2027

Employee Benefits Packet

Adisys



Enrollment Information and Summary of Benefits

Maddock
employee benefit solutions

January 1, 2027 - December 31, 2027



Welcome to Maddock employee benefit solutions

Enclosed is an outline of the employee benefits program brought to you by Adisys/NSI and Maddock & Associates. The purpose of this packet is to give you a brief overview of the plans and to assist you with enrollment. Maddock & Associates is your insurance advocate. Please call us at (253) 854-0199 with your questions or benefits issues. We are here to help you!

Your employer offers the following insurance benefits:

- Medical & Prescription Drugs – United Healthcare, Choice of 4 plans
  Website: www.myuhc.com | Network: Choice & Choice Plus
- Dental Insurance, Life Insurance & AD&D, Disability Insurance – Principal Financial
  Website: www.principal.com | Network: Principal PPO
- Vision Insurance – Principal Financial/Vision Service Plan (VSP)
  Website: www.vsp.com | Network: Choice
- Employee Assistance Program (EAP) – ComPsych
  Website: www.guidanceresources.com

Plan details and access to enroll or make changes are available online at:

www.employeenavigator.com/benefits/Account/Register (new users)
www.employeenavigator.com/benefits/Account/Login (returning users)

Company ID: adisys

Maddock employee benefit solutions
P 800.875.4490 | F 253.896.9411 | 1407 Willow Road E, Suite C Fife, Washington 98424
MaddockInsurance.com

Benefits Summary



Adisys Employee Benefits Enrollment

PLAN ENROLLMENT

You may enroll when you are first eligible or on your group's renewal date. If you choose not to enroll in benefits at this time, you will NOT be eligible to enroll until January 1, 2028, unless you meet specific requirements. In the case of involuntary loss of coverage through your spouse's employer, you may enroll in these plans if you apply immediately upon losing coverage. Please see your group administrator for eligibility requirements and plan costs.

Enrollment Instructions

Online Insurance Enrollment

Benefits enrollment and changes are done through an online benefits portal called Employee Navigator. You will be receiving an email with your benefits enrollment login information. Employees who do not wish to enroll, are still required to log in to decline coverage. Your enrollment will not be complete until you electronically sign the forms, which is the final step of the online enrollment process. Employees who decline coverage on the group plan will not be eligible for federal subsidy on the exchange plans.

ELIGIBILITY:

All employees working a minimum of 30 hours per week are eligible for coverage effective the first of the month following their date of hire.

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MaddockInsurance.com

SECTION 125 PLAN

Section 125 of the Internal Revenue Code allows employers to set up a plan that allows you to pay for you and your dependents' portion of the insurance premiums on a tax-free basis. The premium amount is deducted from the payroll before taxes are figured, so you use your money tax-free. Participation is voluntary. All employees will be automatically enrolled in the Section 125 plan. If you do not wish to have your dependent premiums taken on a pre-tax basis, you must notify your plan administrator within 30 days of the date you are eligible.

Important Contacts

If you have any questions regarding your benefits or the material contained in this guide, please contact your employer or the individual carriers listed below.

Adisys Human Resources	hr@adisys.com
Maddock & Associates	(253) 854-0199
United Healthcare Medical	(866) 414-1959
Principal Financial Dental, Life & Disability	(800) 986-3343
Principal/Vision Service Plan (VSP)	(800) 877-7195
Principal Financial EAP by ComPsych	(844) 869-2365

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Statement of Benefits
ADISYS CORPORATION

Please visit Employee Navigator to download details about this important information.

