

Example, Dwayne "The Rock" Johnson: 05121972



Step 2: Be YOU. Earn rewards. Engage in wellness the way YOU want.

Upload your Physician Results (Biometrics) Form in Wellworks Portal. \$400 Savings on Medical Premiums

Preventive Screening Information

Upload a completed preventive screening form (choose one (1) - Medical, Dental, or Vision).

\$400 Savings on Medical Premiums

Spouse (If your spouse is on your medical plan)

Complete a preventive screening form (choose one (1) - Medical, Dental, or

\$200 Savings on Medical Premiums

Email TMR@schupan.com for submission details

Earn points by completing wellness activities and get entered to win rewards:

Must be logged in on the Wellworks portal.

Examples of ways to earn points:

Donate blood or volunteer (40 points)

Participate in a race or take a cooking class (40 points)

CPR training (30 points)

Maintain a physical activity log, hydration log, or gratitude log (25 points)

Participate in a company challenge (30 points) Meet with a financial/401k advisor (25 points)

Points earned through November 30th will be entered into the drawings.

Potentially win up to \$600 (employees can win up to one time for each tier for which they are eligible).

Tier 1 - 100 points (10 \$100 drawings)

Tier 2 - 200 points (10 \$200 drawings) Tier 3 - 300 points (10 \$300 drawings)

Know Your Number Risk Assessment (KYN)

Log into Wellworks and complete

e-Learnina Series

Log into Wellworks and complete one (1) e-Learning Series





















RECOMMENDED



Medical Coverage

Schupan offers two options through Blue Cross Blue Shield of Michigan with the following features:

- Each plan offered to you is a Preferred Provider Organization (PPO). You have the option to receive care from in-network or out-of-network providers; your out-of-pocket cost is lower when using in-network BCBSM providers.
- Preventive care is covered at 100% when using an in-network provider, with some exceptions related to COVID-19.
- · Includes prescription drug coverage.
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs January 1- December 31.
- Access to a Health Savings Account with a company contribution of up to \$750 (single) or \$1500 (2 person or family) annually if you enroll in the High Deductible Health Plan (Signature HSA Compatible health plan).
 Employees share in the cost of medical/prescription benefits.
- To compare the two medical options, please refer to page 9 and 10. Additional information, including specific benefit levels and limitations, can be found on oneschupan.com under Plan Documents in the "Benefits-at-a-Glance" section.

Finding In-Network Providers

Download and register on the HealthJoy app for assistance locating in-network providers and facilities. (see page 14)

To search for in-network medical providers you can also log onto www.BCBSM.com. Select Find a Doctor.

Access to Your Healthcare

After you are enrolled in a Schupan medical plan, log onto <u>www.BCBSM.com</u> and register to access self-service tools and resources to help manage your medical benefits.

Don't forget to download the BCBSM mobile app!

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Schupan's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.



Medical Plan Options

Blue Cross Blue Shield	Signature HSA Compatible		Traditional Plan	
	<u>In-Network</u>	Out-of-Network	<u>In-Network</u>	Out-of-Network
Calendar Year Deductible (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance	You pay 20%	You pay 40%	You pay 20% * Coinsurance Max: \$2,500 / \$5,000	You pay 40% * Coinsurance Max: \$5,000 / \$10,000
Calendar Year Out-of-Pocket Max ¹ (Individual / Family)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$8,150 / \$16,300	\$16,300 / \$32,600
Preventive Care	100% covered	Not Covered	100% covered	Not Covered
Primary Care Office Visit	20% *	40% *	\$30 Copay	40% *
Specialty Care Office Visit	20% *	40% *	\$50 Copay	40% *
Virtual Care Visit (must use BCBSM doctors)	\$65 copay	40% *	100% Covered	40% *
Urgent Care Facility	20% *	40% *	\$60 Copay	40% *
Emergency Room Care	20% *	20% *	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Inpatient Hospital	20% *	40% *	20% *	40% *
Outpatient Surgery	20% *	40% *	20% *	40% *
Routine Radiology / Lab	20% *	40% *	20% *	40% *

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage (SBC) for more information.

