



YOUR
team member BENEFITS

BENEFIT PLANS EFFECTIVE JANUARY 1-DECEMBER 31, 2025



benefits

BUILT FOR YOU

At Cardinal Group Companies, we care about you. That's why we offer benefits that support your physical, emotional, and financial health.

Understanding your benefits and knowing how to use them is just as important as having access to them.

- Review this guide to learn about the benefits available to you for the 2025 plan year (January 1, 2025, through December 31, 2025).
- Choose the options that are best for you and your family.

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WHO IS ELIGIBLE

Full-time Team Members scheduled to work 30 hours or more per week are eligible for benefits, effective on the first day of the month coinciding with or following date of hire.

Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse, civil union partner, common law spouse, or same-sex domestic partner; where applicable.
 - Please be prepared to provide proof of marriage, civil union partnership, common law spouse, or domestic partnership when adding your dependents
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.
- All coverages end on the last day of the month in which employed.

WHO PAYS

Some benefits are 100% paid by Cardinal Group Companies, while others require that you contribute.

| Benefit | You Pay | Cardinal Group Companies Pays |
|--------------------------------------------------|---------|-------------------------------|
| Basic Life and AD&D Insurance | | X |
| Short-Term Disability Insurance | | X |
| Employee Assistance Program | | X |
| Medical Insurance | X | X |
| Dental Insurance | X | X |
| Colorado FMLI Coverage (if you work in Colorado) | X | X |
| Vision Insurance | X | |
| Health Savings Account | X | |
| Flexible Spending Accounts | X | |
| Supplemental Life and AD&D Insurance | X | |
| Long-Term Disability Insurance | X | |
| Voluntary Pet Insurance | X | |

WHEN TO ENROLL

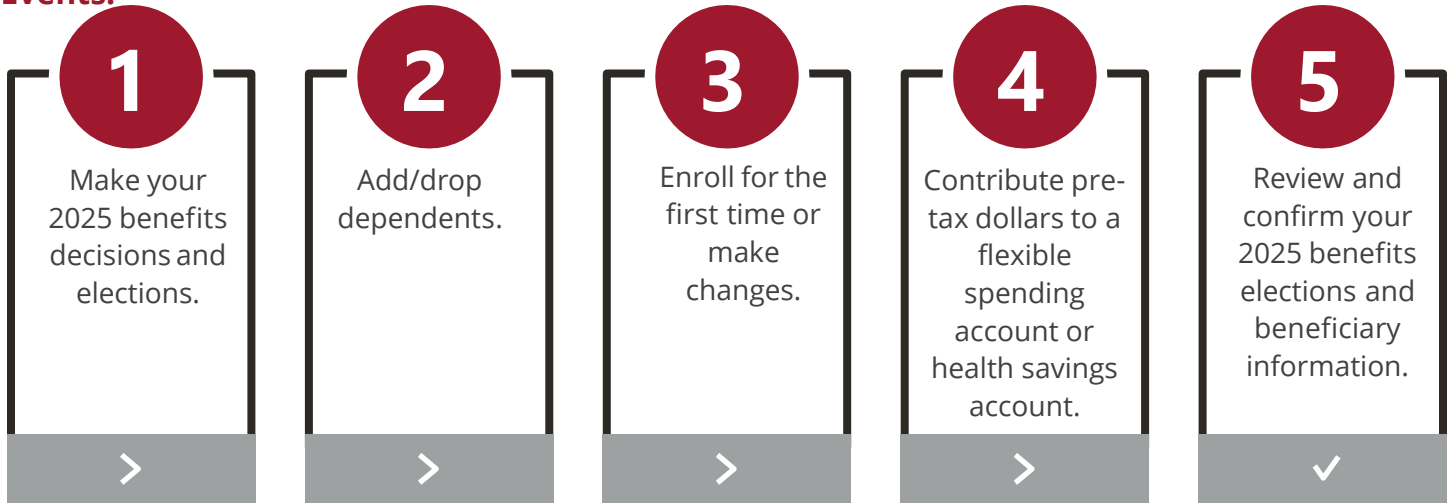
You can only sign up for benefits or change your benefits at the following times:

| | | |
|----------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| As a new hire - within 30 days, starting on your Cardinal Group hire date: | During the annual benefits Open Enrollment period: | Within 31 days of a qualifying life event: |
| | | |
| UKG > LIFE EVENTS > NEW HIRE | October 28 - November 10, 2024 | UKG > MYSELF > LIFE EVENTS > QUALIFYING LIFE EVENT |

The choices you make at this time will remain in place through December 31, 2025, unless you experience a qualifying life event as described on page 4. If you do not sign up for benefits during your initial new hire eligibility period, you will not be able to elect coverage until the next Open Enrollment period.

HOW TO ENROLL

To enroll in 2025 benefits during Open Enrollment, go to UKG > Myself > Open Enrollment. To enroll in 2025 benefits as a New Hire or with a Life Event, go to UKG > Myself > Life Events.



Did You Know?

Cardinal Group Team Members have year-round access to a dedicated Employee Benefits Help Center, called Ask Charlie. The experts working the help center can answer your day-to-day benefits questions.

Email: CGbenefitshelpdesk@imacorp.com or **Call:** 800-587-2503



CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for 2025, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a benefits change, notify the Benefits Team within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. You will need to provide proof of the event, such as a marriage license or birth certificate. Depending on your qualifying event, you may add/drop coverage and/or dependents, and change plan enrollment.

Please email benefits@cardinalgroupp.com with your documentation or for more details.



MEDICAL INSURANCE

Cardinal Group Companies offers two medical plan options through Anthem.

Before you enroll in medical coverage, take some time to fully understand how each plan works. Refer to page 6 for an overview of the plan benefits.

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:



Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in a health savings account (HSA)?

Consider the HDHP.



Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?

Consider the PPO.



What planned medical services do you expect to need in the upcoming year? You will want to consider any things like surgeries, planned procedures or recurring specialist visits that may be coming up in 2025.



Do you or any of your covered family members take any prescription medications on a regular basis?

Consider the PPO or plan to fund your HSA accordingly.

