



INVICTUS
ASSOCIATES



Employee Benefits Guide

**RR 1 Box 824
Roseland, VA 22967**

June 1st, 2026 - May 31st, 2027

Welcome!

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Eligibility

Who is eligible?

Full time employees are eligible to participate in benefit plans on the first of the month following their date of hire. Full time employment is defined as working a minimum of 30 hours per week. Your eligible dependents include:

- **Your spouse**
- **Your dependent children (eligible up to age 26)**



Mid-Year Changes

Unless you have a qualifying event, you cannot make changes to the benefits you elect until the next open enrollment period. If you have a qualifying event, you must make any associated enrollment or benefit changes within 31 days of the event. You have the right to elect coverage during the plan year if you or your dependents Medicaid/Children's Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program. Qualifying events include:

- **Change in legal marital status**
- **Change in number of dependents**
- **Change in employment status of employee, spouse, or dependent**
- **Dependent newly satisfies or ceases to satisfy eligibility**
- **Change in place of residence**
- **Loss of certain other health coverage**
- **Court judgement, decree, or order**
- **Medicare or Medicaid entitlement**

Enrollment

Annual Open Enrollment Period

During the annual open enrollment period, you may make changes to your benefit plan elections and/or the family members you cover. Changes can only be made outside of the annual enrollment period if you experience a **qualified family status change that permits changes in your plan election**. So now is the time to carefully review your plan options.

2026-2027 Plan Year Overview

Open enrollment for our benefit plans will be conducted **May 11th through May 22nd, 2026**. Elections you make during open enrollment will become **effective June 1st, 2026**. This Guide provides a brief description of the benefit plans available to you and your family members. Please read it carefully, since understanding the options available to you can help ensure that you choose the right benefit options for you and your family.

Review
information
provided in
Guide

Choose the
best plan for
you/family

Enroll in
coverage!



Contact Information

Please take time to review this Benefits Guide carefully. If you should have any questions regarding any of the information presented or require additional information about Invictus Associates, LLC. benefits program, please contact:

Wendy Daniels

(757) 567-2668

wdaniels@invictusassoc.com

Office Hours: Monday through Friday 9:00am to 5:00pm EST

Plan	Carrier	Phone	Website
Medical	Anthem	(800) 331-1476	www.anthem.com
Dental	Ameritas	(800) 487-5553	www.ameritas.com
Vision	Ameritas	(800) 487-5553	www.ameritas.com
Life and AD&D Insurance	Principal	(800) 986-3343	www.principal.com
Disability Insurance	Principal	(800) 986-3343	www.principal.com
Accident, Critical Illness & Hospital Indemnity	Principal	(800) 986-3343	www.principal.com
Identity Protection	Allstate	(800) 789-2720	www.allstateidentityprotection.com
Life & AD&D (Overseas)	Aflac	(800) 433-3036	www.aflac.com
TRICARE Supplement	SelmanCo	(833) 731-2125	memberservices@selmanco.com
Legal Services	LegalShield	(800) 654-7757	www.legalshield.com
Pet Insurance	Nationwide	(800) 540-2016	www.petinsurance.com



Glossary

Preventive Services

- Helps you stay healthy before you have symptoms.
- **Routine checkups and screenings** are just two examples. Your health plans pay for covered preventive care without passing costs to you when you see a network doctor.

Deductible

- The amount you must pay for care **before insurance starts contributing**.
- Some services may or may not apply towards the deductible, which will be identified in the benefit summaries.

Coinsurance

- A portion of the medical cost after your deductible has been met, and your health plan kicks in.
- A way of saying that **you and your insurance carrier each pay a share of eligible costs to add up to 100%**

Diagnostic Services

- When you have symptoms, you need diagnostic care to **help find out what's wrong. They may be new symptoms or changes to an ongoing health condition.**
- With diagnostic care, you may need to share some of the costs through a copayment deductible or coinsurance.

Copayment

- A flat fee that you pay for certain services, such as an office visit or to fill a prescription.
- **Cover your portion of the cost for these services.**

Out-of-Pocket Limit

- For any covered expenses obtained in network, you will never pay more than your maximum out-of-pocket limit during the plan year.
- The out-of-pocket limit **includes all your copayments, deductibles, and coinsurance payments.**
- This does not include your premium contribution.



Medical Plan

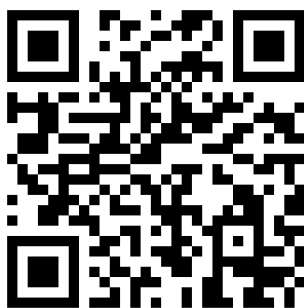
The medical plans are arranged through Anthem Blue Cross Blue Shield.

Preferred Provider Organization (PPO)

- Allow you to choose to see PPO providers or non-network providers.
- When you use a provider who participates in the Open POS Network(s) your out-of-pocket expenses for covered services will be lower. Therefore, it is to your advantage to use PPO providers, but it is not required.

Point of Service (POS) Plans

- Have features of an HMO and a PPO.
- provides different benefits depending on whether the policyholder uses in-network health care providers where they are cheaper and require less paperwork.
- Out-of-network providers may offer more choices and flexibility, but with potentially higher costs and added paperwork for the policy holder.



Find a Provider!



Benefits	Anthem KeyCare Gold PPO	
	In-Network	Non-Network
Annual Deductible	\$0 Individual \$0 Family	\$2,000 Individual \$4,000 Family
Annual Out of Pocket Maximum (Includes Deductible & Copays)	\$6,100 Individual \$12,200 Family	\$15,250 Individual \$30,500 Family
Preventive Care	Plan pays 100%	Plan pays 70% AD
Physician Office Visit	EOHC: \$15 copay PCP: \$25 copay	Plan pays 70% AD
Specialist Office Visit	\$70 copay	Plan pays 70% AD
Outpatient Surgery	\$500 copay	Plan pays 70% AD
Inpatient Hospitalization	\$600 per day; max \$2,400 per admission	Plan pays 70% AD
Emergency Room	\$600 copay (waived if admitted)	
Urgent Care	\$70 copay	Plan pays 70% AD
Lab	Plan pays 100%	Plan pays 70% AD
Advanced Imaging	\$300 copay	Plan pays 70% AD
Prescription Drugs		30% coinsurance
Generic	\$15 copay	
Brand Name	\$45 copay	
Non-Formulary	25% up to \$200 max	
Specialty	25% up to \$400 max	

AD= After Deductible

EPHC = Enhanced Personal Health Care

This is a brief description of the Medical benefits. Please refer to the Summary Plan Description for complete policy provisions, limitations, and exclusions. Plan provisions are subject to change and may not be reflected in this guide.