	UHC Level Funded E500i8021B (Base Plan)		UHC Level Funded P500i8022B		UHC Level Funded E2000i8024B		UHC Level Funded E4000i7021B	
MEDICAL INSURANCE	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Calendar Year)	$500/Person (2X Family)	No coverage out of network except for emergency care	$500/Person (2X Family)	$1,000/Person (2X Family)	$2,000/Person (2X Family)	No coverage out of network except for emergency care	$4,000/Person (2X Family)	No coverage out of network except for emergency care
Percentage Plan Pays	80%		80%	50%	80%		70%	
Out of Pocket Max (Incl. Deductible)	$4,000/Person (2X Family)		$2,000/Person (2X Family)	$4,000/Person (2X Family)	$8,000/Person (2X Family)		$8,150/Person (2X Family)	
PRESCRIPTIONS	United Healthcare RX4 Advantage, 4 Tiers - In Network Benefits		United Healthcare RX4 Advantage, 4 Tiers - In Network Benefits		United Healthcare RX4 Advantage, 4 Tiers - In Network Benefits		United Healthcare RX4 Advantage, 4 Tiers - In Network Benefits	
Tier 1	$10 Copay, Deductible Waived		$10 Copay, Deductible Waived		$10 Copay, Deductible Waived		$10 Copay, Deductible Waived	
Tier 2	$35 Copay, Deductible Waived		$35 Copay, Deductible Waived		$35 Copay, Deductible Waived		$35 Copay, Deductible Waived	
Tier 3	$75 Copay, Deductible Waived		$75 Copay, Deductible Waived		$75 Copay, Deductible Waived		$75 Copay, Deductible Waived	
Tier 4	$250 Copay, Deductible Waived		$250 Copay, Deductible Waived		$250 Copay, Deductible Waived		$250 Copay, Deductible Waived	
Specialty Drugs	$150 (Tier 2), $350 (Tier 3), $500 (Tier 4), Deductible Waived		$150 (Tier 2), $350 (Tier 3), $500 (Tier 4), Deductible Waived		$150 (Tier 2), $350 (Tier 3), $500 (Tier 4), Deductible Waived		$150 (Tier 2), $350 (Tier 3), $500 (Tier 4), Deductible Waived	
Mail-Order (90 Day Supply)	2.5 times pharmacy cost (no Specialty)		2.5 times pharmacy cost (no Specialty)		2.5 times pharmacy cost (no Specialty)		2.5 times pharmacy cost (no Specialty)	
PROFESSIONAL CARE	United Healthcare Choice Network - In Network Benefits		United Healthcare Choice Plus Network - In Network Benefits		United Healthcare Choice Network - In Network Benefits		United Healthcare Choice Network - In Network Benefits	
Preventive Visits / Screenings	100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived	
Office Visits Primary	$25 Copay, Deductible Waived *		$25 Copay, Deductible Waived *		$25 Copay, Deductible Waived *		$25 Copay, Deductible Waived *	
Office Visits Specialist	$75 Copay, Deductible Waived		$75 Copay, Deductible Waived		$75 Copay, Deductible Waived		$75 Copay, Deductible Waived	
Telehealth Virtual Care	100%, Deductible Waived (Healthiest You®)		100%, Deductible Waived (Healthiest You®)		100%, Deductible Waived (Healthiest You®)		100%, Deductible Waived (Healthiest You®)	
Urgent Care (Stand Alone Clinic)	$50 Copay, Deductible Waived		$50 Copay, Deductible Waived		$50 Copay, Deductible Waived		$50 Copay, Deductible Waived	
Mental Health (Office Visit)	$75 Copay, Deductible Waived		$75 Copay, Deductible Waived		$75 Copay, Deductible Waived		$75 Copay, Deductible Waived	
Basic Diagnostic Lab & Xray	100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived		100%, Deductible Waived	
Complex Imaging	Deductible, then 80%		Deductible, then 80%		Deductible, then 80%		Deductible, then 70%	
ALTERNATIVE CARE	United Healthcare Choice Network - In Network Benefits		United Healthcare Choice Plus Network - In Network Benefits		United Healthcare Choice Network - In Network Benefits		United Healthcare Choice Network - In Network Benefits	
Chiropractic	$25 Copay, Deductible Waived, 20 visits per year		$25 Copay, Deductible Waived, 20 visits per year		$25 Copay, Deductible Waived, 20 visits per year		$25 Copay, Deductible Waived, 20 visits per year	
Acupuncture	$25 Copay, Deductible Waived, 10 visits/year (spec diag only)		$25 Copay, Deductible Waived, 10 visits/year (spec diag only)		$25 Copay, Deductible Waived, 10 visits/year (spec diag only)		$25 Copay, Deductible Waived, 10 visits/year (spec diag only)	
FACILITY CARE	United Healthcare Choice Network - In Network Benefits		United Healthcare Choice Plus Network - In Network Benefits		United Healthcare Choice Network - In Network Benefits		United Healthcare Choice Network - In Network Benefits	
Hospital	Deductible, then 80%		Deductible, then 80%		Deductible, then 80%		Deductible, then 70%	
Emergency Room	$300 Copay, Deductible, then 80%		$300 Copay, Deductible, then 80%		$300 Copay, Deductible, then 80%		$300 Copay, Deductible, then 70%	
DENTAL INSURANCE	Principal Financial							
Deductible	$50 Deductible, Waived for Preventive							
In-Network Coverage	100% Preventive/90% Basic/60% Major							
Out of Network Coverage	100% Preventive/80% Basic/50% Major							
Annual Maximum	$3,000 Maximum/Person/Year							
VISION INSURANCE	Principal Financial/Vision Service Plan (VSP) - Choice Network							
	$10 Copay Exam/$25 Copay Hardware							
	Exam & Hardware every 12 months							
LIFE INSURANCE	Principal Financial							
Base Life Insurance**	2X Annual Salary to a maximum of $500,000 - Employer paid for all eligible employees							
Supplemental Life Summary	To $300,000, $100,000 Guaranteed Issue for employees under 70 who enroll when first eligible							
DISABILITY INSURANCE	Principal Financial							
Short-Term Disability**	60% of Pre-Disability Income, maximum benefit of $1,500/week							
Long-Term Disability**	60% of Pre-Disability Income, maximum benefit of $6,000/month							

The above is a summary description of benefits. For complete details and limitations, see company brochure.

*UHC LF Office Visits Primary copay is only valid if the provider is contracted as a PCP with UHC. If providers are contracted as Specialists, the Specialist copay will apply.

