



2026

***U.S.  
Benefits  
Guide***

This publication contains important information about your employee benefit program.

**Please read thoroughly.**

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**IMPORTANT NOTE:** If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.



# Investing in Your Wellbeing

As an organization, one of our top priorities is to support the health and wellbeing of our employees and their families. To achieve this goal, we offer a robust and comprehensive program with a variety of options to best meet your needs.

## Eligibility

You are eligible for benefits on your start date if you are a regular, full-time employee.

## Enrolling Dependents

You may also enroll eligible dependents for benefit coverage. When covering dependents, you must select the same plans for your dependents as you select for yourself.

## Dependents Include

- ▶ Your legal spouse or qualified domestic partner
- ▶ Your children, which may include natural, adopted, or stepchildren
- ▶ Your qualified domestic partner's children

Note: Your parents and siblings are not eligible dependents. Our benefit plans are pre-tax and governed by IRS rules and regulations. Because of this, we reserve the right at anytime to validate dependents enrolled in our coverage meet the definition of eligible as defined by our plan documents. Request for validation may include a copy of a birth certificate, marriage certificate, proof of financial interdependence, etc. When completing enrollment, please ensure you only enroll eligible dependents.

## Qualifying Events

A qualifying event is a change in your situation that can make you eligible for changes to your enrollment choices or covered dependents, within 30 days of the event. Typical qualifying events include:

- ▶ Marriage, divorce, termination of a qualified domestic partnership
- ▶ Birth or adoption of a child
- ▶ Death of a spouse or dependent
- ▶ End in your spouse's employment or group insurance coverage (documentation may be required)

## Your Benefits Portal

- ▶ ADP Workforce Now

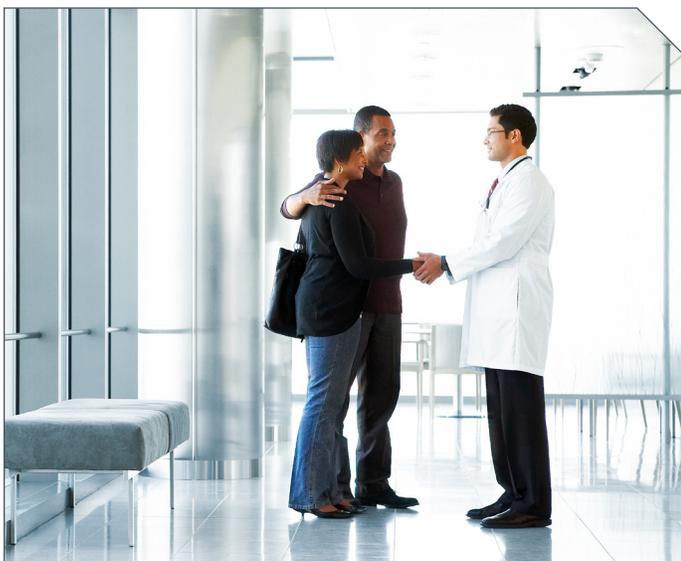


# Summary of Medical, Dental, and Vision Contributions

What you pay each semi-monthly (exempt employees) or bi-weekly (non-exempt employees) pay period to have insurance.

Semi-Monthly	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Medical Plan</b>				
Cigna EPO 1000	\$32.97	\$72.40	\$68.46	\$102.30
Cigna Base PPO	\$41.86	\$91.91	\$86.90	\$129.86
Cigna Buy Up PPO	\$58.71	\$128.94	\$121.92	\$182.20
Cigna HDHP	\$21.57	\$47.35	\$44.77	\$66.90
Kaiser HMO	\$32.05	\$70.50	\$66.66	\$99.66
<b>Dental Plan</b>				
MetLife Standard	\$4.70	\$9.37	\$11.14	\$15.82
MetLife Premier	\$18.63	\$39.55	\$47.01	\$68.05
<b>Vision Plan</b>				
MetLife VSP Choice	\$3.89	\$6.70	\$6.84	\$11.00
MetLife Superior Vision	\$3.89	\$6.70	\$6.84	\$11.00

Bi-Weekly	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Medical Plan</b>				
Cigna EPO 1000	\$30.43	\$66.83	\$63.19	\$94.43
Cigna Base PPO	\$38.64	\$84.84	\$80.22	\$119.87
Cigna Buy Up PPO	\$54.19	\$119.02	\$112.54	\$168.18
Cigna HDHP	\$19.91	\$43.70	\$41.32	\$61.75
Kaiser HMO	\$29.58	\$65.08	\$61.53	\$92.00
<b>Dental Plan</b>				
MetLife Standard	\$4.33	\$8.65	\$10.28	\$14.60
MetLife Premier	\$17.20	\$36.50	\$43.39	\$62.81
<b>Vision Plan</b>				
MetLife VSP Choice	\$3.59	\$6.18	\$6.31	\$10.15
MetLife Superior Vision	\$3.59	\$6.18	\$6.31	\$10.15



## Please Note the Following Related to Domestic Partner Coverage

Domestic partner contributions are taken on a post-tax basis, per federal IRS regulations. Contributions made by the employer for domestic partners (or domestic partner children) may be subject to imputed income for the employee. State tax laws may vary regarding taxation of domestic partner benefits. Please speak with your tax adviser for more details.

# Common Insurance Terms

There are many insurance terms, words and phrases you should know. Use the below list to better understand what the terms mean.

- ▶ **Coinsurance:** The percentage of the charges the member is required to pay for a medical service in a plan after the deductible has been met. For example, the insurance company may pay 80% of the covered claim, and the member pays the remaining 20%.
- ▶ **Copayment/copay:** The fixed amount paid by the member when a medical service is received, i.e., \$20 for a doctor's visit or \$20 for a prescription. Copays do not apply to the deductible.
- ▶ **Deductible:** The amount the member pays for covered healthcare services before the insurance plan starts to pay.
- ▶ **EPO:** EPO stands for exclusive provider organization. An EPO is a managed care plan where services are covered only if the member goes to doctors, specialists, or hospitals in the plan's network (except in an emergency).
- ▶ **High deductible health plan (HDHP):** A HDHP is a plan with a higher deductible than a traditional insurance plan. The monthly premium is lower, but the member pays most expenses upfront until the deductible is met, before the plan starts to pay its share. One exception is in-network preventive care which is covered 100% with no deductible. A HDHP can be combined with a health savings account (HSA), allowing the member to save and pay for eligible healthcare expenses with money free from federal taxes.
- ▶ **HMO:** HMO stands for health maintenance organization. A HMO provides coverage for in-network physicians and facilities only. Your care is coordinated by a primary care physician (PCP). You can only be seen by specialists if you're referred by your assigned PCP.
- ▶ **In-Network provider:** An in-network provider is a hospital, doctor, medical group, and/or other healthcare provider contracted to provide services to insurance company customers for less than their usual fees.
- ▶ **Out-of-network provider:** An out-of-network provider is a hospital, doctor, medical group, and/or other healthcare providers who are not contracted to provide services to insurance company customers for less than their usual fees and can charge the member any rate they choose.
- ▶ **Out-of-pocket maximum (OOP):** The maximum amount the member would have to pay in a plan year for eligible expenses. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services that are "in-network" for the remainder of the plan year.
- ▶ **PPO:** PPO stands for preferred provider organization. A PPO is a group of hospitals and physicians that are contracted with insurance companies to provide medical services. Out-of-pocket costs are lower when a provider is used within the PPO network (called in-network).

