

BENEFITS OUTLINE 2024 / 2025

New hire benefits are effective first of the month after hire

All Benefits in this section are available for enrollment through your employee portal

MEDICAL INSU	RANCE			TH – PH-TRAI vork Benefits	D-BASE TR	AD	ITIONAL POS
EMPLOYEE COST / N	<u>IONTH</u>	FIXED CO-PAYS			RX CO-PAYS		
SINGLE: \$	104.29	OFFICE VISIT (PCP):	\$	25	GENERIC:	\$	10
DOUBLE: \$	229.44	SPECIALIST VISIT:	\$	40	PREFERRED BRAND:	\$	30
FAMILY: \$	286.80	URGENT CARE:	\$	75	NON-PREFERRED BRAND:	\$	60
		ER VISIT:	\$	250	PREFERRED SPECIALTY:		20%, max \$100
EMPLOYER COST / N	<u>IONTH</u>	AMBULANCE:	\$	150	NON-PREFERRED SPECIALTY:		20%, max \$200
SINGLE: \$	417.16	HIGH TECH IMAGING:	\$	150			
DOUBLE: \$	917.75						
FAMILY: S	1,147.20	COINSURANCE MAX			TOTAL OUT-OF-POCKET MAX	IMU	M (plan year)
		In Network/Out of No	etwo	<u>ork</u>	In Network/Out of Network		
		INDIVIDUAL:	\$	3,000/\$6,000	INDIVIDUAL:	\$	9,100/\$18,200
DEDUCTIBLE (plan y	ear)	FAMILY:	\$	6,000/\$12,000	FAMILY:	\$	18,200/\$36,400
In Network/Out of N	<u>letwork</u>						
INDIVIDUAL: \$	1,000/\$2,000						
FAMILY: \$	2,000/\$4,000	HOSPITAL COINSURANCE	80	%/60%			
 SPECIAL FEATURES: WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines <u>VIRTUAL VISITS</u>: 24/7 phone/video physician access, including dermatology & behavioral health 							
	•	ACCOUNT INFORMATION ON THE					lth plan
	-	information, use the cost estimato				app.	
	 <u>OUT-OF-NETWORK BENEFITS</u>: Please see individual plan summaries for details 						





MEDICAL INSU	MEDICAL INSURANCE PRIORITY HEALTH – PH-HMO-BASE In-Network Benefits					
EMPLOYEE COST /	<u>MONTH</u>	<u>CO-PAYS</u>		RX CO-PAYS		
SINGLE: \$	94.46	OFFICE VISIT (PCP):	\$25	GENERIC/GENERIC VALUE:	\$ 10	
DOUBLE: \$	207.81	SPECIALIST VISIT:	\$40	PREFERRED BRAND:	\$ 30	
FAMILY: \$	259.77	URGENT CARE:	\$75	NON-PREFERRED BRAND:	\$ 60	
		ER VISIT:	\$250	PREFERRED SPECIALTY:	20%, max \$100	
EMPLOYER COST /	MONTH	AMBULANCE:	\$150	NON-PREFERRED SPECIALTY:	20%, max \$200	
SINGLE: \$	377.84	HIGH TECH IMAGING:	\$150			
DOUBLE: \$	831.25					
FAMILY: \$	1,039.06	<u>COINSURANCE MAX (p</u>	lan year)	TOTAL OUT-OF-POCKET MAXIN	//UM (plan year)	
		INDIVIDUAL:	\$ 3,000	INDIVIDUAL:	\$ 9,100	
DEDUCTIBLE (plan	year)	FAMILY:	\$ 6,000	FAMILY:	\$ 18,200	
INDIVIDUAL: \$						
FAMILY: \$	5 2,000	HOSPITAL COINSURANCE	80%			
 SPECIAL FEATURES: WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines <u>VIRTUAL VISITS</u>: 24/7 phone/video physician access, including dermatology & behavioral health <u>ACCOUNT INFORMATION ON THE GO</u>: You can access your membership card, personal health plan 						

information, use the cost estimator, order prescriptions and more using the MyHealth app.