**Employees hired after April 2019 must be enrolled in medical coverage to receive employer paid base life and disability benefits.

RATES - SEMI-MONTHLY PAYROLL DEDUCTIONS

	UHC Level Funded E500i8021B (Base Plan)	UHC Level Funded P500i8022B	UHC Level Funded E2000i8024B	UHC Level Funded E4000i7021B
Employee Only	$0.00	$54.99	$0.00	$0.00
Employee + Spouse	$433.59	$610.07	$350.61	$292.74
Employee + Spouse + Child(ren)	$768.37	$994.34	$648.71	$571.55
Employee + Child(ren)	$284.79	$439.28	$218.11	$168.82

	DENTAL	VISION
Employee Only	$0.00	$0.00
Employee + Spouse	$31.07	$4.71
Employee + Spouse + Child(ren)	$82.87	$10.40
Employee + Child(ren)	$46.25	$4.75

Policyholder: ADISYS CORPORATION

Group dental insurance
Benefit summary

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	$0	$0	100%	100%
Basic	$50	$50	90%	80%
Major	$50	$50	60%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your deductibles that are in-network for basic and major services are combined. Your deductibles that are out-of-network for basic and major services are combined.			
Combined maximum	Maximums for basic and major procedures are combined. In-network calendar year maximums are $3,000 per person or non-network calendar year maximums are $3,000 per person.			
Preventive passport	Included			
Plan type	Unscheduled			

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive	
Routine exams	Twice per calendar year

Routine cleanings	Four per calendar year
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Twice per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 24 months
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit

Basic	
Fillings	Replacement fillings every 24 months
Composite (tooth colored)	Covered on posterior teeth
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planning	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months
Occlusal guards (night guards)	One guard per 36 months
Harmful habit appliance	Covered only for dependent children under age 14

Major	
Crowns	Each 84 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 84 months per tooth
Implants	Each 84 months per tooth
Bridges	84 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)

Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90th percentile of the usual and customary charges.
Preventive passport	Benefits paid for preventive services will not be applied to your annual benefit maximum
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth –The initial placement of bridges, partials, and dentures to replace teeth missing before this coverage starts won't be covered. If this policy replaces coverage with another carrier, continuous coverage under the prior plan may be applied to the missing tooth provision requirement. This doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information.

Policyholder: ADISYS CORPORATION

Group vision

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after $10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to $250 every 12 months; 20% off amount over allowance[1]	$25 copay • Single lenses • Lined bifocal lenses • Lined trifocal lenses • Lenticular lenses • Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a $0 copay[1] Most other popular lens enhancements are covered after a copay, saving our members an average of 30%[1]
Elective contacts	Covered up to $250 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to $60 copay
Necessary contacts	Covered in full after $25 copay every 12 months Contact lenses can be chosen instead of glasses.

[1]This can vary based on state laws and provider location Savings may not apply at participating retail chains.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than $60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is $135 which is equivalent to a $250 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
  - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to $45	Once every 12 months
Single lenses	Up to $30	One pair every 12 months
Lined bifocal lenses	Up to $50	One pair every 12 months
Lined trifocal lenses	Up to $65	One pair every 12 months
Lenticular lenses	Up to $100	One pair every 12 months
Frames	Up to $70	One set every 12 months
Elective contacts	Up to $105	Contacts are instead of frames and lenses
Necessary contacts	Up to $210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
  - Non-prescription glasses
  - Medical or surgical treatment of the eyes
  - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.

Policyholder: ADISYS CORPORATION

Group term life insurance
Benefit summary for all members electing medical

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue[1]	Maximum	Benefit reduction[2]
You	200% of your annual salary , rounded to the next higher $1,000	$10,000	If you're under 70: $200,000 If you're 70 or older: The lesser of $200,000 or the amount with the prior carrier	$500,000	35% reduction at age 65, with an additional 15% reduction at age 70

[1]Amount of coverage you may buy without answering medical questions.
[2]As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above will require health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	$10,000
Repatriation - If you die at least 100 miles from your home	Up to $2,000

Education - If your children are enrolled in an accredited post-secondary school at the time of your death	$3,000/year for up to 4 years
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Conversion of terminated coverage	If you terminate employment, you may be able to convert coverage to an individual policy.

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Principal®

principal.com

This is a summary of group term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Policyholder: ADISYS CORPORATION

Group voluntary term life insurance
Benefit summary for all members

What's available to me?

Protect what means the most to you – the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue[1]	Maximum	Benefit reduction[2]
You	Select a benefit in increments of $10,000	$10,000	If you're under 70: $100,000 If you're 70 or older: $10,000	$300,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse[3]	Select a benefit in increments of $5,000	$5,000	If your spouse is under 70: $20,000 If your spouse is 70 or older: $10,000	$100,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren)[3]	Options[4]: • $10,000				

[1]Amount of coverage you may buy without providing health information.
[2]As you get older, your life insurance benefit amount decreases.
[3]Amount of coverage may not exceed 100% of your benefit.
[4]Dependent children under 14 days old receive a $1,000 benefit.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you may need to provide health information for review, or if you have a qualifying event.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse may require you to provide health information.