Medical Plan



Benefits	Anthem KeyCare Silver HSA PPO 4000	
	In-Network	Non-Network
Annual Deductible	\$4,000 Individual \$8,000 Family	\$10,000 Individual \$20,000 Family
Annual Out of Pocket Maximum (Includes Deductible & Copays)	\$6,750 Individual \$13,500 Family	\$16,875 Individual \$33,750 Family
Preventive Care	Plan pays 100%	Plan pays 50% AD
Physician Office Visit	Plan pays 80% AD	Plan pays 50% AD
Specialist Office Visit	Plan pays 80% AD	Plan pays 50% AD
Outpatient Surgery	Plan pays 80% AD	Plan pays 50% AD
Inpatient Hospitalization	Plan pays 80% AD	Plan pays 50% AD
Emergency Room	Plan pays 80% AD	
Urgent Care	Plan pays 80% AD	Plan pays 50% AD
Lab	Plan pays 80% AD	Plan pays 50% AD
Advanced Imaging	Plan pays 80% AD	Plan pays 50% AD
Prescription Drugs		
Generic	20% coinsurance AD	50% coinsurance AD
Brand Name		
Non-Formulary		
Specialty		

AD= After Deductible

This is a brief description of the Medical benefits. Please refer to the Summary Plan Description for complete policy provisions, limitations, and exclusions. Plan provisions are subject to change and may not be reflected in this guide.

Medical Plan



Benefits	Anthem HealthKeepers Gold OAPOS	
	In-Network	Non-Network
Annual Deductible	\$0 Individual \$0 Family	\$2,000 Individual \$4,000 Family
Annual Out of Pocket Maximum (Includes Deductible & Copays)	\$6,100 Individual \$12,200 Family	\$15,250 Individual \$30,500 Family
Preventive Care	Plan pays 100%	Plan pays 70% AD
Physician Office Visit	EPHC: \$15 copay PCP: \$25 copay	Plan pays 70% AD
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Lab	Plan pays 100%	Plan pays 70% AD
Advanced Imaging	\$300 copay	Plan pays 70% AD
Prescription Drugs	\$15 copay \$45 copay 25% up to \$200 max 25% up to \$400 max	30% coinsurance
Generic		
Brand Name		
Non-Formulary		
Specialty		

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Inpatient Hospitalization	Plan pays 80% AD	Plan pays 50% AD
Emergency Room	Plan pays 80% AD	
Urgent Care	Plan pays 80% AD	Plan pays 50% AD
Lab	Plan pays 80% AD	Plan pays 50% AD
Advanced Imaging	Plan pays 80% AD	Plan pays 50% AD
Prescription Drugs		
Generic	20% coinsurance AD	50% coinsurance AD
Brand Name		
Non-Formulary		
Specialty		

AD= After Deductible

This is a brief description of the Medical benefits. Please refer to the Summary Plan Description for complete policy provisions, limitations, and exclusions. Plan provisions are subject to change and may not be reflected in this guide.

Invictus Associates, LLC. offers an enhanced telemedicine experience to all employees enrolled in our medical plan! This offering provides employees (and their families) with simplified access to high quality medical care through Anthem's innovative video platform technology, Sydney Health. **Please note: Additional charges may apply for lactation consultation or mental health visits.**

What is Sydney Health?

Sydney Health is the next-generation video telemedicine company, offering people live, secure, HIPAA-compliant, on-demand, and scheduled video visits with US-licensed providers that can write prescriptions.

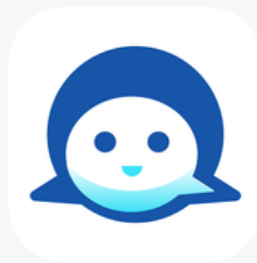
What does Sydney Health treat?

Sydney Health provides both mind and body care with issues ranging from cold and flu, skin conditions, allergies, sinus infections, cough, nausea and vomiting, fever, asthma, and more.

How does it work?

Employees download the app from the App Store or Google Play. The Sydney Health app works on any smart phone, tablet, or computer with a front-facing camera. Employees can also access Anthem benefits via the Anthem website. Within just a few minutes, employees can sign up and connect to a US-licensed provider.

Download our Sydney Health app!



Register for free to be ready when you need virtual care.





The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan’s network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You’ll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you’re looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family’s health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar [anthem.com/es](https://www.anthem.com/es).



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what’s covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

In addition to using a telehealth service, you can receive in-person virtual care from your own doctor or another healthcare provider in your plan’s network. If you receive care from a doctor or healthcare provider not in your plan’s network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Cereon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the tradename of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Expanding your virtual care options

Find complete care support, on your time, through the Sydney Health app

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find low or no-additional cost care through our app:

- 1 **Chat with a doctor 24/7 without an appointment**
 - Urgent care support for health issues, such as allergies, a cold, or the flu.
 - New prescriptions¹ for concerns such as a cough or a sinus infection.
- 2 **Schedule a virtual primary care appointment**
 - Routine care, including virtual annual preventive care (wellness) visit and prescription refills.^{1,2,3,4}
 - Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

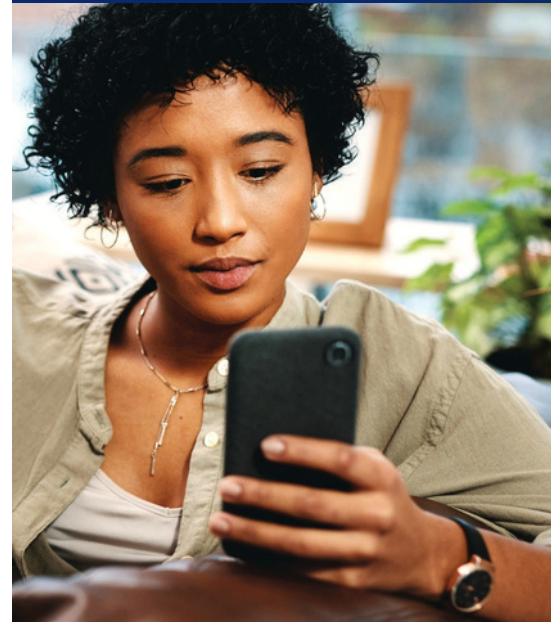
Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at low or no-additional cost.

Download our Sydney Health mobile app today.



Set up your account right away and it will be ready to use when you need it.