MEDICAL COVERAGE COSTS

Listed below are the monthly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

| Level of Coverage | HDHP | PPO |
|-------------------------|----------|----------|
| Team Member Only | \$21.00 | \$226.00 |
| Team Member+ Spouse | \$323.00 | \$617.00 |
| Team Member+ Child(ren) | \$309.00 | \$595.00 |
| Team Member+ Family | \$412.00 | \$842.00 |

MEDICAL INSURANCE

The table below summarizes the benefits of each medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits | HDHP | | PPO | |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------------------|
| | In Network | Out of Network | In Network | Out of Network |
| Calendar Year Deductible Individual/Family | \$3,300/\$6,600 | \$3,300/\$6,600 | \$1,500/\$3,000 | \$3,000/\$9,000 |
| Calendar Year Out-of-Pocket Maximum (Includes deductible, copays, and coinsurance) Individual/Family | \$3,300/\$6,600 | \$6,000/\$12,000 | \$3,500/\$8,500 | \$7,000/\$17,000 |
| Preventive Care | Plan pays 100% | 30% after deductible ¹ | Plan pays 100% | 40% after deductible ¹ |
| Physician Services | | | | |
| Primary Care Physician | 0% after deductible | 30% after deductible | \$25 copay ³ | 40% after deductible |
| Specialist | 0% after deductible | 30% after deductible | \$50 copay ³ | 40% after deductible |
| LiveHealth Online | 0% after deductible ² | Not covered | \$0 copay ⁴ | Not covered |
| Urgent Care | 0% after deductible | 30% after deductible | \$50 copay ³ | 40% after deductible |
| Lab/X-Ray | | | | |
| Diagnostic Lab/X-Ray | 0% after deductible | 30% after deductible | 20% after deductible | 40% after deductible |
| High-Tech Services (MRI, CT, PET) | 0% after deductible | 30% after deductible | 20% after deductible | 40% after deductible |
| Hospital Services | | | | |
| Inpatient | 0% after deductible | 30% after deductible | 20% after deductible | 40% after deductible |
| Outpatient | 0% after deductible | 30% after deductible | 20% after deductible | 40% after deductible |
| Emergency Room | 0% after deductible | | 20% after deductible | |
| Chiropractic Care (Limit of 20 visits per plan year) | 0% after deductible | Not covered | \$25 copay ² | Not covered |
| Prescription Drugs (Up to a 30-day supply) | | | | |
| Tier 1 | | | \$15 copay | |
| Tier 2 | 0% after deductible | 30% after deductible | \$40 copay | Not covered |
| Tier 3 | | | \$60 copay | |
| Tier 4 | | | 30% to a maximum of \$250 | |
| Mail Order (Up to a 90-day supply) | 0% after deductible | Not covered | Tier 1: 1x retail copay All others: 2x retail copay | Not covered |

(1) Other charges may apply for certain services. See official plan documents for more information. (2) \$59 copay for behavioral health.

(3) Deductible and coinsurance applies to all other services received during visit (e.g., lab and x-ray) on PPO plan. (4) \$0 copay for visits 1–6 combined medical and behavioral health. \$10 copay per visit thereafter.

ARE YOU COVERING YOUR SPOUSE AND/OR CHILDREN?

- **HDHP members:** If you elect team member + spouse, team member + child(ren), or family coverage, the individual deductible and out-of-pocket maximum DO NOT apply. The family deductible must be met, either by one individual, or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.
- **PPO plan members:** If you elect team member + spouse, team member + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

MEDICAL INSURANCE

HOW THE PLANS WORK

| Key Functions | HDHP | PPO |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Location availability | All locations | All locations |
| In- and out-of-network benefits | Yes | Yes |
| Pay for care with pre-tax dollars | | |
| Health Savings Account | Yes | No |
| Health Care Flexible Spending Account | No | Yes |
| Limited Purpose Health Care Flexible Spending Account | Yes | No |
| Individual deductible applies if you cover your family | No, if you cover your family, the family deductible must be met, either by one individual, or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket max. | Yes, if you cover your family, all individual amounts will count toward meeting the family deductible and out-of-pocket max, but an individual will not have to pay more than the individual deductible and out-of-pocket max. |
| You pay | | |
| Copay | No | Yes |
| Coinsurance | Yes | Yes |



Did You Know?

As a member of the Cardinal Medical plan you can earn gift card rewards for going to your preventive care, condition care and wellness visits. Visit [Anthem.com](https://www.anthem.com) or download the **Sydney Health App** today to track your progress. See page 10 for more details.

KEY TERMS TO KNOW



Copay

A fixed dollar amount that you may pay for certain covered services. Typically, your copay is due up front at the time of service.



Deductible

The amount that you must pay each year for certain covered health services before the insurance plan will begin to pay.



Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan will pay 100% of covered services the rest of the year.

MEDICAL INSURANCE

In-network preventive care is free for medical plan members.

The Cardinal Group Companies medical plans pay 100% of the cost of preventive care when received from a network provider. This means you won't have to pay anything out of your pocket.



WHAT IS PREVENTIVE CARE?

The focus of preventive health care is to **PREVENT** illnesses, disease, and other health problems, and to **DETECT** issues at an early stage when treatment is likely to work best.



WHY IS PREVENTIVE CARE IMPORTANT?

It is important that you have a preventive exam each year—even if you feel healthy and are symptom free—in order to **IDENTIFY FUTURE HEALTH RISKS.**



WHAT'S COVERED?

Covered preventive services **VARY BY AGE AND GENDER.** Talk with your provider to determine which screenings, tests, and vaccines will be covered, when you should get them, and how often.

SAVE MONEY ON YOUR HEALTH CARE



Choose an in-network provider.

Choose an in-network provider and you'll pay less out of your pocket. In-network doctors and facilities contract with the insurance company and agree to charge a lower price for services.



Request an in-network lab.

When your doctor orders a test, confirm that an in-network lab will be used. If your tests are sent to an out-of-network lab, you may incur additional out-of-pocket expenses.



Check your explanation of benefits.