May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you or your spouse are accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
Conversion of terminated coverage	If you terminate employment, you may be able to convert coverage to an individual policy.

What are the limitations and exclusions of my coverage?

This benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

ADISYS CORPORATION

Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$10,000	$0.93	$1.00	$1.40	$2.14	$3.19	$5.07	$7.85	$10.81
$20,000	$1.86	$2.00	$2.80	$4.28	$6.38	$10.14	$15.70	$21.62
$30,000	$2.79	$3.00	$4.20	$6.42	$9.57	$15.21	$23.55	$32.43
$40,000	$3.72	$4.00	$5.60	$8.56	$12.76	$20.28	$31.40	$43.24
$50,000	$4.65	$5.00	$7.00	$10.70	$15.95	$25.35	$39.25	$54.05
$60,000	$5.58	$6.00	$8.40	$12.84	$19.14	$30.42	$47.10	$64.86
$70,000	$6.51	$7.00	$9.80	$14.98	$22.33	$35.49	$54.95	$75.67
$80,000	$7.44	$8.00	$11.20	$17.12	$25.52	$40.56	$62.80	$86.48
$90,000	$8.37	$9.00	$12.60	$19.26	$28.71	$45.63	$70.65	$97.29
$100,000	$9.30	$10.00	$14.00	$21.40	$31.90	$50.70	$78.50	$108.10
$110,000	$10.23	$11.00	$15.40	$23.54	$35.09	$55.77	$86.35	$118.91
$120,000	$11.16	$12.00	$16.80	$25.68	$38.28	$60.84	$94.20	$129.72
$130,000	$12.09	$13.00	$18.20	$27.82	$41.47	$65.91	$102.05	$140.53
$140,000	$13.02	$14.00	$19.60	$29.96	$44.66	$70.98	$109.90	$151.34
$150,000	$13.95	$15.00	$21.00	$32.10	$47.85	$76.05	$117.75	$162.15
$160,000	$14.88	$16.00	$22.40	$34.24	$51.04	$81.12	$125.60	$172.96
$170,000	$15.81	$17.00	$23.80	$36.38	$54.23	$86.19	$133.45	$183.77
$180,000	$16.74	$18.00	$25.20	$38.52	$57.42	$91.26	$141.30	$194.58
$190,000	$17.67	$19.00	$26.60	$40.66	$60.61	$96.33	$149.15	$205.39
$200,000	$18.60	$20.00	$28.00	$42.80	$63.80	$101.40	$157.00	$216.20
$210,000	$19.53	$21.00	$29.40	$44.94	$66.99	$106.47	$164.85	$227.01
$220,000	$20.46	$22.00	$30.80	$47.08	$70.18	$111.54	$172.70	$237.82
$230,000	$21.39	$23.00	$32.20	$49.22	$73.37	$116.61	$180.55	$248.63
$240,000	$22.32	$24.00	$33.60	$51.36	$76.56	$121.68	$188.40	$259.44
$250,000	$23.25	$25.00	$35.00	$53.50	$79.75	$126.75	$196.25	$270.25
$260,000	$24.18	$26.00	$36.40	$55.64	$82.94	$131.82	$204.10	$281.06
$270,000	$25.11	$27.00	$37.80	$57.78	$86.13	$136.89	$211.95	$291.87
$280,000	$26.04	$28.00	$39.20	$59.92	$89.32	$141.96	$219.80	$302.68
$290,000	$26.97	$29.00	$40.60	$62.06	$92.51	$147.03	$227.65	$313.49
$300,000	$27.90	$30.00	$42.00	$64.20	$95.70	$152.10	$235.50	$324.30

Reduced benefit	65-69
$6,500	$12.86
$13,000	$25.73
$19,500	$38.59
$26,000	$51.45
$32,500	$64.32
$39,000	$77.18
$45,500	$90.04
$52,000	$102.91
$58,500	$115.77
$65,000	$128.64
$71,500	$141.50
$78,000	$154.36
$84,500	$167.23
$91,000	$180.09
$97,500	$192.95
$104,000	$205.82
$110,500	$218.68
$117,000	$231.54
$123,500	$244.41
$130,000	$257.27
$136,500	$270.13
$143,000	$283.00
$149,500	$295.86
$156,000	$308.72
$162,500	$321.59
$169,000	$334.45
$175,500	$347.31
$182,000	$360.18
$188,500	$373.04
$195,000	$385.91

Reduced benefit	70 & over
$5,000	$16.17
$10,000	$32.34
$15,000	$48.51
$20,000	$64.68
$25,000	$80.85
$30,000	$97.02
$35,000	$113.19
$40,000	$129.36
$45,000	$145.53
$50,000	$161.70
$55,000	$177.87
$60,000	$194.04
$65,000	$210.21
$70,000	$226.38
$75,000	$242.55
$80,000	$258.72
$85,000	$274.89
$90,000	$291.06
$95,000	$307.23
$100,000	$323.40
$105,000	$339.57
$110,000	$355.74
$115,000	$371.91
$120,000	$388.08
$125,000	$404.25
$130,000	$420.42
$135,000	$436.59
$140,000	$452.76
$145,000	$468.93
$150,000	$485.10