85% of virtual visits resolve the person's need.⁵

1 Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022. The virtual annual preventive care (wellness) visit is covered in full unless the employer has a limit or cap under their benefit plan.
 2 Virtual primary care medical services provided by Preventive Medical Associates P.C. through an arrangement with Hydrogen Health, which provides the virtual care platform.
 3 Eligible employees are those who have not yet had an annual preventive care (wellness) visit during the plan year (either virtual or in-person) whose group benefit plan covers a virtual primary care exam. If an employer group has a cap on the number of preventive care (wellness) visits that are covered in full and the employee has exceeded the cap but would like to have another preventive care (wellness) visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.
 4 Your doctor will determine if a prescription is needed at time of visit.
 5 K Health analysis of Q4 2020 visit dispositions.
 Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.
 In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.
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The dental plan is arranged through Ameritas.

Preferred Provider Organization (PPO) Plans

- Provide you with the freedom to use a dentist of **your choice or access the PPO network of dentist.**
- Using a dentist participating in the **PPO network, your-out-of-pocket expenses will be reduced,** as fees are subject to a negotiated rate.
- If you use a **non-network provider, you are responsible for paying the difference in cost** between the non-network providers' charges and the allowed amount.
- It is recommended that any services more than \$300 be sent to Ameritas for pre-determination before services are rendered.

This is a brief description of the dental benefits. Please refer to the Summary Plan Description for complete policy provisions, limitations, and exclusions. Plan provisions are subject to change and may not be reflected in this guide.

Preventive Services are covered at 100% (in-network) Exams, cleanings, etc. The PPO deductible does not apply to these services. Allowed 2 cleanings/checkups per benefit period.



Find a Dentist!



Benefits	Ameritas Dental PPO	
	PPO Network	Out-of-Network
Annual Deductible	\$50 per individual and \$150 per family Deductible is waived for Preventive Services	
Annual Plan Maximum	\$1,500 per individual	
Type I: Preventive Services		
Routine Exam	Plan pays 100%	Plan pays 100%
Teeth Cleaning	Plan pays 100%	Plan pays 100%
Bitewing X-rays	Plan pays 100%	Plan pays 100%
Type II: Basic Services- Deductible Applies		
Simple Extraction	Plan pays 80%	Plan pays 80%
Fillings	Plan pays 80%	Plan pays 80%
Periodontal Services & Scaling	Plan pays 80%	Plan pays 80%
Type III: Major Services- Deductible Applies		
Implant	Plan pays 50%	Plan pays 50%
Crown	Plan pays 50%	Plan pays 50%
Bridge	Plan pays 50%	Plan pays 50%

If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.

The vision plan is arranged through Ameritas.

- The vision plan provides you with the freedom to use an eye doctor of your choice or access the **VSP Choice vision network** of providers.
- If you use a provider within the network, your out-of-pocket expenses will be reduced.
- If you use a non-network provider, in-network benefits and discounts will not apply, and benefits will be paid according to a set benefit reimbursement schedule.



Find an Eye Doctor!

Benefits	Ameritas Vision	
	In-Network	Out-of-Network
Eye Exams	\$10 copay	\$45 Reimbursement
Eyeglass Lenses and Frames		
Single Standard Lenses	\$10 copay	\$30 Reimbursement
Bifocal Standard Lenses	\$10 copay	\$50 Reimbursement
Trifocal Standard Lenses	\$10 copay	\$65 Reimbursement
Lenticular Standard Lenses	\$10 copay	\$100 Reimbursement
Frames	\$130 allowance	\$70 Reimbursement
Contact Lenses		
Elective Lenses	\$130 allowance	\$105 Reimbursement
Medically Necessary Lenses	Paid in Full	\$210 Reimbursement
Frequency		
Eye Exam	Once every 12 months	
Lenses—Eyeglass or Contact	Once every 12 months	
Frames	Once every 12 months	

This is a brief description of the dental benefits. Please refer to the Summary Plan Description for complete policy provisions, limitations, and exclusions. Plan provisions are subject to change and may not be reflected in this guide.

Group Life and AD&D

Group Life and AD&D Insurance is arranged through Principle. All eligible employees receive a life and accidental death & dismemberment (AD&D) insurance benefit of \$150,000. **This benefit is provided at no cost to you.**

Voluntary Life Insurance

Voluntary Life Insurance is arranged through Principle. You have the option of purchasing additional Life Insurance at attractive rates and the convenience of payroll deduction. Your cost is based on your insurance age and amount of coverage you select. Age-related cost adjustments will occur on the policy anniversary date. You must elect coverage for yourself to cover your spouse/children. Spouse premium is based on employee's age.

When initially eligible, you are guaranteed the insurance amounts below without submitting any evidence of insurability (EOI) or proof of good health if you enroll within 31 days of your initial eligibility date. Any life insurance coverage over the Guarantee Issue Amount(s) will be subject to evidence of insurability. It is your responsibility to complete and submit the required EOI forms, to obtain the amount more than the guaranteed issue amount, within 31 days of the date you apply for coverage. If you choose not to participate at the time you are initially eligible and elect to enroll later, you may be required to submit evidence of insurability for all amounts of coverage.

Coverage	Benefit Amounts	Guarantee Issue
Employee	Increments of \$10,000 up to a maximum of \$300,000.	\$100,000 under age 70
Spouse or Domestic Partner	Increments of \$5,000 up to a maximum of \$100,000.	\$20,000 under age 70
Child(ren)	Dependent children are eligible from 14 days of age or older and may elect coverage in the amount of \$10,000. For eligible children under 14 days, you may elect coverage in the amount of \$1,000	\$10,000

Voluntary AD&D Insurance

Voluntary Accidental Death & Dismemberment (AD&D) Insurance is arranged through Principle. If you elect, Voluntary Life insurance, the voluntary AD&D coverage amount will be equal to your voluntary life insurance.

Note:

Group Life and AD&D Insurance Benefits are reduced by:

- 35% at age 65
- An additional 15% at age 70

Voluntary Life and AD&D Insurance Benefits reduced by:

- 35% at age 65
- An additional 15% at age 70

You must be actively at work on the effective date, or your coverage will be delayed until you return to active employment.



Easily get life insurance during open enrollment

Then gradually increase your coverage every year.

Protecting the people who mean the most to you is important. That's why Principal® makes it easy for you to purchase—or increase—voluntary term life insurance. It's available through your employer for yourself, your spouse, and children.

Increase your voluntary term life insurance

Open enrollment is a great time to increase your coverage. You can add an additional \$10,000 or \$20,000¹ in coverage for yourself—with no health questions asked. That means no medical appointments and quick approval. And every year during open enrollment, you can continue to increase your coverage—up to the maximum benefit. If you have coverage for yourself, you can also add or increase coverage for your spouse and children²—with no health questions asked.

Purchase coverage for the first time

Don't already have voluntary term life insurance? Easily get coverage for the first time during open enrollment. You can purchase \$10,000 or \$20,000¹ in coverage for yourself—with no health questions asked. And when you have coverage, your spouse and children² can also get coverage.