MEDICAL IN	SU	RANCE		PRIORITY HEALTH – PH-HMO-HSA-PREM In-Network Benefits				HSA HMO	
EMPLOYEE COST	·/ M	<u>ONTH</u>	CO-PAYS (*AFTER DEDUCTIBLE	=)		RX CO-PAYS (*AFTER DEDUCTIBLE)			
SINGLE:	\$	85.42	OFFICE VISIT (PCP):		80%*	GENERIC/GENERIC VALUE:	\$	10*	
DOUBLE:	\$	187.93	SPECIALIST VISIT:		80%*	PREFERRED BRAND:	\$	40*	
FAMILY:	\$	234.91	URGENT CARE:		80%*	NON-PREFERRED BRAND:	\$	80*	
			ER VISIT:		80%*	PREFERRED SPECIALTY:	\$	20%, max \$100*	
EMPLOYER COST	[/ M	IONTH	AMBULANCE:		80%*	NON-PREFERRED SPECIALTY:	\$	20%, max \$200*	
SINGLE:	\$	341.69	HIGH TECH IMAGING:		80%*				
DOUBLE:	\$	751.72							
FAMILY:	\$	939.66	<u>COINSURANCE MAX (pl</u>	an	<u>year)</u>	TOTAL OUT-OF-POCKET MAXIM	1UM	(plan year)	
			INDIVIDUAL:	\$	400	INDIVIDUAL:	\$	2,000	
DEDUCTIBLE (pla	an ye	ear)	FAMILY:	\$	800	FAMILY:	\$	4,000	
INDIVIDUAL:	\$	1,600							
FAMILY:	\$	3,200	HOSPITAL COINSURANCE	80	1%				
 SPECIAL FEATURES: WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health ACCOUNT INFORMATION ON THE GO: You can access your membership card, personal health plan information, use the cost estimator, order prescriptions and more using the MyHealth app. 									





HSA (Health Savings Account) MEDICAL BENEFIT

EMPLOYEE RESPONSIBILITY

- You must enroll in an HSA Medical plan in order to have HSA contributions deducted from your paycheck and be able to utilize HSA funds.
- Axios HR partners with LMCU so that you can enroll in an HSA account directly from the OE enrollment tool if you do not currently have an HSA account.

SPECIAL FEATURES:

regular checking account*
Even if you select an HSA medical plan in the enrollment tool, this does not mean that you have an HSA – you must set up an account for us to be able to distribute your contributed funds.

You are able to utilize any bank you would like, as long as the bank offers an HSA account *this is not a

- An HSA account is solely yours, Axios HR has no ownership over this account.
- If you would like to utilize an HSA account outside of the LMCU offering, you will need to submit an HSA change form to us. Contact <u>service@axioshr.com</u> or call 616-949-2525 if this applies to you.

DENTAL INSURANCE	DELTA	DENTAL BASE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	<u>FEATURES</u>	DESCRIPTION (assumes in-network)	vork)
SINGLE: \$ 5.80	BENEFIT MAX: \$ 1,000	PREVENTATIVE SERVICES:	NO DEDUCTIBLE APPLIES – COVERED 100%
DOUBLE: \$ 12.00	DEDUCTIBLE: \$ 50	BASIC SERVICES:	COVERED 80% AFTER DEDUCTIBLE
FAMILY: \$ 24.00	ORTHO MAX: \$ 1,000	MAJOR SERVICES:	COVERED 50% AFTER DEDUCTIBLE
	Lifetime	ORTHODONTIC:	COVERED 50% AFTER DEDUCTIBLE
		DEPENDENTS:	COVERED TO AGE 26
EMPLOYER COST / MONTH	SPECIAL FEATURES:	NO ID CARD REQUIRED	– simply let your provider know you
SINGLE: \$ 23.20		have Delta Dental and t your SSN	they will be able to look you up by
DOUBLE: \$ 48.00		 Delta Dental PPO Netw 	ork
FAMILY: \$ 96.00		major restorative and p	ting period for new enrollees for any prosthodontic service eductible are calendar year (Jan-Dec)

			VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	FEATURES	<u>]</u>	DESCRIPTION
SINGLE: \$ 1.79 DOUBLE: \$ 3.50 FAMILY: \$ 4.97	EXAMS: CONTACTS: FRAMES:	ONCE EVERY 12 MONTHS ONCE EVERY 12 MONTHS ONCE EVERY 24 MONTHS	EXAM CO-PAY: \$10 CONTACT LENSES: \$130 Allowance DEPENDENTS: COVERED TO AGE 26
EMPLOYER COST / MONTHSINGLE:\$7.16DOUBLE:\$14.00FAMILY:\$19.90	SPi	EyeMed and	REQUIRED – simply let your provider know you have d they will look you up by your SSN uency based on date of last visit

LIFE INSURANCEMETLIFEEMPLOYER PAIDCOVERAGE
EMPLOYEE:1x Salary, up to
\$200k maxSPECIAL FEATURES:
PlanSmart: PlanSmart is a multifaceted program, offered at no additional cost, which enables you to
provide your employees with access to a range of financial and retirement education resources through
on-site workshops, with optional personal consultations and decision-support assistance.•Retirewise: Retirewise is an in-depth program consisting of a four-part series of workshops that deliver
objective information covering a broad spectrum of retirement issues from Estate Planning to Tax
Planning. Each workshop is delivered by a locally based financial professional.

2024 / 2025 Benefit Outline

These summaries are provided for reference only. Please see carrier summaries and plan documents for details. Benefits paid based on plan documents only.





SHORT TERM DISABILI	TY METLIFE	EMPLOYER PAID
EMPLOYEE COST / MONTH	<u>COVERAGE</u>	
EMPLOYEE: \$ 0.00	 60% of weekly salary up to \$1,000 per week 	
	• Benefits begin on (Accident) 1 st day	
	• Benefits begin on (Illness) 8 th day	
	Max Duration of Benefits: 13 weeks	

LONG TERM DISABILIT	Y METLIFE	EMPLOYER PAID
EMPLOYEE COST / MONTH EMPLOYEE: \$ 0.00	 COVERAGE 60% of weekly salary up to \$6,000 /month Elimination Period: 90 days Max Duration of Benefits: till age 65 	 SPECIAL NOTES: <u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 12 months. <u>Benefit Limitations:</u> Neuromuscular: 24 months Musculoskeletal: 24 months Soft Tissue Disorder: 24 months Alcohol, Drug or Substance Abuse: No limit

LIFE INSURANCE		METLIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	COVERAGE		SPECIAL NOTES:
 Rates are based on employee's age and 	EMPLOYEE:	\$10k to \$200k guarantee, Max. \$200k	 You must elect coverage for yourself in order to elect coverage for your spouse and / or child(ren)
amount of coverage	SPOUSE:	\$5k to \$25k guaranteed	 Any amount elected over the guarantee issue amount will be subject to medical underwriting
	DEPENDENT:	\$10k guaranteed	amount win be subject to medical under writing

FLEX BENEFIT - MEDI	CAL & DEPENDENT CARE	AXIOS HR	VOLUNTARY EMPLOYEE PAID			
EMPLOYEE COST / MONTH SPECIAL FEATURES • You elect how much to contribute annually • Health Care Spending Account Maximum Limit: \$3,200/\$6,400 Annually • Dependent Care Spending Account Maximum Limit: \$2,500/\$5,000 Annually (Dependent Care expenses must be from a licensed care provider or program)						
	 FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars. FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s). 					
FLEX BENEFIT RULES	for the period of time you were	covered under the plan to u	the date of termination to submit any receipts utilize any remaining funds. the amount you want to contribute in the			
	• Type of Plan – Please verify that	you are electing the correc	t type of FLEX plan, we offer more than one.			