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
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Principal®

ADISYS CORPORATION

Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$5,000	$0.47	$0.50	$0.70	$1.07	$1.60	$2.54	$3.93	$5.41
$10,000	$0.93	$1.00	$1.40	$2.14	$3.19	$5.07	$7.85	$10.81
$15,000	$1.40	$1.50	$2.10	$3.21	$4.79	$7.61	$11.78	$16.22
$20,000	$1.86	$2.00	$2.80	$4.28	$6.38	$10.14	$15.70	$21.62
$25,000	$2.33	$2.50	$3.50	$5.35	$7.98	$12.68	$19.63	$27.03
$30,000	$2.79	$3.00	$4.20	$6.42	$9.57	$15.21	$23.55	$32.43
$35,000	$3.26	$3.50	$4.90	$7.49	$11.17	$17.75	$27.48	$37.84
$40,000	$3.72	$4.00	$5.60	$8.56	$12.76	$20.28	$31.40	$43.24
$45,000	$4.19	$4.50	$6.30	$9.63	$14.36	$22.82	$35.33	$48.65
$50,000	$4.65	$5.00	$7.00	$10.70	$15.95	$25.35	$39.25	$54.05
$55,000	$5.12	$5.50	$7.70	$11.77	$17.55	$27.89	$43.18	$59.46
$60,000	$5.58	$6.00	$8.40	$12.84	$19.14	$30.42	$47.10	$64.86
$65,000	$6.05	$6.50	$9.10	$13.91	$20.74	$32.96	$51.03	$70.27
$70,000	$6.51	$7.00	$9.80	$14.98	$22.33	$35.49	$54.95	$75.67
$75,000	$6.98	$7.50	$10.50	$16.05	$23.93	$38.03	$58.88	$81.08
$80,000	$7.44	$8.00	$11.20	$17.12	$25.52	$40.56	$62.80	$86.48
$85,000	$7.91	$8.50	$11.90	$18.19	$27.12	$43.10	$66.73	$91.89
$90,000	$8.37	$9.00	$12.60	$19.26	$28.71	$45.63	$70.65	$97.29
$95,000	$8.84	$9.50	$13.30	$20.33	$30.31	$48.17	$74.58	$102.70
$100,000	$9.30	$10.00	$14.00	$21.40	$31.90	$50.70	$78.50	$108.10

Reduced benefit	65-69
$3,250	$6.44
$6,500	$12.86
$9,750	$19.30
$13,000	$25.73
$16,250	$32.16
$19,500	$38.59
$22,750	$45.03
$26,000	$51.45
$29,250	$57.89
$32,500	$64.32
$35,750	$70.75
$39,000	$77.18
$42,250	$83.62
$45,500	$90.04
$48,750	$96.48
$52,000	$102.91
$55,250	$109.34
$58,500	$115.77
$61,750	$122.21
$65,000	$128.64

Reduced benefit	70 & over
$2,500	$8.09
$5,000	$16.17
$7,500	$24.26
$10,000	$32.34
$12,500	$40.43
$15,000	$48.51
$17,500	$56.60
$20,000	$64.68
$22,500	$72.77
$25,000	$80.85
$27,500	$88.94
$30,000	$97.02
$32,500	$105.11
$35,000	$113.19
$37,500	$121.28
$40,000	$129.36
$42,500	$137.45
$45,000	$145.53
$47,500	$153.62
$50,000	$161.70

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family) --*Child(ren) are covered until age 26*

$10,000 $2.00

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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Policyholder: ADISYS CORPORATION

Group short-term disability insurance
Benefit summary

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary weekly benefit	60% of your earnings up to $1,500
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	8th day for accidents and 8th day for sickness
Benefit payment period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability

What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is 60% of your earnings prior to your disability up to $1,500 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation, state disability (if applicable), and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is completed on the 8th day for accidents and the 8th day for sickness. The elimination period is the amount of time before you start receiving benefits.

Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 12 weeks.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

Additional benefits:

Work incentive benefit	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit. You can't receive more than 100% of your earnings prior to your disability.
Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Rehabilitation incentive benefit	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
Mandatory rehabilitation	You may be paid for any expenses associated with an approved rehabilitation plan.

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This is a summary of short-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Policyholder: ADISYS CORPORATION

Group long-term disability insurance
Benefit summary

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits	
Primary monthly benefit	60% of your earnings up to $6,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	3 months
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 60% of your earnings prior to your disability up to $6,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval, or if you have a qualifying event.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is 3 months. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

Once I start receiving benefits, how long will they continue?

Age disability occurs	Benefits are payable until the later of:
Under age 62	Until the later of the date you reach age 65 or 42 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

Do I need to provide health information?

- Amounts above $6,000 require you to provide health information.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 80% of your indexed income prior to your disability.