# Medical EPO Plan

## How Does This Plan Work?

- ▶ In-network coverage only.
- ▶ Available nationwide.
- ▶ The members can see specialists at any time without needing a referral from their primary doctor.
- ▶ EPO plans typically have an annual deductible, or set dollar amount, the member must pay before the insurance carrier begins paying their portion of medical expenses.
- ▶ After the deductible amount is met, the member is responsible for the coinsurance, which is a percentage of the total cost for services, up to the out-of-pocket maximum, at which point the plan pays 100% of all costs through the end of the calendar year.
- ▶ The member pays a copay, or a fixed dollar amount for primary care and/or specialist visits.
- ▶ The member pays nothing out-of-pocket for in-network preventive care.
- ▶ The amounts shown below represent what the member will be responsible for paying.
- ▶ The accumulators such as deductible and out-of-pocket maximum reset each calendar year, on January 1.

	Deductible	Out-of-Pocket Max	Coinsurance	PCP Copay	Prescription Drugs
Cigna EPO 1000					
In-Network (OAP network)	Single: \$1,000 Family: \$2,000	Single: \$3,000 Family: \$6,000	20%	\$30 copay per visit (deductible waived)	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40



# Medical PPO Plans

## How Do These Plans Work?

- ▶ The member can choose to receive medical care from hospitals and doctors of their choice, but the member gets the greatest cost savings when they utilize providers in the PPO network.
- ▶ Member can see specialists at any time without needing a referral from their primary doctor.
- ▶ PPO plans have an annual deductible, or set dollar amount, the member must pay certain expenses before the insurance carrier begins paying their portion of medical expenses.
- ▶ After the deductible amount is met, the member is responsible for the coinsurance, which is a percentage of the total cost for services, up to the out-of-pocket maximum, at which point the plan pays 100% of all costs through the end of the calendar year.
- ▶ The member pays nothing out-of-pocket for in-network preventive care.
- ▶ Out-of-network reimbursements are based on the insurance carrier's "allowed amount." The member is responsible for the amount their provider charges above the "allowed amount."

	Deductible	Out-of-Pocket Max	Coinsurance	PCP Copay	Prescription Drugs (30-day supply)
<b>Cigna Base PPO</b>					
In-Network (OAP network)	Single: \$1,000 Family: \$2,000	Single: \$3,500 Family: \$7,000	20% after deductible	\$25 copay per visit (deductible waived)	Tier 1: \$10 Tier 2: \$50 Tier 3: \$100
Out-of-Network	Single: \$2,000 Family: \$4,000	Single: \$7,000 Family: \$14,000	40%	40% (after deductible)	Not covered
<b>Cigna Buy Up PPO</b>					
In-Network (OAP network)	Single: \$500 Family: \$1,000	Single: \$2,500 Family: \$5,000	10% after deductible	\$20 copay per visit (deductible waived)	Tier 1: \$10 Tier 2: \$35 Tier 3: \$70
Out-of-Network	Single: \$1,000 Family: \$2,000	Single: \$5,000 Family: \$10,000	30%	30% (after deductible)	Not covered



# Medical HDHP Plan

## How Does This Plan Work?

- ▶ Members of a high deductible health plan (HDHP) may be eligible for a tax-free, pre-tax health savings account (HSA) that can be used to pay expenses incurred with the HDHP plan. More on the next page.
- ▶ The member can choose to receive medical care from hospitals and doctors of their choice, but there are greater cost savings when the member utilizes providers in-network.
- ▶ HDHP plans have a high annual deductible, or set dollar amount, that the member must pay before the insurance carrier begins paying for medical expenses.
- ▶ After the deductible amount is met, the member is responsible for the coinsurance, which is a percentage of the total cost for services, up to the out-of-pocket maximum, at which point the plan pays 100% of all costs through the end of the calendar year. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
- ▶ The member pays nothing out-of-pocket for in-network preventive care.
- ▶ The amounts shown below represent what the member will be responsible for paying. Out-of-network reimbursements are based on the insurance carrier’s “allowed amount.” The member is responsible for the amount the provider charges above the “allowed amount.”
- ▶ The accumulators such as deductible and out-of-pocket maximum reset each calendar year, on January 1.

	Deductible	Out-of-Pocket Max	Coinsurance	PCP Copay	Prescription Drugs (after deductible)
Cigna HDHP					
In-Network (OAP network)	Single: \$2,500 Family: \$5,000	Single: \$3,500 Family: \$7,000	10%	10% (after deductible)	Tier 1: \$10 Tier 2: \$30 Tier 3: \$50
Out-of-Network	Single: \$2,500 Family: \$5,000	Single: \$7,000 Family: \$14,000	30%	30% (after deductible)	Not covered



# Health Savings Account (HSA)

## Maximum Pre-Tax Contribution Amount

- ▶ **Employee only**—Up to \$4,400 annually for 2026
- ▶ **Employee + family**—Up to \$8,750 annually for 2026

Members who are 55 years or older are eligible to make “catch-up” contributions up to an additional \$1,000 annually.

## What Expenses Are Allowed?

Eligible Expenses	Ineligible Expenses
▶ Medical, dental, and vision out-of-pocket expenses	▶ Personal use items such as a toothbrush, toothpaste, and others related to personal hygiene
▶ Prescription medication copays	▶ Cosmetic or elective surgery
▶ Acupuncture and chiropractor	▶ Personal trainers
▶ Labs and x-rays	▶ Marriage or career counseling

Note: This is a partial list, refer to [irs.gov](https://www.irs.gov) for more info.

## Eligibility

The member may participate in an HSA if:

- ▶ They are covered by a qualified HDHP.
- ▶ The member is not enrolled in Medicare.
- ▶ They are not covered by any other health plan that is not a qualified HDHP, including a spouse or parent’s healthcare FSA.

## Advantages of an HSA

- ▶ HSA funds can be used to pay for medical, dental, vision, alternative medicine, long term care premiums, COBRA, and other covered services.
- ▶ When used for eligible healthcare expenses for the member or tax dependents’, HSA funds are tax-free.\*
- ▶ Contributions are tax-deductible and earnings grow tax-free.\*
- ▶ HSA funds roll over from year-to-year.
- ▶ HSA accounts are portable and yours to keep regardless of your employer or insurance carrier.
- ▶ Deposits can be invested in mutual funds. The minimum to invest is \$1,000.