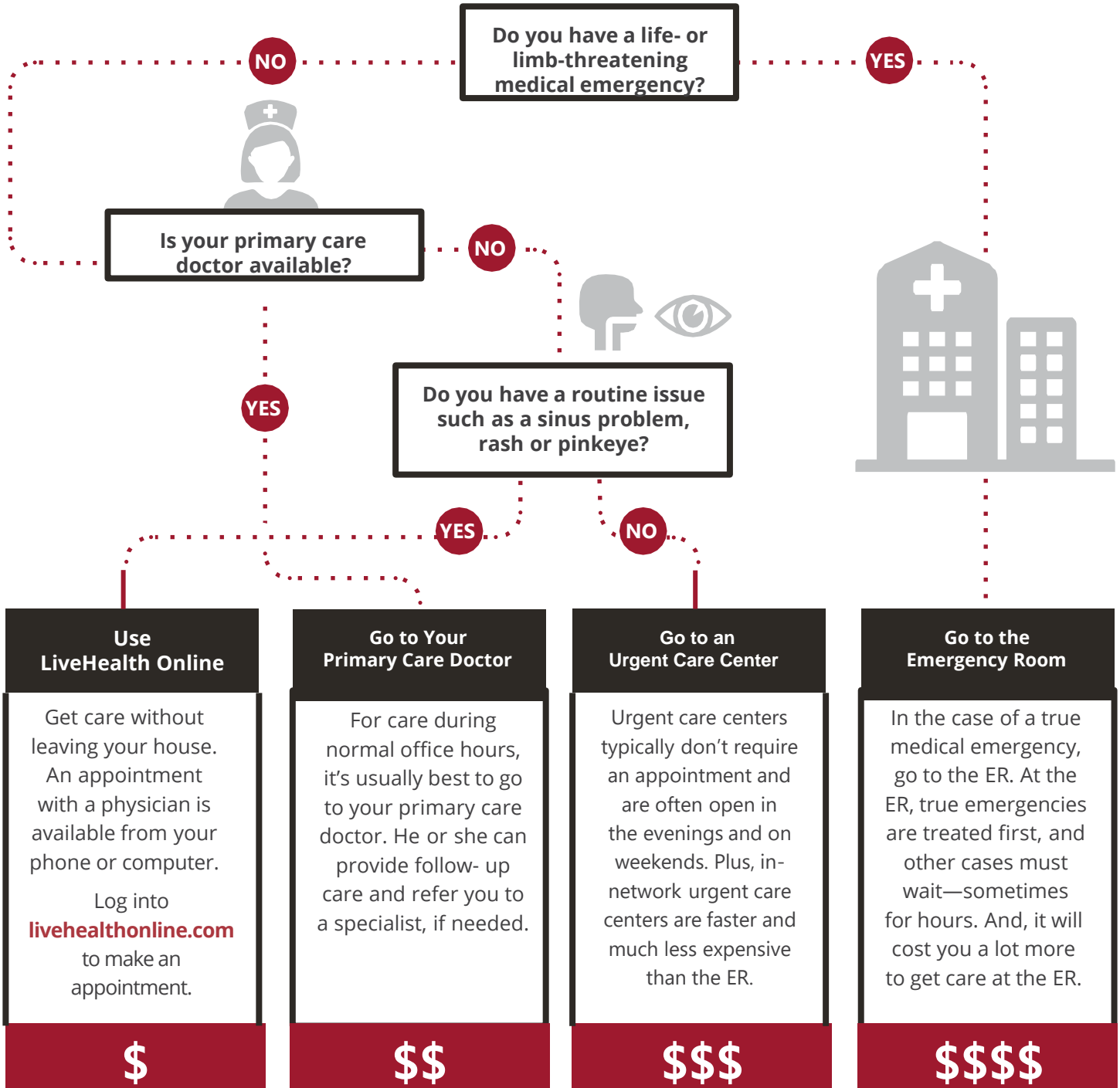
After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

Note: Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at [anthem.com](https://www.anthem.com).

MEDICAL INSURANCE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



SYDNEY HEALTH APP

With Sydney, you can manage all your benefits in one place. Find care, check costs, see claims, check benefits, view and use digital ID cards, and use the interactive chat feature to get answers quickly. Download the app from the Apple App Store or Google Play.

WELLBEING SOLUTIONS WITH ANTHEM

FOCUS ON YOUR WELL-BEING WITH ANTHEM AND GET REWARDED!

Cardinal has partnered with Anthem to help support your goals and well-being journey by adding in two new programs alongside your Anthem Medical enrollment. Wellbeing Solutions and Gym Reimbursement are there to help reward you for taking steps towards achieving your wellness goals.

Please Note: Wellness Rewards are available to Team Members and Spouses; Gym Reimbursement is only available to Team Members.



WELLNESS REWARD PROGRAM

We understand that every Team Member has their own approach to achieving their wellness goals.

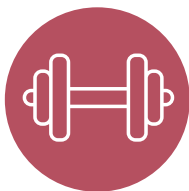
You can earn rewards, **up to \$200 per year** in gift cards when you take part in a variety of condition management, preventive care, and wellness activities that offer options to meet your well-being goals.

Follow your progress and rewards earned through **anthem.com** or the **SydneySM Health** app.

You can earn up to \$200 per year by participating in or completing certain activities, such as:

Preventive Care: Eye exams, Wellness or well woman exams, Cholesterol test, Colorectal screening, Flu Shots, Mammograms and more!

Wellness: Creating action plans, syncing your fitness devices, taking a health assessment, tracking steps and more!



GYM REIMBURSEMENT

Make your exercise pay off: You, as a Cardinal Team Member, can be reimbursed for your fitness membership - up to \$400 annually, or \$200 twice per year:

CHOOSE YOUR WORKOUT:

- A. Traditional fitness center
- B. Virtual or on-demand classes or subscriptions
- C. The Active & Fit network through Anthem

TRACK YOUR WORKOUTS:

- Exercise 36 times during each six-month period in your benefit plan year and keep a record of your workouts.
- If you join a fitness center in the Active&Fit network, this step is done for you.

SUBMIT YOUR RECEIPTS:

1. Download the submission form
2. Provide a record of your workouts
3. Attach a receipt of credit card statement showing payments for the membership
4. Send Anthem the documents via mail or email **within 90 days of the rewards period**

HAVE MORE QUESTIONS ON YOUR CARE OPTIONS?

Benefits can be complex and difficult to navigate, and this can become even more intimidating if you are dealing with an immediate issue. Take the guessing game out of many benefits questions by taking advantage of our Ask Charlie benefits advocates!

The benefits experts working the Ask Charlie can help center answer some of the common benefits questions you may have such as:

- + **Explanation of benefits offered**
- + **Claims assistance**
- + **Open Enrollment Support**
- + **Billing issues**
- + **Helping make the connection with appropriate carrier partners**

Email or Call Ask Charlie today! In your email, be sure to include as much detail as you can provide to help get your question answered as quickly and efficiently as possible. Contact information can be found on page 4 and page 22.