^{*} After Annual Deductible is met

EMPLOYEE PER-PAY CONTRIBUTIONS				
Coverage Type	Premium	With Preventive Visit Credit	With Biometric Credit	With Both Credits
Employee	\$16.38	\$8.69	\$8.69	\$0.99
Employee + Spouse*	\$43.01	\$35.32	\$35.32	\$27.62
Employee + Child (ren)	\$39.12	\$31.43	\$31.43	\$23.73
Family*	\$51.76	\$44.07	\$44.07	\$36.36
Employee	\$55.52	\$47.83	\$47.83	\$40.13
Employee + Spouse*	\$122.05	\$114.36	\$114.36	\$106.66
Employee + Child (ren)	\$109.98	\$102.29	\$102.29	\$94.59
Family*	\$146.87	\$139.18	\$139.18	\$131.48
	Coverage Type Employee Employee + Spouse* Employee + Child (ren) Family* Employee Employee + Spouse* Employee + Child (ren)	Coverage Type Premium Employee \$16.38 Employee + Spouse* \$43.01 Employee + Child (ren) \$39.12 Family* \$51.76 Employee \$55.52 Employee + Spouse* \$122.05 Employee + Child (ren) \$109.98	Coverage Type Premium With Preventive Visit Credit Employee \$16.38 \$8.69 Employee + Spouse* \$43.01 \$35.32 Employee + Child (ren) \$39.12 \$31.43 Family* \$51.76 \$44.07 Employee \$55.52 \$47.83 Employee + Spouse* \$122.05 \$114.36 Employee + Child (ren) \$109.98 \$102.29	Coverage Type Premium With Preventive Visit Credit With Biometric Credit Employee \$16.38 \$8.69 \$8.69 Employee + Spouse* \$43.01 \$35.32 \$35.32 Employee + Child (ren) \$39.12 \$31.43 \$31.43 Family* \$51.76 \$44.07 \$44.07 Employee \$55.52 \$47.83 \$47.83 Employee + Spouse* \$122.05 \$114.36 \$114.36 Employee + Child (ren) \$109.98 \$102.29 \$102.29

^{*}Receive an additional \$3.85 off of your premium each week if your spouse completes his/her preventive form



¹ Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance



Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through **Blue Cross Blue Shield of Michigan**.

Some medications may be subject to prior authorization, quantity limits, or step therapy requirements to be approved for coverage. For a list of approved drugs, log onto https://www.bcbsm.com/index/health-insurance-help/documents-forms/plan-types/pharmacy/drug-lists.html.

Prescription Schupan	Signature HSA Compatible	Traditional Plan
Retail (up to 30-day supply)	You Pay	You Pay
Expanded Preventive List	\$0 copay – complete list can be found on <u>oneschupan.com</u>	N/A
Generic	\$10 copay after deductible	\$10 copay
Preferred Brand	\$40 copay after deductible	\$40 copay
Non-Preferred Brand	\$80 copay after deductible	\$80 copay
Preferred Specialty	20% up to \$150 max after deductible	20% up to \$150 max
Non-Preferred Specialty	20% up to \$250 max after deductible	20% up to \$250 max
Mail Order (up to 90-day supply)	You Pay	You Pay
	2x Regular Copay after deductible	2x Regular Copay

- Please note, any retail or mail order copays listed for the Signature HSA Compatible plan apply only after the medical plan deductible is
 met
- With the Signature HSA Compatible plan, you have coverage for preventive prescription drugs on the BCBSM HSA preventive Rx
 Drug List when provided by in-network pharmacies, covered at 100% (no deductible or copay/coinsurance). A list of commonly
 prescribed preventive drugs is available on oneschupan.com. You may also call the customer service telephone number found on the
 back of your insurance card or the BCBSM mobile app to inquire about a particular drug.





Health Savings Account (HSA)

Available to employees enrolled in Schupan's Signature HSA Compatible plan

A Health Savings Account (HSA) is a tax-advantaged savings account available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental, and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover qualified expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering the taxes you pay out of your paycheck.

In addition, Schupan contributes to your HSA to help reduce your out-of-pocket costs. The company contributes up to \$750 (single) and \$1500 (family) annually.

HSA funds can only be used for yourself, your spouse and your tax dependents. Expenses for domestic partners and/or other dependents who do not qualify as tax dependents are not reimbursable under the HSA.