Higher levels of coverage

During open enrollment, you or your spouse² can request to add or increase even more coverage by providing proof of good health.



Let's look at an example

When Valerie started working for her employer, she didn't purchase voluntary term life insurance. A few years later, she bought a house and saw the need for coverage. She purchased \$20,000 in coverage for herself during her company's open enrollment—and has plans to increase her coverage by \$10,000 each year after that. She also bought \$10,000 of coverage for her spouse and an additional \$5,000 for her children.

Disability Insurance



Group Short Term Disability Insurance

Group Short Term Disability Insurance is arranged through Principal. After a **14-day elimination** (benefit waiting) period for accident or sickness, the plan pays **60% of weekly earnings** while you are meeting the definition of disability. The benefit amount may be reduced by other income such as sick leave and state disability income.

- The maximum weekly benefit is **\$2,500**
- The maximum benefit duration is **24 weeks**
- **This benefit is provided at no cost to you**

Group Long Term Disability Insurance

Group Long Term Disability Insurance is arranged through Principal. After a **180-day elimination** period, the plan pays **60% of monthly earnings** reduced by other income (SDI, Social Security) while you are meeting the definition of disability.

- The maximum monthly benefit is **\$15,000**
- The maximum benefit period is to Social Security Normal Retirement Age (SSNRA)
- A pre-existing condition limitation applies
- **This benefit is provided at no cost to you**



Identity Protection Services

Identity protection is available through Allstate. If you become a victim of identity theft, an investigator will act as your guide and advocate from start-to-finish until the issue is resolved. Credit and Identity Theft Monitoring is an extra layer of protection that helps you stay informed of your credit activity. Once you sign up online, Allstate Identity Protection will send alerts when banks and creditors open new accounts in your name. If something doesn't sound right, you will be able to contact Allstate Identity Protection right away to help resolve the issue.

For more information, visit www.allstateidentityprotection.com or call (800) 789-2720.



protect what makes you, you.

There's nothing more valuable than your identity.

Identity fraud can happen to anyone — 40 million individuals in the United States were hit in 2022 alone.¹ Unfortunately, even someone who knows how to minimize their exposure may still be at risk. That's why your company provides **Allstate Identity Protection Pro+** as a benefit.

For over 90 years, Allstate has been protecting what matters most. Now get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today's digital threats.

Prepare for what's next with:

- ✓ Identity, financial account, and credit monitoring
- ✓ Family digital safety tools to help keep kids safe^{2†}
- ✓ Up to \$1 million in identity theft expense reimbursement[†]

Allstate[™]
IDENTITY PROTECTION



1: 2022 Identity Fraud Study, Javelin Strategy & Research

Get identity protection for real life. Sign up during open enrollment.

It's easy to get started

- 1 Sign up**
You're protected from your effective date.
- 2 Activate key features**
Explore additional features in our easy-to-use portal and apps.
- 3 Live your best life online**
We've got you covered with 24/7 alerts.



With Allstate Identity Protection Pro+, get advanced features designed to help you defend yourself from today's risks:

- Allstate Digital Footprint[†], our proprietary privacy tool, shows where your data lives online and how it might be exposed[†]
- Allstate Security Pro[®] delivers updates and education on scams relevant to you
- Identity Health Status gives you at-a-glance insight into your risk
- Comprehensive identity and financial monitoring
- Dark web monitoring
- Robocall blocker[‡]
- Ad blocker[‡]
- Social media account takeover monitoring
- Tri-bureau credit monitoring with annual reporting and credit score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Protect yourself and your family (everyone that's "under your roof and wallet")[‡]
- Get senior family coverage for parents, in-laws, and grandparents age 65+[‡], plus access our Elder Fraud Center with specialized scam support
- Family digital safety tools that include web filtering, screen time management, and location tracking to help keep kids safe[‡]
- Full-service remediation and resolution support available 24/7
- Up to \$1 million in expense reimbursement for stolen funds and out-of-pocket costs due identity theft[‡]

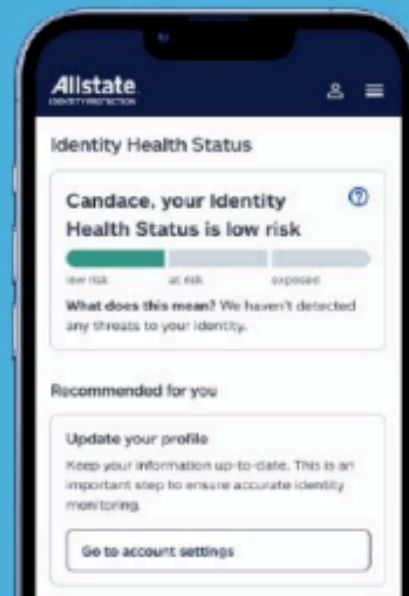
[‡] Only available with a family plan. Allstate Identity Protection's coverage definition can be aligned with client's benefits eligibility. Contact your Allstate Identity Protection representative for more details.

[†] Some features require additional activation. Privacy management features cover up to five email addresses in a family plan. Robocall blocker and ad blocker can only be used by primary subscriber, even in a family plan. Cyber and family digital safety features are managed through the primary subscriber's account in family plans.

[‡] Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Product may be updated or modified. Certain features require additional activation.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

AIP_OE_SUBSCRIBERFLYER_PRO+_VOLBEN_052023



Plans and pricing

\$X per person / month

\$X per family / month

Questions?

1.800.789.2720

or visit myaip.com

AllstateSM
IDENTITY PROTECTION

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.



GuidanceNowSM mobile app

The GuidanceResources mobile app, GuidanceNowSM, 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 **GuidanceNowSM app**



Call 844-869-2365 | TTY711



Scan for
**more
resources.**



Group life insurance

Help protect your family, your finances —and your future

Create and store your important documents using your Will & Legal Document Center



If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable.

That's why it's important to be proactive and make a plan to help protect your family and finances. With your group term or voluntary term life insurance through Principal®, you can do just that with access to resources from the **Will & Legal Document Center** provided by ARAG®.

Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's online resources, you and/or your spouse can prepare these documents:

Standard Will. Specify what happens to your property and assets after you die, and appoint the person who will carry out your wishes. You can also name a guardian for your minor children.

Health care power of attorney. Grant someone permission to make medical decisions on your behalf in case you're no longer able to make them yourself.

Durable power of attorney. Grant someone permission to make financial decisions in case you're no longer able to make them yourself.

Living will. Let your family and health care providers know your wishes for medical treatment if you're unable to speak for yourself.