## Things to Consider

- ▶ Plans eligible for HSAs come with a high annual deductible.
- ▶ High deductible health plans and health savings accounts can seem more complicated than traditional health plans. Take the time to fully understand how your plan works.
- ▶ Members will need to save receipts for eligible expenses for tax purposes.
- ▶ If the member chooses to participate in the HSA plan and an FSA plan, the FSA election will be for a “limited purpose” FSA account in order to remain eligible. The member can only use the FSA funds in a “limited purpose” account for dental and vision expenses.

## How to Open Your HSA

- ▶ Elect to contribute to an HSA during your enrollment in ADP. Our administrator, Optum Benefit Solutions will work with you to open and manage your HSA.

\* At the time this booklet was created, the states of California and New Jersey did not allow an HSA tax credit for state income tax purposes. New Hampshire and Tennessee also tax HSA earnings. Please consult with your tax adviser for the most up to date information.

# Medical HMO Plan

## How Does This Plan Work?

- ▶ In-network coverage only.
- ▶ Available only to employees who live in California.
- ▶ Health maintenance organization (HMO) plans cover medical care provided by in-network physicians and facilities only.
- ▶ Your care is coordinated by a primary care physician (PCP). You can only be seen by a specialist if you're referred by your assigned PCP.
- ▶ HMO plans provide predictable costs such as copays and out-of-pocket maximums but do not cover out-of-network care.

	Deductible	Out-of-Pocket Max	Coinsurance	PCP Copay	Prescription Drugs
Kaiser HMO Network					
In-Network	Single: \$500 Family: \$1,000	Single: \$3,000 Family: \$6,000	20% after deductible	\$30 copay	Generic: \$10 Brand: \$30 Specialty: 20%



# Flexible Spending Accounts (FSA)

## How Does This Benefit Work?

- ▶ Flexible Spending Accounts (FSA) are accounts that can be funded using pre-tax dollars deducted directly from the member's paycheck.
- ▶ Eligible healthcare or dependent daycare expenses can be reimbursed from these accounts.
- ▶ The member must enroll in the FSA every year in which they plan to participate, even if the member already has an FSA account.
- ▶ Healthcare FSA accounts are for health expenses for the members and their tax dependents.
- ▶ Dependent care FSA accounts are for childcare/adult care expenses while the member is working.\*
- ▶ FSA elections are annual. They can only be changed with a qualifying life event.

Account Type	Vendor	Maximum Pre-Tax Contribution Amount
Healthcare	Optum Benefit Solutions	\$3,400 per calendar year
Dependent Care	Optum Benefit Solutions	\$5,000 per calendar year (household max)
Limited Purpose	Optum Benefit Solutions	\$3,400 per calendar year

\* Expenses are eligible under a dependent care FSA if they are incurred to keep an employee (and their spouse, if applicable) gainfully employed. If an employee is married, dependent care expenses will only be eligible when the employees' spouse is also gainfully employed; is in search of gainful employment; is a full-time student; or is mentally or physically incapable of self-care with the same principal place of abode as the employee for more than half of the year.

Please note: Dependent Care FSA contribution amount is per household, per calendar year (\$2,500 for single filers and for married filing separate). Please contact a tax professional with any questions.

## What Expenses Are Allowed?

Healthcare FSA		Limited Purpose FSA		Dependent Care FSA	
Who is Eligible? Anyone who is benefits eligible and not enrolled in an HSA		Who is Eligible? Anyone who is enrolled in the HDHP		Who is Eligible? Anyone who is benefits eligible	
Eligible Expenses	Ineligible Expenses	Eligible Expenses	Ineligible Expenses	Eligible Expenses	Ineligible Expenses
▶ Health-related costs (medical, dental, and vision copays)	▶ Cosmetic surgery	▶ Dental Services ▶ Vision Services	▶ Cosmetic expenses	▶ Workday childcare and adult daycare services ▶ Cost of care at a licensed daycare	▶ Education expenses ▶ Transportation

Note: This is a partial list, refer to [irs.gov](https://www.irs.gov) for more info.

# What Happens to Account Funds at the End of a Year?

## Healthcare FSA

Use it or lose it. By IRS regulations, the account holder loses any unclaimed money in the account at the end of the plan year, except as described below in the CARRYOVER section.

### CARRYOVER

The IRS allows a \$680 carryover amount at the end of the plan year regarding unused healthcare FSA funds from the prior year. Consult the full plan summary for more details.

### RUN-OUT PERIOD

A run-out period is how long the member has to file a claim for healthcare costs incurred during the plan year (and during the grace period (if applicable) following the plan year). If employment is terminated, the member will not be able to incur expenses past the termination date, but the run-out period will still apply. Attentive Mobile's run-out period is to the end of March of the following plan year. Consult the full plan summary for more details.

## Dependent Care FSA

Use it or lose it. By IRS regulations, the account holder loses any unclaimed money in the account at the end of the plan year, per the group plan set-up.

### RUN-OUT PERIOD

A run-out period is how long the member has to file a claim for healthcare costs incurred during the plan year (and during the grace period (if applicable) following the plan year). If employment is terminated, the member will not be able to incur expenses past the termination date, but the run-out period will still apply. Attentive Mobile's run-out period is to the end of March of the following plan year. Consult the full plan summary for more details.

# How Do I Make Changes to My Participation?

The account holder can make changes to their participation and/or contribution amounts during their initial enrollment period, during the annual open enrollment period, or within 30 days of a qualifying life event that would allow a change. The account holder should budget and plan according to their projected health and dependent care needs.

# What if I Participate in an HDHP and HSA?

If the member enrolls in a high deductible health plan, they can still enroll in a "limited purpose" healthcare FSA. The limited purpose healthcare FSA may only be used for eligible dental and vision expenses.

# Where Can I Get More Information?

IRS Publication 502: Medical and dental expenses, and IRS Publication 503: Dependent care expenses list eligible expenses. These publications are available online at <https://www.irs.gov/forms-instructions>, or by calling **800.TAX.FORM**.

# Commuter

## How Does This Benefit Work?

- ▶ Funds are directly deducted from the member’s paycheck.
- ▶ The member is able to pay for qualifying monthly commuter and parking expenses tax-free.
- ▶ Participation in this benefit and the contribution amount can be changed at any time throughout the plan year.