VISION INSURANCE

Cardinal Group Companies offers a vision insurance plan through Anthem.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate an Anthem network provider at anthem.com.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits | In Network | Vision Plan | Out of Network |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|
| Eye Exam (Every 12 months) | \$10 copay | | Reimbursement up to \$35 |
| Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal | \$10 copay | | Reimbursement up to \$25/\$40/\$55 |
| Frames (Every 24 months) | \$150 allowance | | Reimbursement up to \$45 |
| Contact Lenses (In lieu of glasses) Elective Medically Necessary | \$150 allowance Plan pays 100% | | Reimbursement up to \$80 Reimbursement up to \$210 |
| Laser Vision Correction | Please contact your Eye Doctor to see if discounts of up to 15% off retail or 5% off promotional price apply. | | |



Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

VISION COSTS

Listed below are the monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

| Level of Coverage | Vision Plan |
|--------------------------|-------------|
| Team Member Only | \$6.87 |
| Team Member + Spouse | \$11.67 |
| Team Member + Child(ren) | \$12.36 |
| Team Member + Family | \$18.65 |

DENTAL INSURANCE

Cardinal Group Companies offers a dental insurance plan through Delta Dental of Colorado.

The Delta Dental PPO plan offers in-and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Delta Dental PPO provider. Locate a Delta Dental network provider at deltadentalco.com. You will receive a new Dental ID Card in the mail upon new enrollment or a change in coverage tier.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits | PPO Dental Plan | |
|----------------------------------------------------------------------------------------------|----------------------|----------------------|
| | In Network | Out of Network |
| Plan Year Deductible Individual/Family | \$50/\$150 | \$50/\$150 |
| Plan Year Benefit Maximum | \$1,500 | |
| Preventive Care (Oral exams, cleanings, x-rays) | Plan pays 100% | Plan pays 100% |
| Basic Services (Periodontal services, endodontic services, oral surgery, fillings) | 20% after deductible | 20% after deductible |
| Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial]) | 50% after deductible | 50% after deductible |
| Orthodontia Services (Adults and dependent children up to age 19) | Plan pays 50% | |
| Orthodontia Lifetime Maximum | \$1,500 | |



Regular dental visits tell your dentist a lot about your overall health, including whether or not you may be developing a disease like diabetes, heart disease, kidney disease, and some forms of cancer.

DENTAL COSTS

Listed below are the monthly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

| Level of Coverage | PPO Dental Plan |
|--------------------------|-----------------|
| Team Member Only | \$13.00 |
| Team Member + Spouse | \$26.00 |
| Team Member + Child(ren) | \$30.00 |
| Team Member + Family | \$42.00 |

BUDGETING FOR YOUR CARE



You can save about 20%* on your care by putting money in a health savings account or flexible spending account. This is because you don't pay taxes on your contributions.

COMPARE YOUR OPTIONS

| | Health Savings Account More Information on Page 14 | Health Care Flexible Spending Account More Information on Page 15 | Limited Purpose Health Care Flexible Spending Account More Information on Page 15 | Dependent Care Flexible Spending Account More Information on Page 15 |
|----------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Eligible plans | HDHP | PPO | HDHP | n/a – not tied to medical plans |
| Eligible expenses | Deductibles, copays, and other health-related expenses | Deductibles, copays, and other health-related expenses | Dental and vision-related expenses only | Eligible childcare expenses |
| Your election is available on January 1, 2025 | No | Yes | Yes | No |
| You can change your election throughout the year | Yes | No | No | No |
| You can take income tax deductions for expenses you pay with your account | Yes | No | No | No |
| Funds roll over from one year to the next | Yes | Up to \$660 | Up to \$640 | No |

*Percentage varies based on your tax bracket.

HEALTH SAVINGS ACCOUNT

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA



USE

Use your HSA dollars today to pay for eligible health care expenses such as: deductibles, doctor's office visits, dental expenses, eye exams, and prescriptions.



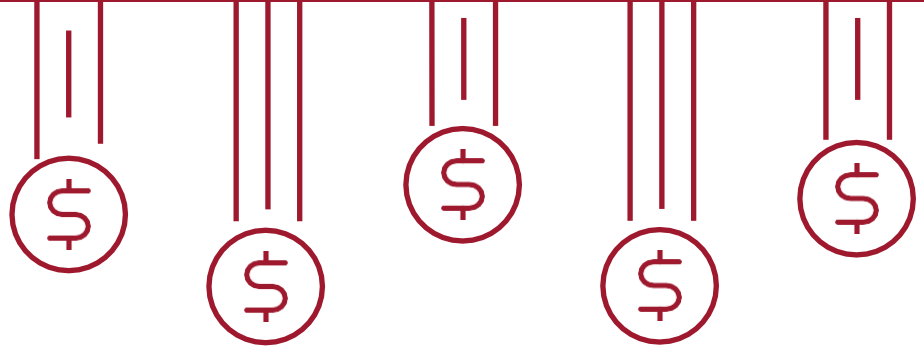
SAVE

Use your HSA to prepare for the unexpected. An HSA allows you to save and roll over money year to year. The money in the account is always yours, even if you change health plans or jobs.



INVEST

The money in your HSA can be invested and grows tax free—including interest and investment earnings. After you reach age 65, your HSA dollars can be spent without penalty on any expense.



If you enroll in the Cardinal Group Companies HDHP, you may be eligible to open and fund a health savings account (HSA) through WEX.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Contributions will start on the first of the month after you elect to fund an HSA. WEX was formerly known as Discovery Benefits.

2025 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,300
- **All other coverage levels:** \$8,550

If you are age 55+ by December 31, 2025, you may contribute an additional \$1,000.

HSA ELIGIBILITY

You are eligible to fund an HSA if you are enrolled in the Cardinal Group Companies HDHP and meet additional eligibility requirements. Refer to wexinc.com for eligibility information and a list of eligible expenses.

FLEXIBLE SPENDING ACCOUNTS

Cardinal Group Companies offers three flexible spending account (FSA) options, which are administered by WEX.

Log into your account at wexinc.com to view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

You have additional time to submit and be reimbursed for expenses after the end of the plan year. Expenses must be incurred and submitted to WEX no later than March 15, 2026.



HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

If you enroll in the Cardinal Group Companies PPO, you may be eligible to fund a health care FSA, which allows you to pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is \$3,300 for the 2025 calendar year.