Do I qualify if I have a preexisting condition?

- You may. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 3 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

Are mental nervous and drug/alcohol covered?

- It'll be considered a disability if it's caused by:
  - A mental health condition for up to a lifetime maximum of 24 months
  - Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months
- The amount of time you receive benefits for these covered conditions will be limited to a combined lifetime maximum of 24 months.

Additional benefits:

Work incentive benefit	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability.
Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Survivor benefit	If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit minus other income sources, which includes but is not limited to Social Security.

What are the limitations and exclusions of my coverage?

Preexisting conditions	A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you: • Received medical treatment, consultation, care or service; or • Were prescribed or took prescription medications Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months. Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.

Treatment of mental health conditions and drug and alcohol abuse conditions	A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions. Maximum benefit payment periods for: Mental health conditions – 24 months Alcohol, drug or chemical abuse conditions – 24 months The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum. However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.

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Group benefits

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by ComPsych®, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges. You'll have **24/7 access** to support through phone consultations, a mobile app, online resources, and self-screening tools. You can connect with licensed professionals for counseling, coaching, and more—**in person, by text, live chat, video, or phone.**

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. Individuals can call 24/7 to speak with a licensed professional or use GuidanceConnect® to schedule a time that works for them. Users are then matched with a local provider. Three counseling sessions per person, per issue, per year are included.

Work life services

You and your loved ones can receive support from licensed professionals with FamilySource®, FinancialConnect®, and LegalConnect® services.

- FamilySource provides employees and their families with an initial assessment and consultation, followed by customized, timely referrals for child and elder care, adoption, education, pet care, and other personal needs.
- FinancialConnect connects individuals with financial experts, including certified public accounts (CPAs), certified financial planners (CFPs), and experienced financial professionals, who can address a wide range of issues.
- LegalConnect connects users with attorneys for non-employment legal issues, plus tools for simple wills, legal forms, and resources on topics like estate planning, complaints, housing, and identity theft.

Coaching

Mental health, work-life challenges, and physical issues are often intertwined. Certified coaches understand this vital connection between mind, body, and lifestyle—they offer coaching services that address mental health, physical health, and overall well-being through one holistic solution. Coaches work one-on-one with participants to reduce personal roadblocks before they evolve into long-term, bigger challenges.

Computerized cognitive behavioral therapy (CCBT)

The EAP offers an interactive, multilingual digital program—accessible via app, tablet, or desktop—that addresses common behavioral health challenges. Guided modules are available to help reduce stress, overcome mental barriers, and improve well-being, with content covering topics such as depression, anxiety, mindfulness, sleep, self-esteem, and resilience.

Individuals can access EAP support anytime, anywhere—when and where it matters most.

GuidanceResources® online

ComPsych wants to meet people where they are, offering a digital experience as dynamic and comprehensive as live clinical care. The platform delivers personalized assessments, recommendations, and holistic care journeys tailored to each user's needs.

Through the GuidanceResources website, users can explore partner discounts—including Nationwide® Pet Insurance and TurboTax®—and the member-only Working Advantage portal for exclusive savings on movies, theme parks, travel, shopping, and more.

GuidanceNow℠ mobile app

The GuidanceResources mobile app, GuidanceNow℠, offers the same features as the website, letting members explore journey options, browse content (HelpSheets, assessments, Q&As, podcasts, and articles), and find local counseling, legal, childcare, and elder care providers.

24/7 **live assistance**

Visit **guidanceresources.com** and when you create an account, enter *PrincipalCore* as the program name.

Download the **GuidanceNow℠ app**

Call 844-869-2365 | **TTY** 711

Scan for **more resources.**



More about your EAP provider

ComPsych GuidanceResources® isn't just a support solution—it's a lifeline. With over 40 years of experience and more than 160 million people supported, ComPsych offers services that enhance employee well-being and strengthen organizational effectiveness at every stage of life. Through its employee assistance program (EAP), ComPsych provides meaningful support to help individuals manage stress, improve mental health, and navigate life's challenges through their network of 120,000+ clinical care providers. ComPsych also helps businesses reduce absenteeism and offers support during critical incidents. These programs are built to meet the unique needs of employees while equipping employers with tools to create healthier, more resilient workplaces.



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Principal® has arranged with ComPsych to make its employee assistance program (EAP) available to employees with select group coverage insured by Principal Life Insurance Company®. EAP is not part of the insurance contract or policy and may be changed or canceled at any time. Not all services available to group policies issued in New York. ComPsych is responsible for all EAP services provided through this program. ComPsych is not a member of the Principal Financial Group®.

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Get in on UHC Rewards

Good news – your health plan comes with a program where you may earn up to $1,000. UnitedHealthcare Rewards is included in your health plan at no additional cost.

Earn up to
$1,000

There may be so much good to get

With UHC Rewards, a variety of actions, including many things you may already be doing, may lead to rewards. The activities you go for are up to you. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that may be right for you – and look for new ways of earning rewards that may be added throughout the year.