	Transit	Parking
Vendor	Optum Benefit Solutions	Optum Benefit Solutions
Group Number	1338963	1338963
Maximum IRS Pre-Tax Contribution Amount	\$340 per month	\$340 per month
What Expenses are Allowed?	<ul style="list-style-type: none"> <li>▶ Mass transit fares</li> <li>▶ Monthly bus passes</li> <li>▶ Vanpooling fees</li> </ul>	<ul style="list-style-type: none"> <li>▶ Parking at or near your work location</li> <li>▶ Parking at a location from which you participate in a carpool or board mass transit</li> </ul>
What Expenses are Not Allowed?	<ul style="list-style-type: none"> <li>▶ Taxi fares</li> <li>▶ Bridge tolls</li> <li>▶ Cost of auto maintenance</li> </ul>	<ul style="list-style-type: none"> <li>▶ Parking costs at home</li> <li>▶ Parking when not commuting to or from work location</li> </ul>
How Do I Sign Up?	<ul style="list-style-type: none"> <li>▶ Website: <a href="https://www.optumfinancial.com">optumfinancial.com</a></li> <li>▶ Code: 1338963</li> <li>▶ Deadline: Orders must be placed by the 10th of the month prior to the benefit month.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Website: <a href="https://www.optumfinancial.com">optumfinancial.com</a></li> <li>▶ Code: 1338963</li> <li>▶ Deadline: Orders must be placed by the 10th of the month prior to the benefit month.</li> </ul>



# Dental Plan

Please review the plan designs below for more information.

## How Does This Plan Work?

- ▶ Dental plans offer flexibility to see any dentist or specialist in or out-of-network.
- ▶ Costs are lowest when the member visits a participating network provider.
- ▶ No ID cards needed, but they are available on your MetLife portal if preferred. Simply provide the identifying information requested by the dental office.
- ▶ Out-of-network reimbursements are based on the insurance carrier’s “allowed amount.” The member is responsible for the amount their provider charges above the “allowed amount.”
- ▶ The accumulators such as deductible and out-of-pocket maximum reset each calendar year, on January 1.

	Dentist Charges*	Deductible Per Member	Annual Benefit Maximum	Preventive Services	Basic Services	Major Services	Ortho	Ortho Lifetime Maximum
<b>MetLife Dental Standard PPO</b>								
In-Network (PDP Plus)		\$50	\$1,750	0%	20%	50%	N/A	N/A
Out-of-Network	90%	\$50	\$1,750	0%	20%	50%	N/A	N/A
<b>MetLife Dental Premier PPO</b>								
In-Network (PDP Plus)		\$50	\$3,250	0%	10%	40%	50% for adult and child	\$3,000
Out-of-Network	99%	\$50	\$3,250	0%	20%	50%	50% for adult and child	\$3,000

\* Usual, customary, and reasonable amount (UCR) is the amount reimbursed to providers based on the prevailing fees in a specific area. Please refer to the plan summary for detailed information about these categories of service.

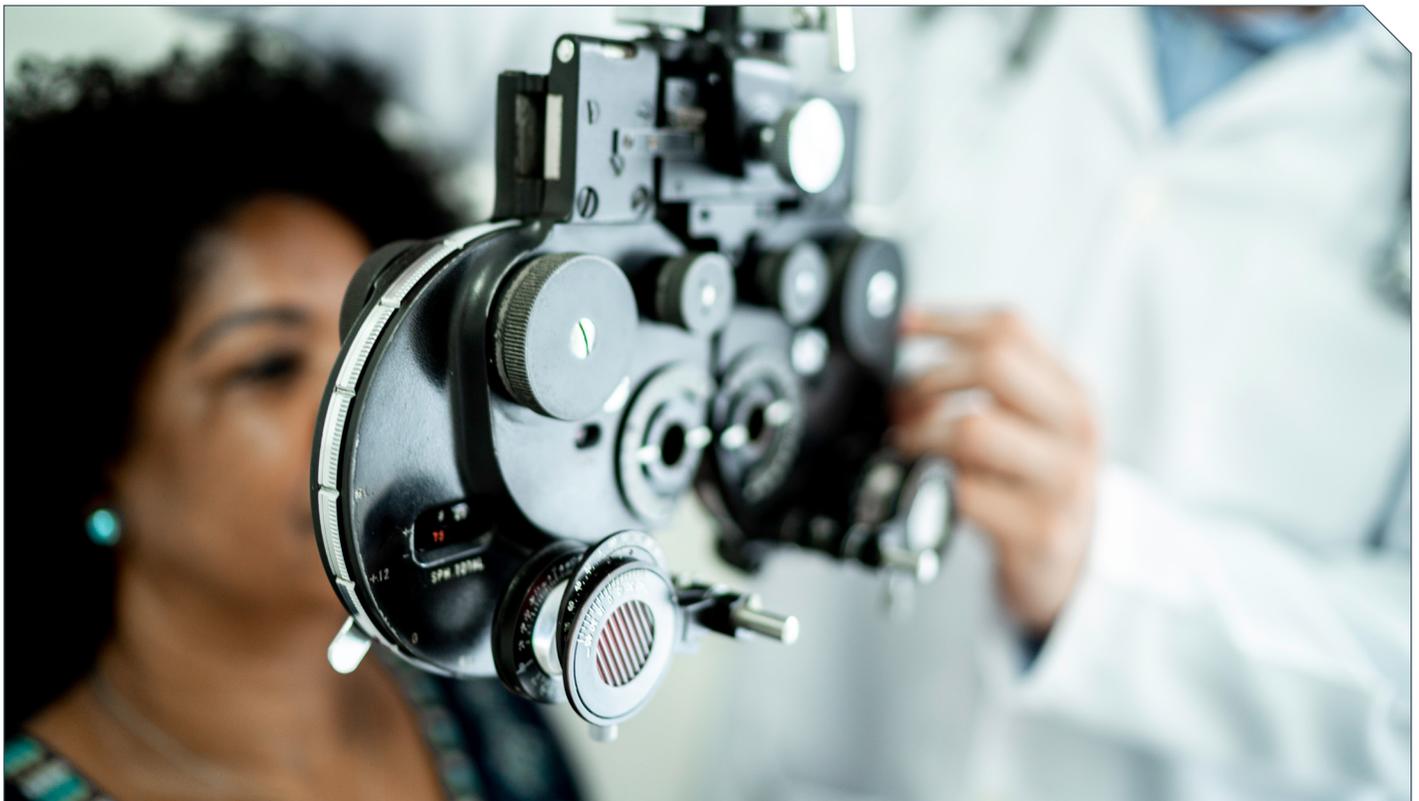


## Vision Plan

You will have two provider networks to choose from— VSP and Superior Vision—to help fit your family’s needs and budget. Please see below plan design for details.

For general questions at any time, call **833.EYE.LIFE (833.393.5433)** for Superior Vision and **855.638.3921** for VSP Choice. Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

	Exam Copay (Every 1 Calendar Year)	Lenses Copay (Every 1 Calendar Year)	Contact Lenses Copay (Every 1 Calendar Year)	Frames Copay (Every 1 Calendar Year)
<b>MetLife—VSP Choice</b>				
In-Network (VSP Choice)	\$10	\$0	\$200 allowance	\$200 allowance and 20% off anything above
Out-of-Network	\$10 copay, then you pay amount over \$45	You pay an amount over a specific set allowance based on lens type	Amount over \$105	Amount over \$70
<b>MetLife—Superior Vision</b>				
In-Network (Superior Vision)	\$10	\$0	\$200 allowance	\$200 allowance, then 20% off anything above
Out-of-Network	\$10 copay, then you pay amount over \$45	You pay an amount over a specific set allowance based on lens type	Amount over \$105	Amount over \$70



# Which Vision Network is Best for Me?

## VSP Choice

With your VSP Choice PPO Plan, you can:

- ▶ Go to any licensed VSP Choice vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- ▶ Get access to an in-network mix of predominately independent providers, with some of the top retail providers.