Authorization for a Minor's Medical Treatment. Grant consent for medical personnel to treat your child(ren) if you're away and can't be reached.

HIPAA authorization. Designate person/s to access your protected medical records and health information.

Plus, you can also access:

Personal Information Organizer. Record your personal and financial information—as well as funeral arrangements—in one convenient spot.

Estate planning education, tools, and resources. Get access to a variety of articles and legal resources.

Protect your identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is you can help protect your identity with online resources from ARAG, including:

An Identity Theft Victim Action Kit to help speed your recovery if you experience identity theft. Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

It's easy to get started

Follow these simple steps to start using these resources today:

- 1 | Visit aragwills.com/principal.
- 2 | Register by completing the required fields.
- 3 | You're in! Complete the forms or download the materials you need.

 Let's connect

Need help with registration? Call ARAG Customer Care at **800.546.3718**.
Or, if you have questions about the services, call Principal at **866.539.1728**.



Insurance products and plan administrative services provided through Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392..

The value-added resources provided through ARAG Services, LLC (ARAG®) are not a part of any insurance products and plan administrative services provided through Principal Life Insurance Company® or affiliated with any company of the Principal Financial Group®. All resources may be changed or canceled at any time. Not available to group policies issued in New York.

The use of resources provided by ARAG should not be considered a substitute for consultation with an attorney or advisor. Principal® is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center resources.

Please remember that the ARAG legal documents are accurate and useful in many situations. Due to possible changes by a state, it is a good idea to periodically review a template used to be sure it is the most current template. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

This information is intended to be educational in nature and is not intended to be taken as a recommendation.

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Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling within the United States or leaving the country, you can rely on AXA Assistance USA (AXA) to help your travel experience go off without a hitch. And because you're covered by group term life insurance from Principal®, you have access to many travel assistance services for free—no matter if you're traveling for business or pleasure.

Near or far, you're covered

No matter where you're going—on a cross-country flight, a short road trip, or a destination requiring a passport—consider AXA your trusted travel companion. This program helps address the challenges of travel, like:

Lost or stolen items

We all hope it won't happen to us, but it could. Lost items can be a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards), so you don't miss a beat.

Medical assistance

Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with finding medical and dental care when you're away from home.

Connecting easily

Sometimes, you need more than the phone book. And when you do, AXA is there to help with message delivery, overcoming language barriers, or legal concerns.

Traveling farther away from home

The more miles you're away from home, the more you may need to do additional planning. AXA helps you get ready to head out with pre-trip research, including travel requirements, cultural differences, and precautions you should be aware of.

TRAVEL ASSISTANCE PROGRAM

Call us when you're traveling and need assistance.
888-647-2611 in the U.S.
630-766-7696 call collect outside the U.S.

Learn more and plan for your trip with our website.
principal.com/travelassistance



Who's eligible? You, your spouse, and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they're traveling with you.



Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital—or get home. This service is per member or qualifying dependent per trip for emergency situations, including:

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised return to your home country (known as repatriation)
- Transportation for a family member to join you
- Transportation for a traveling companion to join you in a different hospital or treatment facility
- Transportation home for dependent child(ren)
- Return of vehicle
- Return of mortal remains

To be eligible for services under this program, your treatment must be authorized and arranged by designated staff from AXA. Claims for reimbursement won't be accepted. Please contact AXA for further benefit details.

How to use this service

With two convenient ways to connect, you'll be ready for anything that comes your way:

- 1 | Website.** Plan your trip with helpful resources at principal.com/travelassistance. Learn how to create an account giving you access to travel information online. You can get medical and security information about a country, search for a local medical provider, and view practical information, like business culture and currency descriptions.
- 2 | Phone.** When you're traveling and need assistance, call **888-647-2611 in the U.S.** Or call collect when **outside the U.S. at 630-766-7696**. Help is available 24/7—365 days a year.

This program is not insurance.

Travel assistance services will be provided as permitted under applicable law.

Group life insurance from Principal® is issued by Principal Life Insurance Company®, Des Moines, IA 50392.

Services won't be provided or available for any loss or injury that's caused by, or results from: normal childbirth, normal pregnancy (except complications of pregnancy), voluntary induced abortion, mental or nervous conditions (unless hospitalized), traveling against the advice of a physician, traveling for medical treatment, or traveling to a destination country that is at a Level 4 Travel Advisory.

Participants are responsible for any incurred fees or expenses, including medical. When traveling 100 miles or more away from home for up to 120 consecutive days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc.

No reimbursements for out-of-pocket expenses will be accepted. This service is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. Not available to group policies issued in New York. Although Principal® has arranged to make this program available to you, the third-party provider is solely responsible for its products and services. AXA is not a member of the Principal Financial Group®.

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GP60039-08 (SP1484-07) | 05/2024 | 3566937-052024
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Name _____
Company _____ Contract number _____

The participant is entitled to AXA Assistance USA, Inc. medical and travel services.
El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

This program is not insurance.
All services must be provided by AXA Assistance USA, Inc.
No claims for reimbursement will be accepted.
Travel assistance services will be provided as permitted under applicable law.

Accident Insurance



Accident Insurance arranged through Principal pays a benefit for over 40 different off the job circumstances to you and/or your covered dependents which can be used for any purpose. Payments an insured person receives depends on the type of injury, such as:

- Burns
- Dislocations
- Fractures
- Concussions
- Eye injuries
- Lacerations

Please see the Benefit Summary for a schedule of benefits and information regarding limitations and exclusions.



Critical Illness

- Voluntary Critical Illness with Cancer Insurance offered through Principal provides a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions.
- Benefits are paid directly to you when you need it most.
- Expenditure for claim proceeds are not limited medical expenses but can be used at your discretion for things such as childcare, transportation and medical plan copays and deductibles.
- The benefits are paid even if medical insurance is paying 100% of the cost.
- Your cost is based on your issue age and amount of coverage you select.
- You must elect coverage for yourself to cover your spouse/domestic partner and/or children.
- Please see the Benefit Summary for a schedule of benefits and information regarding limitations and exclusions.
- **Important Reminders:** You must be actively at work on the effective date, or your coverage will be delayed until you return to active employment. A pre-existing condition limitation applies. Portability allows you to take the coverage with you even if employment has ended.