Advantages of an HSA

- Balance rolls over each year so you won't lose your contributions
- Triple tax savings you do not pay federal tax* on:
 - Contributions to the account
 - · Spending on qualified expenses
 - · Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave the Company
- **Account is flexible**. Use the funds (now or in the future) for eligible medical, dental, or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia, and more
- Money left in the savings account earns tax-free interest*
- You can **invest dollars in mutual funds** and direct your investment strategy.

2025 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes the employee **and** Schupan contributions). Employer funding is deposited in two installments (January and July).

	2024 IRS Contribution Limit	2025 IRS Contribution Limit	Schupan will contribute
Employee Only	\$4,150	\$4,300	\$750
Employee + Dependents	\$8,300	\$8,550	\$1500

^{*} If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.



^{*}Tax treatment of HSAs for state tax purposes may vary by state.

Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through **UMB.** You can change the amount you contribute to your HSA at any time during the plan year. To be eligible to participate in the HSA, you must enroll in the **Signature HSA Compatible** medical plan.

It is important to note that only expenses incurred after you are established in your HSA are eligible for reimbursement. Once your HSA is opened, remember to designate a beneficiary for this account. The employer contribution is based on the month your HSA was opened. Example: If you were eligible to open an HSA in February and you do not open it until May, you will forfeit a portion of your employer HSA funding.

Setting up your account

If you would like to participate in the HSA, you will need to set up your account. Go to <u>oneschupan.com</u> for instructions and link to open your account.

Please note: You will need an unexpired government issued ID (and for your authorized signer, if selected). This can be a driver's license, state-issued ID, passport, or military ID. Date of birth for your beneficiaries. Social security number and date of birth for authorized signer, if elected.

Who is eligible to open and contribute to an HSA?

You can contribute to an HSA if you:

- · Are enrolled in the Schupan Signature HSA Compatible medical plan
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- You are not covered by another major medical plan, including the plan of your spouse or parent.
- Are not claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Health Care FSA.
- * Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.

Due to the tax-exempt status of Health Savings Accounts, the IRS regulates limits and restrictions. For more information, visit www.irs.gov/publications/p969/

IMPORTANT! If you open an HSA, you are responsible for following all rules set by the IRS. This includes, but is not limited to, using your funds for:

- •Eligible expenses
- Qualified tax dependents and spouse

Be sure to save your receipts, as you may need them if audited. If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are under age 65. To view a list of qualified expenses, visit https://www.irs.gov/forms-pubs/about-publication-969.





Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income. Two types of FSAs are available:

- Health Care
- · Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

Health Care FSA (Only available to those not enrolled in the Signature HSA Compatible plan)

Health care FSAs reimburse you for qualified medical, dental, and vision expenses for you, your spouse, and IRS qualified tax dependent(s). A health care FSA allows you full access to your elected benefit amount up front while you make weekly contributions from your paycheck throughout the plan year. Healthcare FSA contribution limit for 2025 is \$3,300.

Health Care FSA Roll Over

You cannot stockpile money in your FSA. You may rollover up to \$660 of unused health care FSA funds to be used the next plan year. Any unused funds above and beyond \$660 will be forfeited.

How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is **January 1 to December 31**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s) to be used for expenses incurred during the plan year. If you open an FSA, you are responsible to follow all rules set by the IRS. This includes but is not limited to using your funds for eligible expenses and saving your receipts.

As you incur eligible expenses, you file a claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the Health Care FSA will receive an FSA debit card to pay for qualified purchases, allowing certain qualified expenses to be paid directly instead of submitting a paper claim. Please note, you still need to submit a copy of your receipt to be filed with your claim. In addition, you have a 90-day run out period where you can submit receipts for expenses incurred during the plan year (January 1 through December 31)

IMPORTANT: Because these accounts offer a pre-tax benefit, they are regulated by the IRS. Therefore, if you do not submit your receipts to the FSA administrator in a timely manor for debit card purchases, your account will be placed on hold until required documentation has been received.

Dependent Care available to all benefit eligible employees

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under the age of 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the **2025** calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).

The Flexible Spending Account plans are administered by **Flex Administrators**. To register and log into your FSA account(s), go to **flexadministrators.com**.