Find a VSP Choice provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select "VSP Choice".

## Superior Vision

With your Superior Vision PPO Plan, you can:

- ▶ Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- ▶ Utilize the largest, most well-balanced network of eye care professionals across private practice and retail locations

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select "Superior Vision".

You will have an additional allowance of \$25 at select providers. Visit [metlife.com/mybenefits](http://metlife.com/mybenefits) to locate participating providers. Look for the dollar sign icon (\$).

## Network Comparison

	VSP Choice	Superior Vision
Network Info	Large Network of Independent Providers	A well-balanced network of retail and independent providers
Network Breakdown	72% independent providers, 28% retailers	54% independent providers, 46% retailers
Retail Access	More than 35 of the top 50 US retailers	All the top US optical retailers
Retail Examples	Costco® Optical, Walmart®, Sam's Club® and Visionworks®	Costco® Optical, Walmart®, Sam's Club®, Visionworks®, LensCrafters®, Warby Parker, and Target Optical®.
Online Access	Convenient, online shopping for eyewear through <b>Eyeconic</b>	Several online options including Warby Parker
Plan Design	Same on both networks	
Rate	Same on both networks	

# Voluntary Benefits

## Accident Insurance

Accident Insurance pays a benefit in the event you or a covered dependent under this plan are in an accident. This benefit is intended to help you with additional costs like medical copays and deductibles, but also costs like travel or lodging that can result from a serious accident. Less serious accidents (like a visit to the ER or treatment of a laceration) can result in a payment. The exact amount of payment you receive depends on what coverage you elect and the event.

Coverage Tier	Employee Semi-Monthly Contribution	Employee Bi-Weekly Contribution
Employee	\$4.13	\$3.81
Employee + Spouse	\$6.69	\$6.17
Employee + Child(ren)	\$7.33	\$6.76
Family	\$9.86	\$9.10

Covered	Not Covered
<ul style="list-style-type: none"> <li>▶ Fractures, dislocations, burns</li> <li>▶ Emergency room visits</li> <li>▶ Ambulance and air ambulance</li> <li>▶ Hospital admission and ICU</li> <li>▶ Physical therapy and follow-up</li> </ul>	<ul style="list-style-type: none"> <li>▶ Injuries from professional sports</li> <li>▶ Injuries while intoxicated or under narcotics</li> <li>▶ Injuries from war, riots, or military duty</li> <li>▶ Injuries sustained while incarcerated</li> <li>▶ Skydiving, bungee jumping, base jumping</li> </ul>

## Example Scenarios

After slipping on ice, Alex fractured his wrist and was rushed to the ER. He received an ambulance ride, emergency care, and an X-ray. His total payout was \$2,600.

### Total Payout Breakdown: \$2,600

- ▶ Ambulance ride: \$450
- ▶ Emergency care: \$300
- ▶ X-ray: \$300
- ▶ Wrist fracture benefit payment: \$1,550

Jamie was hospitalized for 3 days after a bike accident and after she was discharged, she visited her physician for 2 follow-up visits. Her total payout was \$2,530.

### Total Payout Breakdown: \$2,530

- ▶ Hospital admission: \$1,500
- ▶ 3 days confinement (Metro):  $\$240 \times 3 = \$720$
- ▶ Follow-up visits:  $\$155 \times 2 = \$310$

# Hospital Indemnity Insurance

Even with health insurance, a stay in the hospital can become very costly very quickly as out-of-pocket charges begin to add up. The Hospital Indemnity plan can reduce the financial burden of a hospital stay by providing a lump-sum cash benefit directly to you that can be used however you need, whether that's for coinsurance or childcare.

Coverage Tier	Employee Semi-Monthly Contribution	Employee Bi-Weekly Contribution
Employee	\$6.15	\$5.67
Employee + Spouse	\$13.24	\$12.22
Employee + Child(ren)	\$9.39	\$8.67
Family	\$17.18	\$15.85

Covered	Not Covered
<ul style="list-style-type: none"> <li>▶ Hospital admission and confinement</li> <li>▶ ICU admission and confinement</li> <li>▶ Portability if you leave Attentive</li> <li>▶ No preexisting condition limits</li> </ul>	<ul style="list-style-type: none"> <li>▶ Mental illness or substance abuse (unless elected)</li> <li>▶ Injuries from extreme sports or stunts</li> <li>▶ Injuries while intoxicated or incarcerated</li> <li>▶ Experimental procedures</li> </ul>

## Example Scenarios

After a sudden illness, Taylor was admitted to the hospital for 3 days. He received \$1,000 for admission and \$400 for confinement. His total payout was \$1,400.

### Total Payout Breakdown: \$1,400

- ▶ Admission: \$1,000
- ▶ 2 days confinement:  $\$200 \times 2 = \$400$  (starts on day 2)

Jordan spent 2 days in the ICU due to a severe infection. She received \$2,000 for ICU admission and \$240 for confinement. Her total payout was \$2,240.

### Total Payout Breakdown: \$2,240

- ▶ ICU admission: \$2,000
- ▶ ICU confinement:  $\$240 \times 1 = \$240$  (starts day 2)

## Critical Illness Insurance

If you experience a serious health condition, Critical Illness coverage can help you with your expenses. If you or a covered dependent experience a qualified illness like a heart attack, cancer, or a stroke under the plan, you receive a single lump-sum payment to help with your expenses. The exact amount of the payment you receive depends on what coverage you elect.

Critical Illness rates are age-banded and based on coverage amount. The monthly rate can be calculated during enrollment.

Employee Monthly Premiums	Employee and Spouse Semi-Monthly Contribution	Employee and Spouse Bi-Weekly Contribution
Age	Per \$1,000 of Coverage	Per \$1,000 of Coverage
<25	\$0.045	\$0.042
25-29	\$0.079	\$0.072
30-34	\$0.120	\$0.111
35-39	\$0.193	\$0.178
40-44	\$0.302	\$0.279
45-49	\$0.455	\$0.420
50-54	\$0.660	\$0.609
55-59	\$0.892	\$0.823
60-64	\$1.277	\$1.179
65-69	\$1.806	\$1.667
70 and Over	\$2.968	\$2.739
<b>Child Rate</b>		
Per \$1,000 of coverage	\$0.051	\$0.047

Spouse rates based on employee age.

Covered	Not Covered
▶ Heart attack, stroke	▶ Illness sustained while residing outside U.S. for more than 12 months
▶ Invasive and noninvasive cancer	▶ Events during medical procedures (e.g., cardiac arrest)
▶ Major organ failure	▶ Suicide or self-inflicted injury
▶ End-stage renal failure	▶ Felony-related incidents
▶ Skin cancer (limited benefit)	▶ War, riots, or rebellion

## Example Scenarios

After experiencing chest pain, Maria was diagnosed with a heart attack. She had elected \$20,000 in coverage and received the full amount to help with recovery and expenses.