Coverage	Benefit Amounts	Guarantee Issue (GI) Amounts
Employee	Increments of \$5,000 up to a maximum of \$50,000	\$20,000
Spouse/DP	Increments of \$2,500 up to a maximum of \$25,000	\$10,000
Child(ren)	Automatically covered for 25% of employee benefit	

Legal Insurance

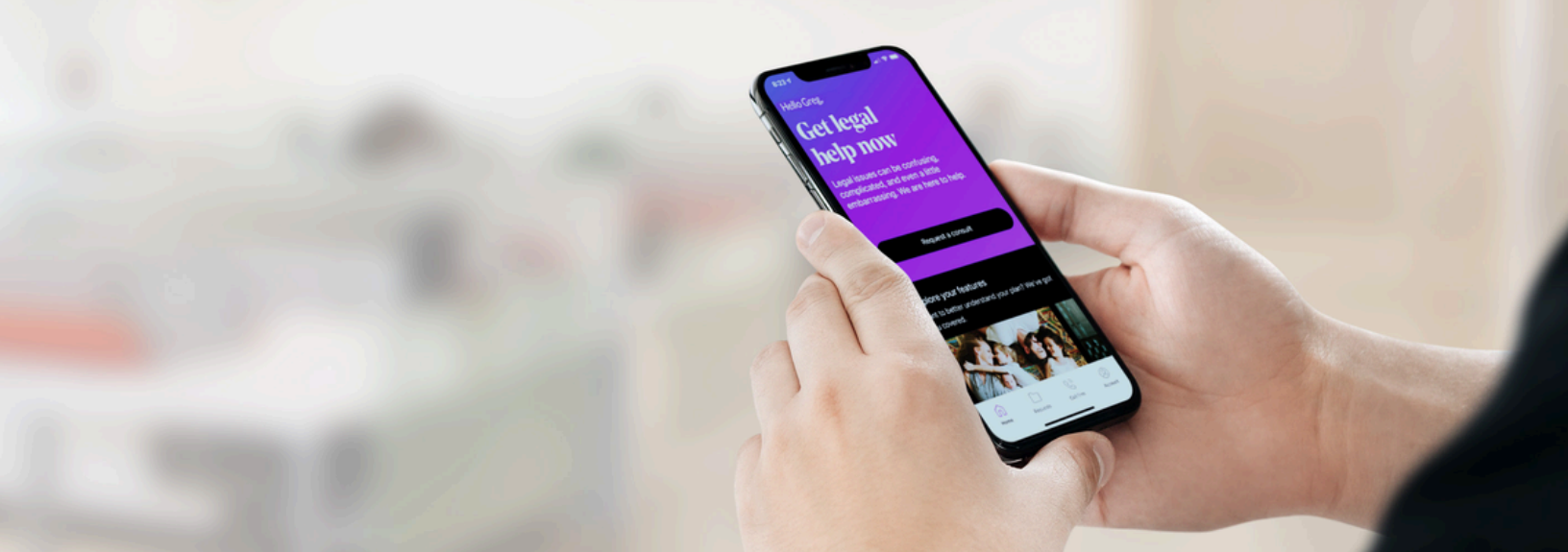
You have the opportunity to enroll for LegalShield Legal Insurance where you will have access to a legal team and a variety of services such as consumer protection for:

- Auto repairs, contractors, rental agreements or addressing other types of fraud
- Estate planning where you can meet with an attorney to protect your life's work with a will, living will, trust or the appropriate powers of attorney
- Property protection to help you address neighbor disputes, boundary disagreements and personal loads
- Family challenges such as domestic violence protection, adopting a child or overcoming divorce and more.
- **Cost covered (and not excluded) legal matters are 100% paid-in-full when you work with a network attorney.**

Pet Insurance

Nationwide pet insurance offers comprehensive coverage (including accident, illness and wellness) to ensure your pet receives the best possible care. Please see the Nationwide Benefit Summary for a schedule of benefits and information regarding limitations and exclusions.





Legal Protection

LegalShield provides the legal protection you and your family need and deserve.

“ Great customer service.
I recommend them
to anyone and everyone any
chance I get. ”

M.C. - LegalShield Member

**AFFORDABLE LEGAL
PROTECTION**
\$21.95
PER MONTH

For More Information visit:
shieldbenefits.com/invictus



Direct Access to a Dedicated Provider Law Firm

You will receive unlimited legal consultation and advice on personal legal matters. 100% of matters are covered in-network and your provider firm is even available for emergency situations.



Fast Response

An attorney will respond to your legal matter within four business hours or less.



Document Review and Preparation

An attorney can help you review and prepare common legal documents for Wills, Trusts, and more.



Trial Defense Services

You can receive representation for legal matters such as traffic tickets and even civil suits.



Letters and Phone Calls

Letters and phone calls can be made on your behalf to resolve legal matters such as warranty disputes or a dispute with a creditor.



Speeding Ticket Assistance

Your provider law firm will review your speeding ticket and even attend court on your behalf if required. You can easily upload your ticket using the LegalShield mobile app.



Mobile App

The LegalShield mobile app allows you to call your provider law firm directly and makes it easy to upload and prepare documents for fast legal review.

LegalShield provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation or advice. See a plan contract for specific state of residence for complete terms, coverage, amounts and conditions.

LegalShield provides coverage for common personal legal needs at every stage of life.
 The LegalShield plan provides services for the following legal matters:



FAMILY

- Adoption
- Conservatorship
- Divorce
- Guardianship
- Domestic Violence Protection
- Juvenile Court Proceedings
- Name Change
- Prenuptial Agreements
- Administrative Hearing



HOME

- Contractor Disputes
- Deeds
- Landlord/Tenant Issues
- Foreclosure
- Refinancing
- Neighbor Disputes/Easements
- Purchase/Sale of House
- Real Estate Contracts/Financial Disputes
- Small Claims Assistance
- Zoning Applications
- Mortgage



FINANCIAL

- Affidavits
- Bankruptcy
- Consumer Protection
- Contracts/Financial Disputes
- Debt Collection
- IRS Audit Protection
- Rental Agreements
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Social Security Disputes
- Veterans Benefit Disputes



ESTATE PLANNING

- Living Wills/Wills
- Power of Attorney
- Living Trusts/Trusts
- Codicils



AUTO

- Driver's License Restoration
- Motor Vehicular Homicide Defense
- Moving Traffic Violations/Traffic Ticket
- Property Damage Claims



GENERAL

- 25% Preferred Member Discount
- Telephone Advice
- Document Review
- 24/7 Emergency Legal Access
- Mobile App

This is a general overview of the legal plan coverage available from Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield") for illustration purposes only. See a plan contract for specific state of residence for complete terms, coverage, amounts and conditions. Trial defense is not available in all states. LegalShield provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice.