FLEX BENEFIT – COMMUTER FRINGE BENEFIT

AXIOS HR

VOLUNTARY EMPLOYEE PAID

EMPLOYEE COST / MONTH SPECIAL FEATURES

- Transit Spending Account Maximum Limit: \$315 per month
- Parking Spending Account Maximum Limit: \$315 per month
- FSA's give you a way to pay for your transit and parking expenses with pre-tax dollars.
- FSA's are voluntary YOU decide how much to have taken out of your paycheck and put into your acct.

FLEX BENEFIT RULES

You elect how much to

contribute annually

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- **Termination of Plan/Employment** You have 30 days from the date of termination to submit any receipts for the period of time you were covered under the plan to utilize any remaining funds.
- Life Events FLEX funds are prepaid, so you cannot change the amount you want to contribute in the middle of a plan year.
- Type of Plan Please verify that you are electing the correct type of FLEX plan, we offer more than one.

OFF THE JOE	3 A	CCIDEN	T METLIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST	/ M	<u>ONTH</u>	SPECIAL FEATURES	
EMPLOYEE:	\$	8.16		espond with a variety of covered occurrences, such as ital confinement; ambulance services; physical therapy and
EE + SPOUSE:	\$	15.44	more. The cash benefits can be used to help p	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EE + CHILD:	\$	16.84	 Benefits are paid once per accident unless oth Guaranteed issue coverage and coverage avail 	
EE + FAMILY:	\$	21.13	 See plan document for more details. 	

CRITICAL ILLNESS	METLIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	SPECIAL FEATURES	
 Rates will vary based on your issue age, who you wish to cover, the amount of coverage and 	 Benefit Coverage options are \$10,000 or \$20,000 This coverage helps offer financial support if you are di expense of treatment often so high, seeking the treatm But when a diagnosis occurs (such as cancer, major org getting better. With METLIFE Benefits, you gain the por covered event. 	nent you need seems like a heavy financial burden. gan failure, etc.), what you should be focusing on is
whether or not you use tobacco products	 <u>How It Works</u>: You select the benefit coverage amount budget. If you have covered family members, this cove diagnosed with a covered critical illness, you will receiv for the condition. 	rage also provides cash benefits for them. Then, if

HOSPITAL INDEMNITY		METLIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / N	MONTH	SPECIAL FEATURES	
EMPLOYEE: \$	5 7.67	 This coverage pays a cash benefit for hospital confin keep you from withdrawing money from your perso 	ement. This benefit is payable directly to you and can nal bank account or your Health Savings Account (HSA)
EE + SPOUSE: \$	20.15	for hospital-related expenses.	
EE + CHILD: \$	5 13.26	 Guaranteed issue coverage and coverage available f Coverage can be continued as long as premiums are 	
EE + FAMILY: \$	5 21.84	 See plan document for more details. 	

2024 / 2025 Benefit Outline





Legal / ID Protection		ID Shield/Legal Shield		gal Shield	VOLUNTARY EMPLOYEE PAID	
				SPECIAL FEATURES		
			•		includes security and privacy monitoring social	
Plan	Family (per month)	Individual (per month)		media monitoring, identity restoration and consolation service		
LegalShield	23.95	23.95	 If your identity is stolen, ID Shield will fully restore to pre-theft status. 			
IDShield	18.95	8.95				
Combined	38.90	32.90	•	 LEGAL Shield offers advice, consultation and representation inclegal guidance for common issues. Membership includes a dedicated law firm, contracts and review as well as preparation of your end of life document 	,	
					des a dedicated law firm, contracts and document	

401(k)	EMPOWER RET	RETIREMENT PLAN	
ELIGIBILITY REQUIREMENTS:	SERVICE LENGTH	AGE	ENTRY DATE
<u>SPECIAL FEATURES:</u>	 Immediate 21 Years Immediate Entry Enhanced company match of 100% of the first 6% Enrollment in the 401k, or any contribution or beneficiary changes to your existing 401k, can be done on Empower's website, <u>www.empowermyretirement.com</u> . Enrollment in the 401(k) is not done through the benefit enrollment tool and is not tied to the Open Enrollment period; you can enroll or make changes to contributions at any time after you are eligible.		