LIMITED PURPOSE HEALTH CARE FSA (ALLOWED IF YOU FUND AN HSA)

If you fund an HSA, you are not eligible to fund a health care FSA. However, you can fund a limited purpose health care FSA, which can only be used to reimburse dental and vision expenses.

The limited purpose health care FSA maximum contribution is \$3,300 for the 2025 calendar year.



DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for themselves.

You may contribute up to \$5,000 to the dependent care FSA for the 2025 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2025 plan year.



**SAVE UP TO
\$1,000
PER YEAR**

When you fund a dependent care FSA to the maximum amount (\$5,000), you can save \$1,000 per year.* This is because you don't pay taxes on your FSA contributions.

*Amount varies based on your tax bracket.

LIFE AND AD&D INSURANCE

Cardinal Group Companies provides basic life and AD&D insurance to all benefits-eligible team members **AT NO COST**. You have the option to purchase supplemental life and AD&D insurance.



BASIC LIFE AND AD&D INSURANCE

Cardinal Group Companies automatically provides basic life and AD&D insurance through Lincoln Financial to all benefits-eligible team members **AT NO COST**. If you die as a result of an accident, your beneficiary will receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **Team member life benefit:** 1x annual earnings up to a maximum of \$150,000
- **Team member AD&D benefit:** 1x annual earnings up to a maximum of \$150,000

Your basic life and AD&D insurance also provides travel assistance to help with medical emergencies while traveling and beneficiary assistance for will preparation or support while coping with a loss. Contact the Benefits Team for more details.

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Use the calculator at lfg.com to find the right amount for you.



SUPPLEMENTAL LIFE AND AD&D INSURANCE

Cardinal Group Companies provides you the option to purchase supplemental life and AD&D insurance for yourself and your spouse, and supplemental life insurance for your dependent children through Lincoln Financial.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded. Benefits will reduce to 65% at age 65, 40% at age 70, 25% at age 75, and to 10% at age 80.

- **Team Member:** \$10,000 increments up to \$300,000 or 5x annual salary, whichever is less—guarantee issue: \$100,000
- **Spouse:** \$5,000 increments up to \$150,000 or 50% of the team member's election, whichever is less—guarantee issue: \$10,000
- **Dependent children:** 14 days to 6 months: \$250; 6 months to age 19 (or 26 if full-time student): \$10,000—guarantee issue: \$10,000

**ELECT
COVERAGE
NOW!**

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Lincoln Financial.

DISABILITY INSURANCE

Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

SHORT-TERM DISABILITY INSURANCE

Cardinal Group Companies automatically provides short-term disability (STD) insurance through Lincoln Financial to all benefits-eligible team members **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** 60% of base weekly pay up to \$2,000
- **Elimination period:** 14 days
- **Benefit duration:** Up to 11 weeks

NOTE: If you work in Colorado or another state with state mandated leave, you have access to those leave benefits. Cardinal's state leaves are also managed by Lincoln Financial, and your STD benefit will automatically be offset by this additional coverage. Please reach out to Lincoln for questions regarding your specific state leave. See the CO PFML Notice on page 23-24 for additional plan detail and contact information.

VOLUNTARY LONG-TERM DISABILITY INSURANCE

Cardinal Group Companies provides you the option to purchase voluntary long-term disability (LTD) insurance through Lincoln Financial. Voluntary LTD insurance is designed to help you meet your financial needs if your disability extends beyond the short-term disability period.

- **Benefit:** 60% of base monthly pay up to \$5,000
- **Elimination period:** 90 days
- **Benefit duration:** Social security normal retirement age

VOLUNTARY BENEFITS

Cardinal Group Companies provides you the option to purchase **voluntary group accident** and **critical illness insurance** through Lincoln Financial. These plans will pay cash benefits to members when unexpected medical and everyday expenses begin to add up after a covered accident or illness.

For additional information, contact the Ask Charlie Benefits experts at CGbenefitsHelpdesk@imacorp.com

Note: You are eligible for voluntary benefits through Lincoln Financial on the first day of the month following your date of hire.

ACCIDENT INSURANCE

Cardinal Group Companies offers the option to purchase Accident Insurance through Lincoln Financial.

- Provides **cash benefits** if you or a covered family member is accidentally injured
- Features **group rates** for employees
- Benefits are **focused on the family**, safety and accident prevention

| Emergency Treatment | Your Cash Benefit |
|----------------------------------------------------|-------------------|
| Ambulance | \$225 |
| Air ambulance | \$1,125 |
| Emergency care/treatment | \$150 |
| X-ray | \$30 |
| Initial care visit | \$75 |
| Major diagnostic exam | \$150 |
| Fractures | |
| Fractures vary depending on severity and location. | \$100- \$3,000 |

CRITICAL ILLNESS INSURANCE

Cardinal Group Companies also offers the option to purchase Critical Illness Insurance for yourself, spouse and children through Lincoln Financial at group rates.

- **You can choose** from the coverage amount(s) without providing evidence of insurability (documentation of your health history). If you decline this coverage now and wish to enroll later, evidence of insurability may be required.
- Provides **cash benefits** if you or a covered family member is diagnosed with a critical illness or event
- Benefits are **paid in addition** to what is covered under your health insurance
- Features **group rates** for employees
- **No waiting periods** or overall plan maximums

| Employee | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Guaranteed coverage amounts | \$10,000, \$20,000 or \$30,000 |
| Spouse/Domestic Partner | |
| Guaranteed coverage amounts | \$5,000, \$10,000 or \$15,000 (up to 50% of the employee coverage amount) |
| Children | |
| Guaranteed coverage amount | \$2,500, \$5,000 or \$10,000 (up to 50% of the employee coverage amount) <ul style="list-style-type: none"> • When you enroll, your dependent children automatically receive 50% of your coverage amount at no <u>extra cost</u>. |

For additional information, contact the Ask Charlie Benefits Team at CGbenefitsHelpdesk@imacorp.com



CARROT FAMILY FORMING BENEFIT

Cardinal partners with Carrot Fertility to bring our team members comprehensive, inclusive fertility health and family-forming benefits. If you are enrolled in a Cardinal Health plan, you have access to exclusive Carrot resources designed to make fertility care more accessible and affordable to everyone — regardless of age, sex, sexual orientation, gender identity, or location.