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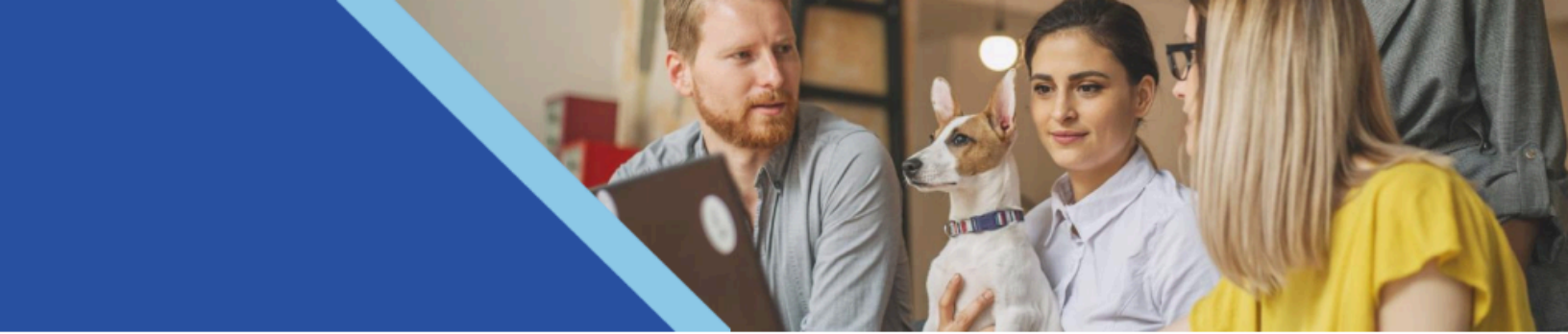
Nationwide[®] My Pet Protection ChoiceSM PLAN SUMMARY



Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection ChoiceSM, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.¹

My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage
Annual maximum	\$5,000	\$5,000	\$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
 Wellness coverage (for dogs & cats)		✓	Optional
Annual maximum		\$450	\$450 or \$800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental ² and one additional test ³			✓



What makes My Pet Protection ChoiceSM different?

Every My Pet Protection ChoiceSM policy includes guaranteed issuance,⁴ plus additional benefits to support pet families:

- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit



Nationwide is the industry's first provider of coverage for birds and exotic pets.

Nationwide offers more than great coverage

VetHelpline[®]

24/7 pet telehealth support

All Nationwide[®] pet insurance members enjoy unlimited access to VetHelpline[®] for round-the-clock telehealth with licensed veterinary professionals.

petco veterinary services

Save on veterinary care

Nationwide[®] pet insurance members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco.

Nationwide PetRxExpress[®]

Discounted pet medications

Save time and money when filling pet prescriptions at participating pharmacies with Nationwide PetRxExpress[®].

vetco total care

Vetco Total Care is a full-service animal hospital that offers everything from preventive care to diagnostics and surgery

vetco vaccination clinic

Vetco Vaccination Clinic offers express care for vaccinations, flea/tick and heartworm prescriptions and microchipping

Easy to use, easy to understand

1 Visit any veterinarian, anywhere.

2 Submit a claim from any device.

3 Get reimbursed for eligible expenses once the deductible is met.

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Coverage for spay/neuter or dental starts 90 days after the original policy term effective date. [3] One additional test of the following: health screen (blood test), radiograph (X-ray), electrocardiogram (EKG) [4] Guaranteed issuance means any new pets enrolling into a My Pet Protection Choice plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply.

All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, My Pet Protection, and VetHelpline are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2025 Nationwide. 24GRP10277N.



How to apply for a pet insurance policy

Nationwide® pet insurance provides coverage for veterinary expenses related to accidents, illnesses, wellness and more.¹

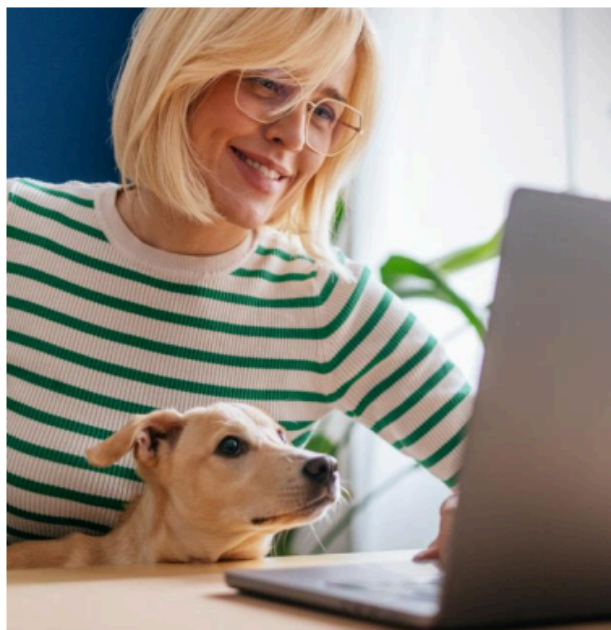
Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Signing up for Nationwide pet insurance is easy with these options:



- Visit PetsNationwide.com and enter company name
- Visit PetBenefitsPortal.com and enter company name
- Visit company's benefits portal
- Call 877-738-7874 and mention company name

During enrollment, we may need the following information:



- Name
- Address
- Home or primary telephone number
- E-mail address
- Name and age of the pet(s)
- Pet's species (canine, feline, etc.)
- Payment information/plan*

*Applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Example: May 1 approval = June 1 effective date
May 16 approval = July 1 effective date



Get a quote at PetsNationwide.com • 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2025 Nationwide. 24GRP10277.



Health Savings Account

Employees who participate in a qualified High Deductible Health Plan (HDHP) may be eligible to set aside money in a Health Savings Account (HSA). The money you contribute to an HSA is exempt from taxes; you save FICA and Federal taxes when contributing through payroll, and you spend the money tax-free when you spend it on qualified expenses. Qualified expenses include unreimbursed medical, dental and vision expenses incurred by you and your eligible dependents - even if you don't cover your dependents. The HSA is a personal bank account, not a plan, so there's no "use-it or lose-it" rule. The money in your HSA remains in your HSA until you're ready to spend it; there's no time limit. If you change jobs or retire, you take the HSA with you. HSA funds can also be spent on Medicare, Cobra and Long-Term Care insurance premiums.

Who is eligible to open and fund?

- Anyone who is covered by a qualified HDHP and not covered under another medical plan that is not a qualified HDHP

How much can I contribute to an HSA?

- The IRS sets a contribution limit every calendar year. for 2026:
- **\$4,400** for Individual Coverage
- **\$8,750** for Family Coverage
- If you're 55+, you can contribute up to \$1,000 more

What if I establish an HSA mid-year?

- Your contributions are determined monthly
- You're allowed to make the full year's contribution, provided you are eligible on December 1 of that year and you remain eligible

How do I make contributions?

- Through payroll deductions

Where can I find a list of qualified expenses?