- ▶ Total Payout Breakdown: Heart attack pays 100%

Kevin was diagnosed with noninvasive cancer. With \$10,000 coverage, he received a 25% payout of \$2,500 to help with treatment costs.

- ▶ Total Payout Breakdown: Noninvasive cancer pays 25%

Each year, Sarah completes her wellness screening and receives a \$50 benefit for staying proactive about her health.

- ▶ Total Payout Breakdown: \$50 per member enrolled if screening completed annually

State specific language: New York: A person must be covered by a base medical plan. If a person and any dependents to be enrolled aren't covered by such a plan, they may not enroll for Critical Illness insurance.

# Life/AD&D Plan

Please see below for plan design details for your Life and AD&D coverage with Lincoln. Basic Life and AD&D is paid for by Attentive Mobile.

## How Does This Benefit Work?

- ▶ Life insurance is designed to provide protection for the member and their family against loss of income due to accidental death.
- ▶ For life insurance, make sure that a beneficiary (or multiple beneficiaries) is designated properly to ensure that benefits are paid out according to the member’s specifications.
- ▶ Beneficiaries can be changed and updated at any time throughout the year.
- ▶ Employees are subject to imputed income on life Insurance amounts over \$50,000 paid by the employer.
- ▶ These benefits are provided at no cost to the employee.
- ▶ Accidental death & dismemberment insurance provides income protection to the member and their family in case of an accident.

## Basic Life/AD&D

Carrier	Amount	Benefit Maximum	Guarantee Issue
Lincoln	2× salary	\$500,000	\$500,000



# Voluntary Life

## How Does This Benefit Work?

- ▶ For additional protection, voluntary life insurance is offered to the member for purchase.
- ▶ Monthly premiums vary based on the desired coverage level and the member's age; this will be deducted directly from the member's paycheck on a post-tax basis.
- ▶ The guarantee issue amount is only available to first-time enrollees (new hires, new dependents, etc.).
- ▶ Election for voluntary life insurance outside of new hire election period, qualifying life event, or over the guarantee issue amount, requires completion of an Evidence of Insurability (EOI) form.
- ▶ The member must purchase voluntary life coverage as an employee to purchase coverage for a dependent.

Please note: If you are already enrolled in voluntary life, you can increase the coverage amount by two levels without providing EOI. If you select a coverage in an amount higher than this number, you will be required to submit EOI. If you have been previously denied coverage, you will be required to submit EOI.

	Increments	Maximum Limit
Employee	Choice \$10,000 increments	Not to exceed 5× salary
Spouse	Choice \$5,000 increments	Not to exceed 50% of employee amount
Child	Flat \$10,000	Not to exceed 50% of employee amount

	Employee	Spouse	Child
Minimum Coverage Amount	\$10,000	\$5,000	\$10,000
Maximum Coverage Amount	\$500,000	\$250,000	\$10,000
Guarantee Issue	\$300,000	\$25,000	\$10,000

Guaranteed Issue: The amount of life insurance you can receive without answering health questions or undergoing a medical exam, available during initial enrollment or qualifying events.

Age	Employee and Spouse Rate	
	Semi Monthly Rate	Bi-Weekly Rate
Rate per \$1,000 of insurance		
<25	\$0.025	\$0.023
25-29	\$0.030	\$0.028
30-34	\$0.040	\$0.037
35-39	\$0.045	\$0.042
40-44	\$0.050	\$0.046
45-49	\$0.075	\$0.069
50-54	\$0.115	\$0.106
55-59	\$0.215	\$0.198
60-64	\$0.330	\$0.305
65-69	\$0.635	\$0.586
70-74	\$1.030	\$0.951
75+	\$1.030	\$0.951
Child Rate		
Flat Rate for \$10,000 of Coverage		
	\$0.85	\$0.78

For age banded rates, your band will be decided by your age as of 1/1.



# Disability Plan

## How Does This Benefit Work?

- ▶ Disability benefits protect the member and their family by replacing a portion of their income during times when they are unable to work.
- ▶ Duration of disability is determined by a treating physician. Periods below are the maximum allowable by the plan.
- ▶ Disability benefits coordinate with applicable state disability programs.
- ▶ Short-Term Disability (STD) and Long-Term Disability (LTD) are both benefits that are paid for by Attentive.

### Short Term Disability

Carrier	Amount	Maximum Weekly Benefit	Benefit Period Max	Elimination Period
Lincoln	60%	\$2,500	Up to 13 weeks	7 days

### Long Term Disability

Carrier	Amount	Maximum Monthly Benefit	Benefit Period Max	Elimination Period
Lincoln	60%	\$12,000	Social Security Normal Retirement Age (SSNRA)	90 days

## Definitions

<b>Elimination Period</b>	The elimination period is when an employee must satisfy a specified number of days or months before the disability benefit is paid.
<b>Benefit Period</b>	<p>The length of time that the disability benefits will be paid to an employee. Disability benefits will be paid from the end of the elimination period until the earliest of:</p> <ul style="list-style-type: none"> <li>▶ Completion of the benefit duration</li> <li>▶ Employee's recovery</li> <li>▶ Employee's death</li> </ul> <p>For LTD, the maximum benefit period is determined by the member's age when they become disabled.</p>
<b>Pre-Tax</b>	The member does not pay taxes on the benefit until they receive it. If the member were to go out on disability, they would receive 60% of their base salary (per the benefit) minus taxes. This is the traditional set up.



# Fidelity 401(k)

It is never too early or too late to start investing in your future! With Attentive's Fidelity 401(k) Plan, you can make pre or post-tax contributions directly from your paycheck! Log into the [Fidelity Portal](#) to get started.

## Eligibility

All US-based employees are eligible for the 401(k) Plan immediately upon hire. Eligible employees will receive an email from Fidelity as soon as administratively possible once their account is active. At that time they will then be able to login and make their deferral election(s). Deferral elections may take 1-2 pay periods to go into effect.

## Enrollment & Deferral Changes

You can update your deferral anytime on the Fidelity Portal by following the directions in the section below. Review the enrollment guide for more information.

**Reminder for new employees to ensure you do not go over the IRS annual limit across all 401(k) plans you have contributed to in one year.** Eligible 401(k) compensation includes bonuses, commissions, and all other wages paid to you as an employee of Attentive Mobile. Severance Payments, COBRA, the All Star Program, and Equity Payments are excluded. Please consult a tax professional with any questions.

## Does Attentive Offer a 401(k) Match?

Yes, Attentive currently offers a dollar-for-dollar match of up to \$1,500 per year that you contribute (pre-tax or ROTH) which can be contributed to the pre-tax account.