Visit get-carrot.com/signup to create your account and explore the resources available to you, including the funds we've provided to help pay for your care.

Personalized guidance

- A free, personalized step-by-step guide created with your unique needs in mind to support you through your journey
- Unlimited, free virtual visits with fertility health and family-forming experts to navigate your options, costs, and questions
- Expert-produced educational resources, including articles, how-to videos, and more
- At-home support through Carrot's complete telehealth platform, including a fertility health and wellness test, an ovulation tracking bracelet, and more

Provider network, discounts, and access to funds

- Find a trusted provider with Carrot's network of 950+ clinics and 3,350+ attorneys and agencies across the country
- Receive exclusive discounts and expedited appointments at top clinics and agencies
- Use Carrot Rx®, a pharmacy that offers significant savings on fertility medications with easy online ordering and delivery
- Access, spend, and track your funds in your account

"[Carrot] made it all so simple and easy. They helped us navigate through the maze of information and options and guided us with confidence, honesty, and respect. We are so grateful to them."



- Shannon H.



Get support with:

- Understanding fertility health
- Preservation (egg, sperm, embryo)
- Assisted reproduction (e.g., in vitro fertilization)
- Adoption
- Gestational carrier arrangements
- Donor assistance
- Pregnancy
- Menopause/low testosterone (low T)

Highlights of new services



Expanded pregnancy support

Carrot is bringing even more support to people who are pregnant or postpartum. Use funds for eligible doula services, attend 1:1 coaching sessions with pregnancy experts like nutritionists and lactation consultants, and more.



Menopause and low testosterone (low T)

Fertility health doesn't stop at family forming. Carrot offers expert-led group sessions and educational content for people going through menopause and low T so they aren't left to navigate this stage of life on their own.

Questions? Visit get-carrot.com/employee-support to connect with your Care Team.

BENEFITS AVAILABLE TO ALL TEAM MEMBERS

EMPLOYEE ASSISTANCE PROGRAMS

Employee assistance program (EAP) services are provided to you and your household members **AT NO COST** through Anthem and Lincoln Financial.

Both EAP's are confidential programs to help you and your family members handle the stresses involved with everyday issues and/or crisis situations. This program can help you by providing information, resources and referrals for family matters, legal information and referrals, and guidance on financial matters.

- The services are accessible through toll-free phone calls and online access.
- Each member can receive up to **six** face-to-face counseling sessions, per incident, per year free of charge through Anthem AND **five** face-to-face counseling sessions, per incident, per year free of charge through Lincoln.
- No personal information is ever shared with Cardinal Group Companies.

The free EAP can support you 24 hours a day, 7 days a week.

- Call the EAP at 800-865-1044 or visit anthemeap.com (company code: Cardinal Group Management).

You also can access EAP services through Lincoln Financial Group. Find out more:

- Visit www.GuidanceResources.com
- **Username:** LFGSupport **password:** LFGSupport1
- Download the GuidanceNow mobile app or Call 888-628-4824

PET INSURANCE

Cardinal Group Companies offer a voluntary pet insurance benefit through Nationwide. The plan options are designed to provide pet parents 90%, 70%, or 50% cash back on eligible vet bills at the vet of your choice.

There are two levels of coverage to choose from: My Pet Protection and My Pet Protection Plus with Wellness. Both plans have a \$250 annual deductible and a \$7,500 annual maximum per pet.

My Pet Protection covers:

- Accidents and injuries
- Dental disease
- Behavioral treatments
- Cancer
- Hereditary and congenital
- 24/7 Vet helpline

My Pet Protection with Wellness includes everything in the My Pet Protection Plan plus:

- Wellness exams
- Flea and tick
- Spay or neuter
- Heartworm prevention

Pre-existing conditions are not covered in either plan.



Easy enrollment:

- Visit petinsurance.com/cardinalgroup or Visit petsnationwide.com and enter Cardinal Group Companies.
- You can also Call 877-738-7874 and mention that you're an employee of Cardinal Group Companies to receive preferred pricing.

GROUP DISCOUNTS

PerkSpot allows Cardinal team members access to thousands of local and online discounts. Whether you're seeking a discount for groceries, products that help pass the time at home, a way to keep children entertained and educated, or something else, make sure to visit your Cardinal Group Management Discount Program and browse through the tens of thousands of discounts available to you. Brands include Thrive Market, Blue Apron, Rosetta Stone, Samsung, and Target—just to name a few.

- Get started by creating your account at: cardinalgroup.perkspot.com

BENEFITS AVAILABLE TO TEAM MEMBERS AFTER SIX MONTHS OF SERVICE

401(k) RETIREMENT SAVINGS PLAN

Cardinal Group Companies offers a 401(k) retirement savings plan, administered by Fidelity.

Eligibility: All team members are eligible to participate in the Cardinal Group Companies retirement plan. You are eligible to participate the first of the month following six months of service and are age 21 years or older.

Contributions: Eligible earnings deferral contributions to the plan are made with traditional pre-tax dollars or post-tax Roth 401(k) dollars. Participants may contribute from 1–85% of eligible earnings, not to exceed the annual IRS dollar limit, which is \$24,000 for 2025. Individuals age 50+ by December 31, 2025, may also make additional “catch up” contributions of up to \$8,000 for a total of \$32,000.

Matching Contributions: Cardinal Group Companies matches team member contributions dollar for dollar up to 4% of your eligible earnings. The match is made each pay period and is deposited into the plan with your contributions. Each year that Cardinal Group Companies will make a contribution, you will be notified at least 30 days (and no more than 90 days) prior to the beginning of the plan year that the contributions will be made. You pay no income taxes on this contribution or the earnings until a distribution is taken. All matching contributions are made on a tax-exempt basis.

STUDENT DEBT PROGRAM

Cardinal Group Companies offer a student loan reimbursement program through Fidelity to all benefits-eligible team members after six months of service.

The loan must be:

- From a trade school or educational institution
- Current and in good standing status

Receive up to \$50 per month for qualifying loans:

- Applied directly to the Principal of the loan

PARENTAL LEAVE

Cardinal Group Companies offers 12 weeks of paid parental leave to full-time team members who are primary caregivers of a newborn or adopted child.

- **Eligibility:** First of the month following six months of service
- **Benefit:** 100% of your weekly base pay; STD will apply when applicable
- **Benefit Duration:** 12 weeks

For any other types of extended leave, please reach out to Lincoln Financial to get additional information.