- List found at [irs.gov](https://www.irs.gov) Publication 502

When can I start using the funds?

- Once they are available
- If you incur expenses under the qualified HDHP prior to having enough funds in your HSA, you can reimburse yourself months or years later, once you have the funds available- **so long as you were enrolled in the qualified HDHP at the time of service and HSA was established**

Can couples establish a joint HSA and both make contributions. including "catch-up" Contributions?

- **Joint HSAs are not permitted**
- Each spouse should establish an HSA in their own name, allowing you both to make catch-up contributions at 55+

Can I use my HSA to pay non-qualifying expenses?

- Money withdrawn from an HSA for non-qualifying expenses **is taxable** and subject to a **20% penalty**
- Although 20% penalty goes away at age 65, the non-qualified expenses are always subject to income taxes

What happens to my HSA if I leave my employer?

- The HSA is yours to keep
- If you **continue to meet the eligibility criteria for funding the account, you can continue making contributions to your HSA**
- If you are no longer eligible to fund the account, you may still spend money on qualified expenses

Can I use the money in my HSA to pay for dependents health care expenses?

- You **may use the money in your HSA to pay for healthcare for your spouse, and/or dependent children**
- Internal Revenue Code Section 152 to determine if your spouse and/or child is an eligible dependent



More Information:

- [irs.gov](https://www.irs.gov) Publication 502 and Publication 969
- [hsacenter.com](https://www.hsacenter.com) (videos, presentations, and FAQs)



TRICARE Supplement Insurance



TRICARE Supplement Insurance Plan

Plan Design for Employees

TRICARE eligible employees have the freedom to choose an alternative to employer-sponsored health plans.

Underwritten by Hartford Life and Accident Insurance Company, Hartford, CT 06155.

This document describes how a TRICARE Supplement works with your existing TRICARE coverage. Please note: Check with TRICARE to confirm your actual cost shares and copays. TRICARE benefits are provided here for your convenience, but subject to change by the Defense Health Agency. Visit www.tricare.mil for more information.

IMPORTANT INFORMATION

TRICARE Supplement insurance policy AGP-5942, AGP-594201, AGP-594202 has a Deductible: \$100 per person | \$200 per family, except for TRICARE Prime Supplement, which does not have a deductible.

Note: After you have met both your TRICARE and TRICARE Supplement Plan deductibles, the supplemental insurance pays 100% of your approved expenses not paid by TRICARE.

Note: Benefits are payable for covered cost share amounts up to the TRICARE Catastrophic Cap. The Catastrophic Cap is the maximum out-of-pocket amount you will pay each calendar year (January 1 – December 31) for TRICARE-covered service.

This is not Medicare Supplement Insurance.

TRICARE SELECT WITH SUPPLEMENT

Benefit	Benefit Payment	Insured Pays
TRICARE Deductible	100% of TRICARE Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	100% of TRICARE Supplement Deductible
Inpatient and Outpatient Benefits, including Outpatient Surgery Services	100% of the Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan	\$0

	Deductible is met, until TRICARE Catastrophic Cap is reached	
Excess Benefit	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	\$0
Pharmacy Reimbursement Benefit	100% of the Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after the Supplement Plan Deductible is met until the TRICARE Catastrophic Cap is reached	\$0

TRICARE PRIME WITH SUPPLEMENT

Benefit	Benefit Payment	Insured Pays
TRICARE Deductible	50% of TRICARE Prime POS Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	50% of TRICARE Prime POS and 100% of TRICARE Supplement Deductibles
Inpatient and Outpatient Benefits, including Outpatient Surgery Services	100% of the Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until	\$0

	TRICARE Catastrophic Cap is reached	
Excess Benefit	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	\$0
Pharmacy Reimbursement Benefit	100% of the Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after the Supplement Plan Deductible is met until the TRICARE Catastrophic Cap is reached	\$0

TRICARE RETIRED RESERVES WITH SUPPLEMENT

Benefit	Benefit Payment	Insured Pays
TRICARE Deductible	100% of TRICARE Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	100% of TRICARE Supplement Deductible
Inpatient and Outpatient Benefits, including Outpatient Surgery Services	100% of the Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE	\$0

	Catastrophic Cap is reached	
Excess Benefit	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	\$0
Pharmacy Reimbursement Benefit	100% of the Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after the Supplement Plan Deductible is met until the TRICARE Catastrophic Cap is reached	\$0

CONTACT

Mail: Attn: TRICARE Supplement

SelmanCo

One Integrity Parkway

Cleveland, OH 44143-1500

Fax: 800.310.5514

Email: memberservices@selmanco.com

Call: 1-833-731-2125, option 1

9:00am - 7:00pm ET, Monday-Friday

AGP-5942, AGP-594201, AGP-594202 | This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, and terms under which the policy may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states. See Brochure for Employees for eligibility, termination, definitions, exclusions, and limitations.

The TRICARE Supplement Plans are administered by SelmanCo and underwritten by Hartford Life and Accident Insurance Company, One Hartford Plaza, Hartford, CT 06155. The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

NOT AVAILABLE IN ALL STATES.

TRICARE Form Series includes GBD-3000, GBD-3100, or state equivalent.

SelmanCo is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company.

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Resources

Mobile App

You can use the Anthem mobile app to help you:

- **Find a Doctor:**
 - Search for a doctor, specialist, urgent care, or hospital close by and the app provides directions
- **View your ID cards:**
 - Keep a version of your ID card handy. You can show it, fax it, or email it right from your mobile device
- **Manage prescription benefits:**
 - Check the cost of drugs, get refills, or switch to our home delivery program
- **Download the mobile app:**
 - Search for Anthem Blue Cross Blue Shield
 - If unavailable, scan QR code or search on a web browser, which provides the same features: www.anthem.com



Scan QR Code to Download Anthem Mobile App!



Future Moms

Having a baby is an exciting time! Future moms can help you have a healthy pregnancy and a healthy baby. Sign up as soon as you know you're pregnant to receive:

- **24/7 phone access** to a nurse coach you can talk about your pregnancy and health. A nurse may call to check up.
- A book that shows changes you can expect for you and your baby over the next nine months
- Useful tools to help you, your doctor, and your Future Moms nurse coach track your pregnancy and spot possible risks. You'll also get tips and resources to help you make better decisions and prepare for the birth of your baby.



24/7 Nurse Line

- Call the 24/7 Nurse line phone number on your ID card any time to talk to a registered nurse about your health concerns
- You can get answers to questions, whether you're sick or not
- Need health care right away? A nurse can help you decide where to go if your doctor isn't available
- Going to the right place can save you time and money
- **Call: [866-329-7148](tel:866-329-7148)**

Thank you!



This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.