## Can the 401(k) Match Be Contributed to the Roth Account?

- ▶ Are the employer contributions treated as wages? If so, are such contributions subject to FICA and other applicable compensation taxes?
- ▶ When are employer contributions taxable (i.e., at the time of the contribution or in the year they are made)?
- ▶ Is withholding required?

These considerations potentially have a significant impact on payroll vendors as well. Until such guidance is received, it is not feasible to offer this option. Fidelity understands that this interests their clients, and they are scoping potential approaches so that when such guidance is issued, they can begin to develop the functionality for implementation. We will keep you posted on developments regarding this provision.

## Need to Rollover Money From a Different 401(k)?

- ▶ To initiate a rollover, go to [www.401k.com](http://www.401k.com)
- ▶ Click on the **Accounts & Benefits > Explore Rollovers**
- ▶ On the rollover screen, select move money **Into my Attentive Mobile retirement plan** and then continue with the rollover process

# Additional Programs

Below are the exciting programs that Attentive will offer to employees in 2026. See below for details on your benefit offerings with Modern Health, Carrot, One Medical, and Milk Stork.

## Modern Health

Modern Health is an app-based virtual therapy application that offers one on one video therapy to you and your dependents, age 6+ and coaching sessions for you and your dependents, age 18+. Modern Health provides mental health benefits through:

- ▶ 6 therapy sessions with inclusive providers per year
- ▶ 6 coaching sessions per year
- ▶ Digital resources

To get started with Modern Health, register at [my.modernhealth.com](https://my.modernhealth.com).

## Carrot

Receive unlimited expert guidance no matter where you are on your parenthood journey. Experts area available 24/7 help you through:

- ▶ Fertility Concerns
- ▶ Adoption
- ▶ Surrogacy
- ▶ Pregnancy and Postpartum
- ▶ Perimenopause and Menopause
- ▶ Low Testosterone (low T)

To get started, visit [get-carrot.com/sign up](https://get-carrot.com/sign up).

## One Medical

Attentive provides a free One Medical membership to all employees. Services provided are covered by several insurance carriers including your plans with Cigna, with the exception of the Kaiser medical plans. One Medical provides onsite clinic support through several locations across the US. 24/7 on demand care is also available through the app. Current types of services available are:

- ▶ Onsite visits to one of the many One Medical locations with a provider of your choice.
- ▶ Video chats that are available 24/7 through the One Medical app at no cost to you! These visits are included in your free membership.
- ▶ Remote visits that mimic the full One Medical experience over video with a provider of your choice. These are billed like a typical, in-office appointment.

To get started with One Medical, visit [onemedical.com/mybenefit](https://onemedical.com/mybenefit) to activate your membership.

## Milk Stork

Attentive offers services through Milk Stork for all employees to access the breast milk shipping services.

To get started with Milk Stork, visit [milkstork.com](https://milkstork.com).

# Additional Benefits

For Cigna Members		
Cigna Programs	Available to employees enrolled in Cigna healthcare plans, including Health Babies program, free health assessment, and more.	<a href="https://my.cigna.com">my.cigna.com</a>
MDLIVE Telehealth	Virtual medicine from MDLIVE provides 24/7/365 access to primary care, behavioral care, and dermatology on your desktop or smartphone.	<a href="https://my.cigna.com">my.cigna.com</a>
iPrevail	iPrevail is a digital therapeutics platform, designed by experienced clinicians to help you take control of the stresses of everyday life.	<a href="https://my.cigna.com">my.cigna.com</a>
Talkspace Mental Health	Talkspace is a therapy platform that makes it easy and convenient for you to connect with a licensed behavioral therapist from anywhere, at any time. Unlimited text, video, and voice messages to your dedicated therapist via web browser or the app.	<a href="https://talkspace.com/covered">talkspace.com/covered</a>
Headspace Care	Headspace Care offers confidential mental healthcare through behavioral health coaching via text-based chats, self-guided learning activities and content, and, if needed, video-based therapy and psychiatry.	<a href="https://organizations.headspace.com/partnerships/cigna">https://organizations.headspace.com/partnerships/cigna</a>
For Kaiser Members		
Kaiser Programs	Available to employees enrolled in Kaiser healthcare plans, including maternity programs, mental health programs, and wellness coaching.	<a href="https://healthy.kaiserpermanente.org/health-wellness">healthy.kaiserpermanente.org/health-wellness</a>
Video Visits	See a licensed Kaiser provider virtually to help diagnose and treat acute conditions.	<a href="https://kp.org/mydoctor/videovisits">kp.org/mydoctor/videovisits</a>
Headspace Care	As a member of Kaiser, you'll receive confidential mental healthcare through behavioral health coaching via text-based chats, self-guided learning activities and content, and, if needed, video-based therapy and psychiatry for 90 days.	<a href="https://healthy.kaiserpermanente.org/northern-california/health-wellness/mental-health">healthy.kaiserpermanente.org/northern-california/health-wellness/mental-health</a>
Calm	Kaiser members receive a complimentary Calm membership with guided meditations and sleep programs.	<a href="https://kp.org/selfcareapps">kp.org/selfcareapps</a>
For Everyone		
One Medical	Attentive provides a free One Medical membership to all employees. Services provided are covered by select insurance carriers including Cigna, with the exception of the Kaiser medical plans. Receive virtual or in-person care for you and your dependents 24/7.	<a href="https://login.onemedical.com">login.onemedical.com</a>
Modern Health	You have access to Modern Health, your free personalized mental health benefit designed to support your emotional, professional, social, physical, and financial health—all in a single, secure platform.	<a href="https://my.modernhealth.com">my.modernhealth.com</a>
Carrot	Receive unlimited expert guidance no matter where you are on your parenthood journey. Experts can help with fertility concerns, adoption, surrogacy, and more.	<a href="https://app.get-carrot.com/signup">app.get-carrot.com/signup</a>
Milk Stork	Breast milk shipping service available for all Attentive employees.	<a href="https://milkstork.com">milkstork.com</a>
Benefit Hub	Enjoy discounts, rewards, and perks on over 1,000 brands you love in a variety of categories. Use referral code "7JAXSZ" to register.	<a href="https://attentiveus.com.benefithub.com">attentiveus.com.benefithub.com</a>
Lincoln EAP	Lincoln EAP offers you and your family members support when you need it the most. Receive 24/7 assistance and a variety of online resources. Limit of 5 free sessions per year.	<a href="https://guidanceresources.com">guidanceresources.com</a> Download the Guidance Resources mobile app.
True Pet Insurance	Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with True Pet Insurance through MetLife.	<a href="https://metlife.com/getpetquote">metlife.com/getpetquote</a>

# LGBTQ+ Benefits Guide

At Attentive, we are committed to providing comprehensive benefits coverage for all.

## Standard Benefits

Our plans are available to same-sex spouses and domestic partnerships.