There are 2 ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you – and start earning

Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that may be right for you

Your rewards

You may earn up to $1,000

Key features:

- Plan participants and eligible spouses may be reimbursed up to $1,000, subject to any applicable incentive limits
- Rewards are deposited into an Optum health savings account (HSA) or health Incentive account (HIA) as soon as $5 in earnings is achieved. Earnings may take 14 days to appear.
- 50% plan year rollover of unreimbursed rewards for those on a non-HSA plan

Considerations:

- Point tracking does not start until after your effective date
- All earned credits will be deposited into the plan participant's HSA or HIA to be used at your discretion
- Plan participants and spouses on a high deductible health plan will need to set up an Optum HSA, if they do not already have one, to receive reimbursement
- $65 registration credit will be deposited into the plan participant's HSA or HIA

Questions? Call customer service at **1-866-230-2505**

Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan or health insurance policy. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- Underlined text indicates a term defined in this Glossary.
- See page 6 for an example showing how deductibles, coinsurance and out-of-pocket limits work together in a real life situation.

Allowed Amount

This is the maximum payment the plan will pay for a covered health care service. May also be called "eligible expense," "payment allowance," or "negotiated rate."

Appeal

A request that your health insurer or plan review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing

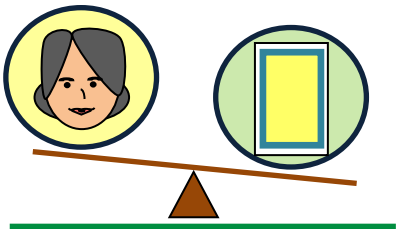
When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider to your health insurer or plan for items or services you think are covered.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance ***plus*** any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)



(See page 6 for a detailed example.)

Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Cost Sharing

Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn't cover usually aren't considered cost sharing.

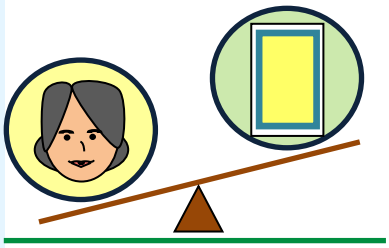
Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual plan you buy through the Marketplace. You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

(DT-OMB control number: 1545-0047/Expiration date: 01/31/2026) (DOL - OMB control number: 1210-0147/Expiration date: 09/30/2028)
(HHS - OMB control number: 0938-1146/Expiration date: 05/31/2026)

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible.)



Jane pays 100% | Her plan pays 0%

(See page 6 for a detailed example.)

Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Emergency Medical Transportation

Ambulance services for an emergency medical condition. Types of emergency medical transportation may include transportation by air, land, or sea. Your plan may not cover all types of emergency medical transportation, or may pay less for certain types.

Emergency Room Care / Emergency Services

Services to check for an emergency medical condition and treat you to keep an emergency medical condition from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for emergency medical conditions.

Excluded Services

Health care services that your plan doesn't pay for or cover.

Formulary

A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost-sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost-sharing amounts will apply to each tier.

Grievance

A complaint that you communicate to your health insurer or plan.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a premium. A health insurance contract may also be called a "policy" or "plan."

Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care providers. Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some plans may consider an overnight stay for observation as outpatient care instead of inpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Coinsurance
Your share (for example, 20%) of the allowed amount for covered health care services. Your share is usually lower for in-network covered services.

In-network Copayment
A fixed amount (for example, $15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

Marketplace
A marketplace for health insurance where individuals, families and small businesses can learn about their plan options; compare plans based on costs, benefits and other important features; apply for and receive financial help with premiums and cost sharing based on income; and choose a plan and enroll in coverage. Also known as an "Exchange." The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children's Health Insurance Program (CHIP). Available online, by phone, and in-person.

Maximum Out-of-pocket Limit
Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medically Necessary
Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

Minimum Essential Coverage
Minimum essential coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

Minimum Value Standard
A basic standard to measure the percent of permitted costs the plan covers. If you're offered an employer plan that pays for at least 60% of the total allowed costs of benefits, the plan offers minimum value and you may not qualify for premium tax credits and cost-sharing reductions to buy a plan from the Marketplace.

Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Network Provider (Preferred Provider)
A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

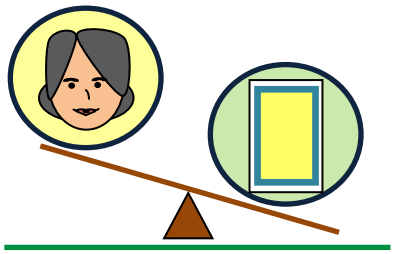
Orthotics and Prosthetics
Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.

Out-of-network Coinsurance
Your share (for example, 40%) of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-network Copayment
A fixed amount (for example, $30) you pay for covered health care services from providers who do ***not*** contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-network Provider (Non-Preferred Provider)
A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."

Out-of-pocket Limit



(See page 6 for a detailed example.)

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan," "policy," "health insurance policy," or "health insurance."