COMPANY HOLIDAYS

Full-time team members will be paid for the following ten company holidays:

- New Year’s Day
- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- National Voting Day
- Thanksgiving Day
- Christmas Eve
- Christmas Day

CONTACT INFORMATION

If you have any questions regarding your benefits or the material contained in this guide, please contact the Benefits Team at benefits@cardinalgroup.com.

| Provider/Plan | Group Number | Contact Number | Website | How to Enroll |
|------------------------------------------------------------------|----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------|
| Benefits Helpdesk / Ask Charlie IMA | N/A | 800-587-2503 | Email: CGbenefitsHelpdesk@imacorp.com | UKG Portal |
| Medical Anthem | 195959 | 877-811-3106 | anthem.com or Sydney App | |
| Dental Delta Dental of Colorado | W1242 | 800-610-0201 | deltadentalco.com | |
| Vision Anthem | 195959 | 866-723-0515 | anthem.com | |
| Health Savings Account / Flexible Spending Account WEX | N/A | 833-225-5939 | wexinc.com | |
| Life and AD&D Insurance Lincoln Financial | 000010208647 | 800-423-2765 | lfg.com lifecclaims@lfg.com | |
| Disability Insurance Lincoln Financial | STD: 000010184256 LTD: 000010166151 | 800-423-2765 | disabilityclaims@lfg.com | |
| Critical & Accidental Insurance Lincoln Financial | ACC-0000001905 CI-0000001906 | 800-423-2765 | lincolnfinancial.com | |
| Family Forming Carrot | N/A | 877-275-6158 | get-carrot.com | get-carrot.com |
| Employee Assistance Program Anthem | N/A | 800-865-1044 | anthemeap.com (company code: Cardinal Group Management) | N/A |
| Pet Insurance Nationwide | N/A | 877-738-7874 | petinsurance.com/ cardinalgroup | petinsurance.com/ cardinalgroup |
| 401(k) Retirement Savings Plan Fidelity | 80630 | ENG: 800-835-5095 ESP: 800-587-5282 | 401k.com | 401k.com |
| Student Loan Reimbursement Fidelity | N/A | N/A | fidelity.com | fidelity.com |
| Group Discounts PerkSpot | N/A | N/A | cardinalgroup.perkspot.com | cardinalgroup.perkspot.com |

This summary of benefits is not intended to be a complete description of the terms and Cardinal Group Companies insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Cardinal Group Companies maintains its benefit plans on an ongoing basis, Cardinal Group Companies reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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Colorado Paid Family and Medical Leave

Questions and answers

What is Colorado Paid Family and Medical Leave (CO PFML)?

CO PFML is a statewide program that allows covered employees to take paid time off to:

- Recover from a covered employee's own serious health condition
- Care for a child within the first 12 months following birth, adoption, or foster placement
- Care for a family member with a serious health condition
- Assist a family member called to active duty
- Address the immediate health, safety, and legal needs of employees or their family members who are the victim of domestic violence, stalking, or sexual assault or abuse

Who is a family member?

Covered family members include spouses, domestic partners, children, parents, parent of domestic partner, parent-in-law, grandparents, grandchildren, sibling (biological, foster, adoptive, and step relationship), sibling of domestic partner, sibling-in-law, and other individuals with whom the covered individual has a significant personal bond like a family relationship.

Child and parent relationships can be biological, adoptive, foster, stepchild, stepparent, legal ward, legal guardian, child of domestic partner, and in loco parentis.

When is the CO PFML program effective?

Employers began making payroll deductions to fund the employee share of the contributions on January 1, 2023. The benefits become payable on January 1, 2024.

A private plan with Lincoln Financial became effective on 01/01/2024.

Who is eligible for benefits?

Covered employees include those who'll have earned at least \$2,500 during the base period, which is defined as the first four out of five completed calendar quarters preceding the first day of the employee's benefit year.

What are the employee contributions for this benefit?

The cost of your CO PFML coverage is funded in part by deductions taken from your paycheck and premium covered by the company.¹ Your employer may deduct from your wages up to 50% of the total premium required for an employee. Note that your cost covered by the private plan shall not be greater than the cost charged to employees under the state plan, which is 0.45% of wages for 2025.

The company is responsible for all premium cost charged by Lincoln Financial Group, our insurance carrier, that exceed the contributions taken from your pay.

What are the available benefits?

Employees will be provided with up to 12 weeks for family and medical leave, with an additional four weeks for pregnancy complications or childbirth complications.

Covered individuals will receive weekly benefits that vary based on income. A covered employee's weekly benefits under the program are generally calculated as:

- For employees who earn less than or equal to 50% of the state's average weekly wage (SAWW), their benefit is 90% of their average weekly wage (AWW).
- For employees who earn more than 50% of the SAWW, their benefit is 90% of 50% of SAWW, plus 50% of the employee's remaining AWW.
- The maximum weekly benefit will be \$1,100 in 2025 and may be adjusted annually starting in 2026.

Is this new leave part of the federal Family and Medical Leave Act (FMLA)?

No, CO PFML is a separate benefit with different eligibility rules and employer requirements than FMLA. If CO PFML is used for a reason that also qualifies under federal FMLA, then CO PFML runs concurrently with federal FMLA, as applicable.

Will my job be protected while I'm on leave?

Yes, CO PFML will provide job protection if you're an employee who has worked for an employer more than 180 days. In this instance, job protection means employees are entitled, upon return from their leave, to be restored by the employer to the position they held when the leave began or to an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment. During a covered leave, the company must maintain the same employment-based healthcare benefits the employee received while working. Employees must also continue paying their share of the cost of health benefits as required prior to going on leave.

It's unlawful for an employer to count your PFML as an absence that may lead to discipline, discharge, demotion, suspension, or any other adverse action.

How do you submit a claim?

The company has elected paid family and medical leave coverage through Lincoln. This means you'll need to direct CO PFML claims and questions to Lincoln instead of the state.

Lincoln will process your CO PFML claim alongside all other Lincoln-administered disability or leave programs you may qualify for.

You can report a claim by phone 800-523-0428 or online at MyLincolnPortal.com. Lincoln will assign a claims specialist within one business day of receipt to review the claim. You or your employer will be contacted to gather required certification or additional information if needed. The claims specialist will also assess concurrent STD claims, if applicable.

How's my information protected?