- ▶ Medical benefits
- ▶ Virtual care—One medical
- ▶ Dental care
- ▶ Vision care
- ▶ All other voluntary benefits allowing dependents on the plan

Please note that this document is not a guarantee that all services listed below will be rendered. Instead this document captures the covered healthcare services and treatment options that are provided by the company as well as resources to clarify these offerings. Feel free to consult with the contacts listed below respecting additional requirements and procedures for gaining access to covered services.



# Transgender-Inclusive Healthcare Offerings

## Healthcare Services and Treatment Options

Attentive offers transition assistance through our Cigna medical plans. These services include:

- ▶ Behavioral health services
- ▶ Hormone therapy and medications
- ▶ Gender affirmation surgery
- ▶ Gender support services
- ▶ Reproductive services

Gender affirming care hotline available for Cigna:  
**855.699.8990**

Prior authorization is required for some procedures depending on state.

Additional benefits and procedures that may be covered under the plan, when deemed medically necessary. You can find out which surgeries are covered or excluded, and which services have limits by calling Member Services. The resources below will give you more information about our gender affirmation policy and breast surgery providers.

Short term time off work may be applicable through FMLA and/or other state leave laws.

## Carrot

Receive unlimited expert guidance no matter where you are on your parenthood journey. Experts are available 24/7 help you through:

- ▶ Fertility Concerns
- ▶ Adoption
- ▶ Surrogacy
- ▶ Pregnancy and Postpartum
- ▶ Perimenopause and Menopause
- ▶ Low Testosterone (low T)

To get started, visit [get-carrot.com/sign up](https://get-carrot.com/sign-up).

## One Medical

If you elect an Attentive Cigna medical plan, you are automatically enrolled in One Medical which provides 24/7 on-demand care with video chat. One medical is deeply committed to providing culturally competent, inclusive, and affirming primary care—where everyone, regardless of who they love or how they identify, feels seen, heard, and cared for.

- ▶ Judgment free primary care
- ▶ Identity affirming
- ▶ Providers who get you
- ▶ PrEP management
- ▶ Onsite labs
- ▶ HIV management
- ▶ Hormonal therapy
- ▶ Chronic conditions

Visit [onemedical.com/mybenefit](https://onemedical.com/mybenefit) to activate your membership.



## Family Formation

### Healthcare Services and Treatment Options

All medical plan options provide coverage for basic and comprehensive infertility services. The services are subject to any deductibles, coinsurance, copays, etc., that the employee chooses to elect.

- ▶ Basic infertility and comprehensive infertility services. Covered services include diagnose and evaluate the underlying medical cause of infertility, artificial insemination, which includes intrauterine (IUI)/intracervical (ICI) insemination.
- ▶ Attentive follows the NY mandate for fertility coverage, there are no lifetime limits for cycles of ART/IVF per lifetime.

There is no Lifetime maximum for infertility services.

### Attentive Parental Bonding Leave

The Company will provide an eligible employee with leave to bond as a parent with their newborn child, newly adopted child, new foster care child, or with a child newly placed in their legal custody\*. Bonding leave is available to all eligible employees for up to 12 weeks of consecutive time off to bond with a new child.

**Please reference the employee handbook for the full policy.**

\* Surrogate mothers and sperm donors are not eligible for Bonding Leave. Birthing parents will be eligible for 6-8 weeks of disability based on delivery type.

**Carrot offers several family forming benefits. Please see previous page for details.**

## HIV Services and Treatment

Attentive employees and their covered dependents have access to HIV prevention, care, and pharmacy benefits including:

- ▶ HIV testing including self-treatment options
- ▶ Pre-exposure prophylaxis (PrEP) including the injectable treatment (preventive drugs covered at 100%)
- ▶ Post-exposure prophylaxis (PEP)
- ▶ Antiretroviral therapy (ART) including the injectable treatment



## Mental Health Resources

### Modern Health

Modern Health is an app-based virtual therapy application that offers one on one video therapy to you and your dependents, age 18+. Modern Health provides members of the LGBTQ+ community inclusive mental health benefits through

- ▶ 1:1 sessions with inclusive providers
- ▶ Community sessions
- ▶ Digital resources

To get started with Modern Health:

- ▶ Register at [my.modernhealth.com](https://my.modernhealth.com)
- ▶ Download the Modern Health App
- ▶ Follow the instructions and you're all set!

### Employee Assistance Program (EAP)

You have access to an Employee Assistance Program through Lincoln Financial Group.

The EAP is a confidential assistance program to help address the personal issues you and your adult dependents are facing. You are given unlimited telephonic support from a counselor who can provide immediate help with issues of concern. Additionally, you have access to a web library that provides numerous LGBTQ+ resources such as:

- ▶ Understanding your rights
- ▶ LGBTQ+ Adoption Guide
- ▶ Supporting an LGBTQ+ Child
- ▶ And more!

Utilize your EAP today: [Guidanceresources.com](https://www.guidanceresources.com) or download the Guidance Resources mobile app.

### Headspace Care (for Kaiser members)

Headspace Care is an app-based solution that offers confidential on-demand emotional and mental health support for you and your dependents, age 18+. Headspace Care celebrates the LGBTQ+ community and provides access to:

- ▶ 24/7 coaching
- ▶ Self-care activities
- ▶ Video therapy and psychiatry

To get started with Headspace Care today:

- ▶ Download the **Headspace Care** app.
- ▶ In the app, tap "Create account" then "My Organization."
- ▶ Follow the instructions and you're all set!

Monthly Mental Health 101 webinars are available. **Register for an interactive session** and live Q&A led by a Headspace Care coach to learn how you and your adult dependents can use your Headspace Care benefit.

Headspace Care is only available to those enrolled in Kaiser plans.



# Getting Started with Your Enrollment

It's time for you to choose your benefits coverages for 2026! Whether you are a new hire or processing a qualifying life event, you will make all these updates by signing into your benefits portal online.

- ▶ Login to your benefits portal: ADP Workforce Now

## Digital ID Cards

Virtual copies of your ID card will be available for all Cigna enrollees in the [mycigna.com](https://mycigna.com) portal. For Kaiser enrollees, you will receive a new ID card in the mail if you change or elect new coverage. For dental coverage, please visit your dental MetLife portal to access your virtual ID card at [MyBenefits](https://mybenefits.com).

## Attentive Resources

If you have any questions for the benefits team, please submit a ticket to the People Team Service Desk.

- ▶ Link to People Service Deck: <https://attentivemobile.atlassian.net/servicedesk/customer/portal/22>
- ▶ All employees have access to a benefits helpline via email or phone to provide one-on-one benefit support with Lockton on Call. This is available Monday to Friday, 9:00 a.m. to 6:00 p.m. EST at [AttentiveBenefits@Lockton.com](mailto:AttentiveBenefits@Lockton.com) or **800.781.8041**.
- ▶ For Managers and Employees: ADP MyLife Advisor Support is available Monday to Friday, 8:00 a.m. to 11:30 p.m. EST at [MyLifeAdvisor@adp.com](mailto:MyLifeAdvisor@adp.com) or **855.547.8508**.





This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.