HealthJoy Mobile App

HealthJoy simplifies your benefit experience and helps you get the most out of your coverage 24/7. With their expert guidance, you can make better healthcare decisions. **This service is free for you and your dependents! All you need to do is download the app and register!**

Using Benefits can be Complicated. HealthJoy Makes it Simple.

HealthJoy is the first stop for all your healthcare and employee benefits needs. Provided for free by Schupan and personalized for you. You'll have instant access to an up-to-date benefits wallet with all your benefits cards. Our healthcare concierge is available to help you. You can save time, money, and perhaps, a ton of aggravation.

The Experts Are In.

Don't try and navigate your benefits alone. Our healthcare concierge and online medical professionals are available LIVE. You can get a personalized recommendation for a local doctor, consult with a medical provider (Teladoc 24/7) in the middle of the night, or have an expert review and negotiate your confusing medical bills. **HealthJoy** is here to help you and your family anytime, anywhere.

















Chat with us today by logging into the **HealthJoy** app or call (877) 500-3212.

Even if you are on someone else's benefit plan, **HealthJoy** can help. Just provide them with your plan information!





8 ways to save your \$\$!

Use the **HealthJoy** App

Save both time and money by letting the experts assist you with shopping around for prescription drugs and health Care services. They do the leg work, and you get the benefits!

Use In-Network Doctors

By using in-network doctors, clinics, hospitals, and pharmacies, you pay the lowest cost for care.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits, or a call to the medical plan nurse line can help save you time and money.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings, and immunizations can save you a lot of money in the long run by early diagnosis or preventing them altogether.

Use OptumRx - Mail order

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through OptumRx, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts. **HealthJoy** can assist you too!

Search GoodRx for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at www.goodrx.com to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist.

Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.



Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **EyeMed** vision plan provides coverage for exams, glasses, or contact lenses, as shown below.

In-network coverage is provided when you use **EyeMed** providers. To search for providers, log onto **www.eyemed.com/en-us/member** and select **the Insight Network.**

Employees share in the cost of vision benefits.

EyeMed	Frequency	Benefits	
		Core	Buy-Up
Eye Exam	Once every 12 months	\$10 copay	\$0 copay
Frame	Once every 24 months (Core Plan) Once every 12 months (Buy-Up plan)	\$120 allowance; 20% off retail over \$120	\$175 allowance; 20% off retail over \$120
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	\$25 copay	\$10 copay
Progressive Lenses (Standard)	Once every 12 months	\$90 copay	\$75 copay
Contacts—instead of glasses	Once every 12 months	\$135 allowance; 15% off balance over \$135	\$175 allowance; 15% off balance over \$175

VISION: EyeMed	CORE	BUY-UP
Coverage Type	Weekly (52)	Weekly (52)
Employee Only	\$0.00	\$1.04
Employee + 1	\$0.00	\$1.98
Family	\$0.00	\$2.91

- Lasik or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price
- 40% discount off complete pair eyeglass purchase
- 15% discount off conventional contact lenses once the funded benefit has been used

Eye Med provides ID cards and will be mailed to you. You can also access your policy information by using your HealthJoy mobile app!





Dental

Schupan offers dental coverage through **Delta Dental**. Your choice of dentists may determine the cost savings you receive. In-network providers are paid directly by Delta Dental and agree to accept negotiated fees as "payment in full" for services rendered. When you use out-of-network providers, Delta Dental will apply the applicable percentage of the allowed amount, and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use Delta Dental providers. To search for in-network providers, go to www.deltadental.com and click on **Find a Dentist**.

Employees share in the cost of dental benefits.

Delta Dental	
	<u>In-Network</u>
Calendar Year Maximum * (plan pays)	Up to \$1,000
Calendar Year Deductible * (applies to Basic and Major Services)	\$50 Individual / \$150 Family
Preventive Services** (no deductible and services are not counted toward your Calendar Year Maximum)	0%
Basic Services (after deductible): Examples include fillings, crown repairs, and extractions.	20%
Major Services (after deductible): Examples include crowns, bridges, implants and dentures.	50%
Orthodontia (up to age 99): Includes Invisalign if provided by a dentist.	50% deductible waived
Orthodontia Lifetime Maximum (per person)	\$1,000

- Plan deductibles and maximums accumulate on a calendar year (January 1 December 31). These amounts reset on January 1 of each year.
- **We advise that you verify with your provider that they accept Delta Dental's allowed amounts for preventive services. Some providers do not
 and will charge you for the balance due.