RETIREMENT	CAPTRUST	FINANCIAL WELLNESS			
	 Through CAPTRUST, you have access to personalized financial advice. Consults can be requested by calling 800-967-9948 or by visiting <u>www.captrustadvice.com/scheduler/</u> Ways to engage with CAPTRUST: Quarterly Webinars, 1:1 advice session, monthly newsletters, Retirement Blueprint, and our website <u>www.captrustadvice.com</u>. 				
CAPTRUST Financial Wellness and Advice	Learn More about the benefit:	Schedule a Meeting:			





All Items listed in this section are not part of the online benefit enrollment experience. They are considered Vendor Perks and are available at any time throughout the year.

MOBILE VETERINARY CARE	VETR HEALTH	VOLUNTARY EMPLOYEE PAID			
Convenient, affordable veterinary care from the comfort of your own home.					

- In Home Vet Visits vets travel to you and your pets! All the care is provided in the comfort of your own home.
- Core Vaccines and Testing your membership includes all of the core vaccines and testing your pet needs to stay healthy.
- Unlimited Telehealth advice from veterinarians anytime, anywhere with Vetr telehealth.
- Online Pharmacy receive access to their online pharmacy for any prescriptions including preventatives.

The Veterinary Care benefit through Vetr Health is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at <u>www.vetrhealth.com</u>. Employees will pay premiums directly to Vetr Health.

PET'S BEST

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Fast claims processing and payment receive reimbursement via direct deposit or direct vet pay options available
- Use any veterinarian in the U.S. including specialty and emergency clinics
- Access to a 24/7 pet helpline powered by WhiskerDocs
- Exclusive Axios HR employee discount on a BestBenefit Plan

The Pet Insurance benefit through Pet's Best is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at <u>www.petsbest.com/axios</u>. Employees will pay premiums directly to Pet's Best.



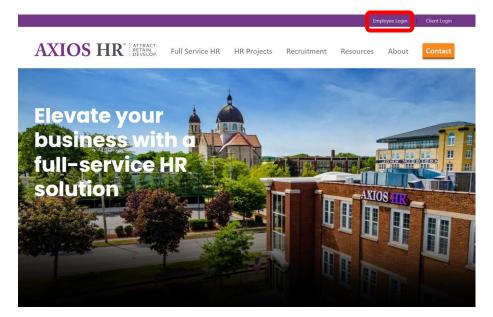
VOLUNTARY EMPLOYEE PAID



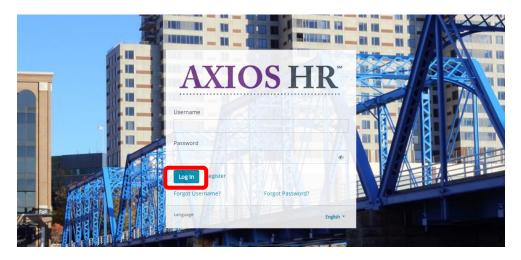
HOW TO COMPLETE ENROLLMENT – NAVIGATION INSTRUCTIONS

To elect your benefits for the 2024-2025 plan year, please follow these simple instructions. Please note that it is highly recommended that you use **<u>Google Chrome</u>** to complete your enrollment.