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Sometimes called "prior authorization," "prior approval," or "precertification." Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private health insurance. You can get this help if you get health insurance through the Marketplace and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

Prescription Drug Coverage

Coverage under a plan that helps pay for prescription drugs. If the plan's formulary uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in cost sharing will be different for each "tier" of covered prescription drugs.

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care (Preventive Service)

Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the plan, who provides, coordinates, or helps you access a range of health care services.

Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

Referral
A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

Rehabilitation Services
Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Screening
A type of preventive care that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Skilled Nursing Care
Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is ***not*** the same as "skilled care services," which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist
A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Specialty Drug
A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.

UCR (Usual, Customary and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

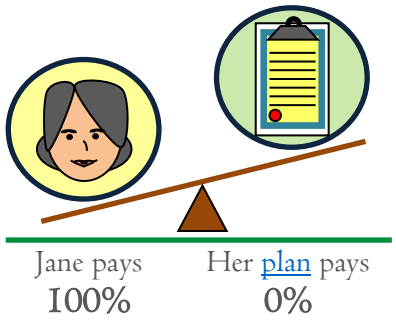
Urgent Care
Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

How You and Your Insurer Share Costs - Example

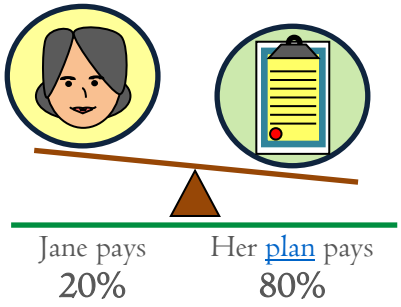
Jane's Plan Deductible: $1,500 **Coinsurance:** 20% **Out-of-Pocket Limit:** $5,000

January 1st
Beginning of Coverage Period

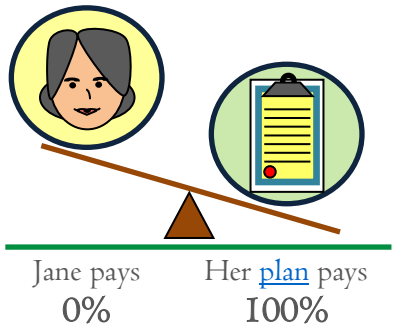
December 31st
End of Coverage Period



more costs



more costs



Jane hasn't reached her $1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: $125
Jane pays: $125
Her plan pays: $0

Jane reaches her $1,500 deductible, coinsurance begins

Jane has seen a doctor several times and paid $1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.

Office visit costs: $125
Jane pays: 20% of $125 = $25
Her plan pays: 80% of $125 = $100

Jane reaches her $5,000 out-of-pocket limit

Jane has seen the doctor often and paid $5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: $125
Jane pays: $0
Her plan pays: $125

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SECTION 125 PREMIUM PLAN

Here's how it works:

This employee enrolled himself, his spouse, and children on the medical and dental plan for a monthly premium of **$833.34**. As you can see, he avoided paying taxes on the premiums he paid — and his spendable income increased.

ANNUAL SALARY: $60,000 | MARITAL STATUS: Married

	Before Section 125 Plan	After Section 125 Plan
Annual Salary	$60,000.00	$60,000.00
Health Insurance Premiums	$0.00	$10,000.00
Taxable Income	$60,000.00	$50,000.00
7.65% FICA (fixed)	$4,590.00	$3,825.00
15% Federal Tax (variable)**	$9,000.00	$7,500.00
Total Taxes	**$13,590.00**	**$11,325.00**
After-Tax Pay	**$46,410.00**	**$38,675.00**
Health Insurance Premiums (After-Tax)	$10,000.00	$0.00
Actual Spendable Income	**$36,410.00**	**$38,675.00**

Annual Increase in Take-Home Pay: $2,265.00

** *Federal Income Tax savings will vary based on your income and personal tax situation. In most cases, individual income taxes are higher than 15%, meaning your actual savings may be even greater.*

Please Note: *Participation in the Section 125 Premium Only Plan is optional. Since it reduces the amount of Social Security taxes you pay, those nearing retirement may wish to evaluate the impact of their participation with a representative of the Social Security Administration. If you wish to opt out of the Section 125 Plan, please notify HR.*

EMPLOYEE BENEFITS COMPLIANCE & NOTIFICATION SHEET

Below is a list of rights and notices that apply to you through your Employee Benefit plan. Please visit Employee Navigator to download details about this important information. The login details are in your benefit packet. Paper copies are available upon request from your HR department.

1. ERISA Summary Plan Description
2. Summaries of Benefits and Coverage
3. Section 125 Premium Reduction Plan Explanation of Benefits
4. Medicare Creditable Coverage Notice
5. HIPAA Special Enrollment Rights Notice
6. Genetic Information Nondiscrimination Act
7. Mental Health Parity & Addiction Equity Act
8. The Newborns' & Mothers' Health Protection Act
9. Women's Health and Cancer Rights Act Notice
10. Uniformed Services Employment and Reemployment Rights Act Notice
11. Medicaid & Children's Health Insurance Notice (CHIP)
12. New Health Insurance Marketplace Coverage Options