DENTAL: Delta Dental	
Coverage Type	Weekly (52)
Employee Only	\$0.00
Employee + 1	\$2.99
Family	\$4.99

Important Information!

Delta Dental does not provide ID cards! To access your coverage, simply tell your dental provider that you have Delta Dental, and they can look up your coverage via your social security number.

You can also use your HealthJoy mobile app for assistance!





Life Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment, and children's education expenses.

Schupan provides Basic Life insurance coverage equal to 1x your Base Annual Earnings, up to a maximum of \$50,000. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, which pays an equal amount in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by UNUM and is fully funded by Schupan. You are automatically enrolled in these benefits.

Additionally, Schupan provides \$5,000 in coverage for your spouse and \$2,500 for your dependent children (up to their 26th birthday). Be sure to list them in the benefits system.

Voluntary Life

As a new hire, you can purchase Voluntary Life insurance for you, your legal spouse, and dependent children without providing medical information up to certain guaranteed issue (GI) amounts (see chart). If you leave the Company, this coverage can be taken with you. Employees pay the full cost of Voluntary Life insurance on an after-tax basis.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by UNUM.

Benefit amounts reduce at age 70. Please refer to the benefit summary for details.

If you elect not to enroll within 30 days of your date of hire, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to UNUM, you will not have Voluntary Life coverage.

Voluntary Life Amounts Available		
Employee	Increments of \$10,000 to lesser of up to 7 times your salary or \$250,000 Guaranteed Issue*: \$150,000	
Spouse	Increments of \$10,000 up to \$150,000 Guaranteed Issue*: \$30,000	
Child (to age 26)	Increments of \$2,500 up to \$10,000 Guaranteed Issue*: \$10,000	

Open Enrollment Provision

Annual Benefit Amount Increase: Employees who elect the minimum benefit when initially eligible may increase their benefit by \$50,000 without any medical questions asked, up to the Guarantee Issue amount.

Guaranteed Issue refers to the amount you can request without completing an Evidence of Insurability (E of I). Normally, this applies during your first opportunity to enroll in coverage (as a new hire). However, for the 2025 Open Enrollment, all eligible employees can elect up to the Guaranteed Issue amount without completing an Evidence of Insurability.



Disability Insurance

If you were out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially "paycheck" insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit <u>after STD</u> insurance has been exhausted.

Schupan offers STD and LTD insurance at no cost to you. Administered by **UNUM**, you are automatically enrolled in these benefits.

Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

STD benefits integrate with state mandated disability plans.

Benefit Begins	15 th day of accident or 15 th day for illness
Benefit Amount	70% of your weekly salary; maximum of \$1,250 per week
Benefit Duration	Up to 11 weeks

Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than **90** days. Proof of disability is required.

Benefit Begins	After 90 days of qualified disability
Benefit Amount	60% of your monthly earnings; maximum of \$7,000 per month
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

Both Short-Term Disability and Long-Term Disability have restrictions when you receive certain types of income while receiving disability. It is your responsibly to make sure Unum has the correct information and update them **if your situation changes.**





Optional Protection Benefits - Trustmark

Schupan offers additional voluntary benefit plans through **Trustmark**. These plans are **not medical insurance** and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan. Additional information can be found at oneschupan.com

Critical Health Events

A major illness can have unexpected costs, even if you have health insurance. Trustmark Critical HealthEvents pays cash straight to you when you are diagnosed with cancer, heart attack or stroke. It may also pay benefits for earlier identification of illness

Accident Insurance

Accident insurance from Trustmark pays you to help with the cost of covered accidents at work or outside of work. It can help with things like medical co-pays and deductibles, getting to and form the hospital, and your everyday expenses.

Hospital Stay Pay

Trustmark Hospital StayPay helps you keep a hospital trip affordable. It's designed to pair with your medical plan so you can be more confident in your protection. You can get cash benefits for hospital stays dur to a covered sickness or accident, normal childbirth or mental wellness/addiction recovery.

Universal Life & Universal LifeEvents with Long-Term Care

Trustmark Universal Life is two-in-one security. It combines permanent life insurance with benefits that can help with the high costs of long-term care services. It helps protect your family form the financial impact of losing a loved one or needing extended care.