Go to https://axioshr.com/, and click on the "Employee Login" link at the top right of the screen:



Enter your employee credentials and click the blue "Log In" button:

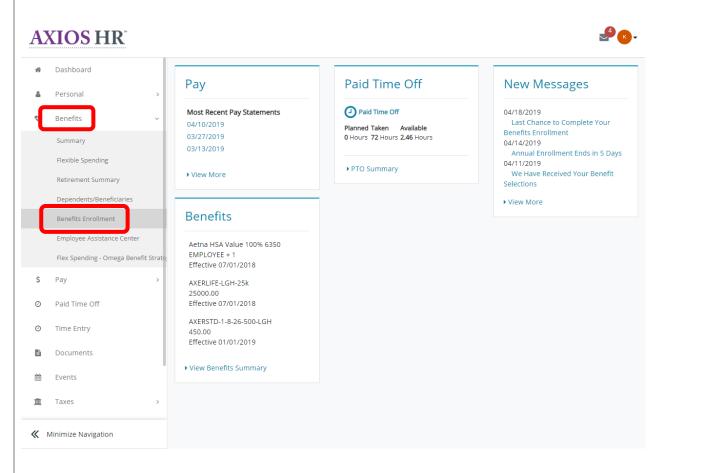


If you have forgotten your username or password, you may use the "Forgot Username?" or "Forgot Password?" links on the login screen for assistance retrieving or resetting your credentials. You may also contact Axios HR for assistance at 616-949-2525 or by emailing service@axioshr.com. The Axios HR Employee Care Team is available to assist you Monday-Friday from 8am-5pm.





Once you are logged into the Employee Portal, navigate to the Benefits Enrollment tool by locating the side menu, clicking on "Benefits" and then "Benefits Enrollment".



The Axios HR Employee Care Team is here to assist you if you have any questions or have any trouble making and submitting your benefit elections for the 2024-2025 benefit plan year. You can reach the Axios HR Employee Care Team by phone at 616-949-2525 or by emailing <u>service@axioshr.com</u>.





Access Your HR and Payroll Information on the Go with the Mobile App

Your HR and payroll information is always at your fingertips with the PrismHR Employee Portal App. It's free and easy to set up on your smartphone or tablet.

Anything you can do in Employee Portal you can do in the mobile app:

- Pay stubs and history
- Benefits summary
- Personal contact information
- Document management
- HR support contacts
- Enroll in benefits
- W-2 forms
- Change tax withholdings

The app is available now for Apple and Android devices.



In the App Store/Google Play, search for PrismHR Employee Portal:



Once the app is installed, the first time you launch it will require you to complete a one-time setup to access your account. Please select '**Access Code**' and enter the access code of **285**.

Once this is complete, it will bring you to the login screen (blue bridge in the background) and you'll be able to log in as normal.





AXIOS HR^{**} ATTRACT. RETAIN. DEVELOP.

Have questions? We're here to help!

Asistencia en Español

The Axios HR Employee Care Team is available Monday-Friday from 8am-5pm to answer any questions and resolve any issues as quickly as possible. Our Employee Care Team is made up of three HR professionals – Kayla (Care Team Lead), Edgar (HR Coordinator), Alexis (HR Coordinator) and Courtney (HR Intern).

Our Employee Care Team can assist with many items including (but not limited to):

- New hire onboarding
- Username/password assistance
- Contact information changes
- Tax withholding/W2 questions
- Retrieving pay stubs
- Benefits enrollment assistance

- Benefits questions
- FMLA/Disability paperwork
- Timeclock assistance
- Payroll questions
- · Verification of Employment documents
- HR/employment concerns

No matter what your need is, the Employee Care Team is your primary point of contact with Axios HR. If your inquiry requires the attention of an HR Specialist, the Care Team will put you in direct contact with one of our team's HR Specialists for resolution.

In addition to our Employee Care Team, the Axios HR Employee Portal is very robust and gives you 24/7 access to your personal information. On the Employee Portal, you can view/download/print your paystubs or W-2, view or make changes to your contact information like address, phone number or e-mail, as well as view or make changes to your direct deposit account information. To visit the employee portal, go to **AxiosHR.com** and click on "**EMPLOYEE LOGIN**" in the upper right-hand corner.

To contact our Employee Care Team, please call us at 616-949-2525 or email <u>service@axioshr.com</u>.