Please note: 2025 is the last year we will be offering coverage through Trustmark. You can cancel your coverage at any time by calling Trustmark at 1-800-918-8877.





The Resource Center

Effortless insurance – all of your needs, all in one place.

The Resource Center offers you access to the industry's leading experts in life insurance, Medicare & individual health insurance, and personal insurance including home, auto, and umbrella - all in one place.

As an independent insurance agency, we compare plans from a variety of competitive carriers to find the best policy, so you can get the best coverage at a rate you can afford.

The Resource Center Offers:



Auto Insurance



Home Insurance



Umbrella Policies



Life Insurance



Medicare & Individual



And More

Contact the resource center:

- If you are in between jobs or newly hired with a benefits waiting period
- In the event of termination, separation of employment, or reduced hours to discuss alternatives to COBRA
- If you have dependents turning 26
- If you plan to retire before 65
- If you'd like a free personal insurance consultation
- For Medicare education and enrollment support
- Contact our individual benefits team at 616-455-9456.

To Get Started:



Medicare needs:

Scan or click here



Individual, Home, Auto, or Umbrella Insurance:

Scan or click here



Glossary of Terms

Coinsurance: The percentage of eligible expenses you pay for services, once you have satisfied the plan's deductible.

Contributions: The set amount you pay to participate in a benefit plan. For employer-sponsored benefits coverage, contributions are typically deducted from your pay in equal amounts each pay period.

Copay (or copayment): A flat dollar amount you pay for certain services when you receive care.

Cost sharing: The amount you pay for part of your covered expenses in the form of copays, coinsurance, and/or deductibles.

Covered expense: Services, treatment, and equipment that is eligible for reimbursement or coverage under your health plan or insurance policy.

Deductible: The amount you must pay each year before the plan pays benefits for most covered expenses.

Eligible Dependents: Dependents you can cover under your healthcare benefits, in accordance with state and federal legislation.

Evidence of Insurability (EOI): Information about your health and lifestyle that is necessary for underwriting your life insurance policy.

Explanation of Benefits (EOB): A statement from your insurance company explaining the services covered by your plan, including the amounts applied to your deductible (if any) and paid on your behalf.

Formulary: A list of prescription drugs preferred by your health plan.

Generic drugs: Lower-cost alternatives to brandname drugs, generics meet the requirements for quality, strength, purity, and potency.

Guaranteed Issue: A provision that allows individuals to apply for insurance coverage without having to provide evidence of insurability (E of I). This means that regardless of health status or medical history, applicants are guaranteed acceptance for a specified coverage amount, typically applicable during the initial enrollment period or specific eligibility windows.

Health plan: Insurance that covers health issues, including medical, dental, and vision.

In-network services (IN): Services you receive from providers in your plan's network who have agreed to charge lower negotiated fees to plan members Open Enrollment (OE): The one time each year you get to enroll in your employer-sponsored benefits.

Out-of-network services (OON): Services you receive from providers outside your plan's network; they typically cost more out of pocket than in-network services.

Out-of-pocket expenses (OOP): What you pay towards the cost of services, including deductibles, copays, and coinsurance.

Out-of-pocket maximum (OOM): The most you will pay for out-of-pocket expenses in a plan year. Once you reach this amount, the plan pays 100 percent of covered expenses for the rest of the year.

Plan year: The 12-month period during which benefit plan records are kept on file.

Premium: A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck on a pre-tax basis.

Preventive care: Routine services (physicals, immunizations, screenings, etc.) typically covered by your medical plan that allow you to catch problems before they become too serious or costly.

Primary Care Physician (PCP): A doctor who provides, coordinates, and refers your healthcare services.

Qualified Life Event (QLE): Also called a "qualified change in status" (e.g., marriage, divorce, birth, adoption, etc.), a QLE allows you to change your benefit elections during the plan year.

Telehealth (or telemedicine): The use of electronic information and technology to receive care remotely via phone, mobile device, or computer.

Voluntary Benefits (VB): Insurance products offered through the workplace that supplement your medical coverage by paying a cash benefit for certain covered illnesses and injuries. Products can also offer coverage in the areas of disability, life insurance, identity theft, legal services, and pet health.





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