Health information related to family, medical, or safe leave that you choose to share with the company or Lincoln is confidential and can only be released with your permission, unless the release is required by law.

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[LincolnFinancial.com](https://www.lincolnfinancial.com)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

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For use in Colorado only.

How can I appeal Lincoln's decision on my claim?

If your claim is denied or you do not agree with our decision, you may appeal your claim with Lincoln within 15 days from your receipt of the decision notice. Instructions for an appeal will be provided in your notice of determination.

Employees may choose to appeal with Lincoln or may exercise their right to appeal directly to the FAMLI division.

How do I dispute Lincoln's decision regarding my claim appeal?

If the appeal does not resolve your disagreement with our claim decision, you can request support from the CO FAMLI Division for dispute resolution. Visit <https://famli.colorado.gov/> or call 866-263-2654 for more information.

What are my rights?

You have the right to communicate to your employer or any other person or entity an intent to file a claim, a complaint with the division or courts, or an appeal. You also have the right to testify or assist in any investigation, hearing, or proceeding at any time as well as inform any person of any employer's alleged violation. You also have the right to bring a civil suit in court within two years.

What if I have questions about my rights?

It's unlawful for your employer to interfere with, restrain, discriminate, or retaliate against you because you inquired about or claimed paid leave benefits. If your employer is not following the law, you have the right to bring a civil suit in court or to file a complaint with the Colorado Department of Labor and Employment online or via phone or email:

Web: <https://cdle.colorado.gov/>

Phone: 866-263-2654

Email: CDLE_FAMLI_info@state.co.us

Hours of operation: Monday through Friday, from 8:00 a.m. to 4:00 p.m. Mountain.

*References to "the company" throughout this notice refer to your employer.

Notices

Medicare Part D Creditability Notice

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

| CREDITABLE COVERAGE | NON-CREDITABLE COVERAGE |
|---------------------|-----------------------------------------|
| HDHP PPO | Not Applicable, all coverage Creditable |

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/Contacts/#resources/ships>.

Secondary Payor to Medicare Notice

When you or a dependent are determined disabled by the Social Security Administration, it is imperative such individual have Medicare begin immediately after 24 months of Social Security disability. Regardless whether the individual is enrolled in Medicare or not, our plan will calculate how much Medicare would have paid and then pay secondary (meaning it will pay very little or nothing).

If we employ 100 or more full and part-time employees during 50% or more of business days during the previous calendar year, then we will give everyone an update that our plan will begin paying primary (not secondary) to disability-based Medicare. Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/Contacts/#resources/ships>. (Under 100 only)

Women's Health And Cancer Rights Act (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

Notices

Non-Grandfathered Medical Plan Appeals Processes

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

Special Medical Enrollment Rights and Responsibilities Under HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provision

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage. However, you **must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage (or if the employer stops contributing toward it). However, you **must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, you **must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment **within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

IF YOU DECLINE COVERAGE, YOU MUST COMPLETE A "FORM FOR EMPLOYEE TO DECLINE COVERAGE"

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

Notices

Wellness Program

We sponsor a voluntary wellness program for employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the assessment, blood test, or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive. Although you are not required to complete the assessment or biometric screening, only employees who do so will receive the incentive.

Additional incentives of up to [indicate the additional incentives] may be available for employees who participate in certain health-related activities [specify activities, if any] or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human resources.

The information from your assessment and biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protection From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Cardinal Group may use aggregate information it collects to design a program based on identified health risks in the workplace, our wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Your personally identifiable health information will only be provided in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact HR. (Only required if employer provides biometric screening and/or health risk assessment incentives and this would be well enough in advance of those activities for the employee to have enough heads-up to decide whether to request a reasonable alternative prior to the screening/assessment taking place)

Notices

PREMIUM ASSISTANCE UNDER MEDICAID OR THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your State may have a **premium assistance program that can help pay for coverage with us**, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace at www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW (1-877-543-7669)** or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a HIPAA "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact Human Resources or the Department of Labor at www.askebsa.dol.gov or **1-866-444-EBSA (1-866-444-3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2022. Contact your State for more information on eligibility –

| Medicaid Premium Assistance | CHIP Premium Assistance |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| ALABAMA – Medicaid | |
| Web: myALhipp.com | |
| Phone: 1-855-MyALHIPP (1-855-692-5447) | |
| ALASKA – Medicaid | |
| Web: myAKhipp.com Eligibility: health.alaska.gov/dpa/Pages/medicaid Email: CustomerService@myAKhipp.com | |
| Phone: 1-866-251-4861 | |
| ARKANSAS – Medicaid | |
| Web: myARhipp.com | |
| Phone: 1-855-MyARHIPP (1-855-692-7447) | |
| CALIFORNIA – Medicaid | |
| Web: dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov | |
| Phone: 916-445-8322 | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COLORADO – Medicaid (Health First CO Health Insurance Buy-In) and CHIP (Child Health Plan Plus, or CHP+) | | |
| Web: | healthfirstcolorado.com and mycohibi.com | colorado.gov/HCPF/Child-Health-Plan-Plus |
| Phone: | 1-800-221-3943, State Relay 711, or HIBI 1-855-692-6442 | 1-800-359-1991 or State Relay 711 |
| FLORIDA – Medicaid | | |
| Web: | FLmedicaidTPLrecovery.com/FLmedicaidTPLrecovery.com/hipp | |
| Phone: | 1-877-357-3268 | |
| GEORGIA – Medicaid | | |
| Web: | medicaid.georgia.gov/health-insurance-premium-payment-program-hipp | medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra |
| Phone: | 678-564-1162 press 1 | 678-564-1162 press 2 |
| INDIANA – Medicaid | | |
| Web: | in.gov/fssa/hip (Healthy Indiana Plan for low-income adults age 19-64) | |
| Phone: | 1-877-GET-HIP9 (1-877-438-4479) | |
| Web: | All other Medicaid: in.gov/medicaid | |
| Phone: | 1-800-457-4584 | |
| IOWA – Medicaid and CHIP (Hawki) | | |
| Web: | dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | dhs.iowa.gov/hawki |
| Phone: | 1-888-346-9562 | 1-800-257-8563 |
| KANSAS – Medicaid | | |
| Web: | kancare.ks.gov HIPP: http://content.dcf.ks.gov/ees/KEESM/Miscform/MS-2504HEALTH_INSURANCE_PREMIUM_PAYMENT_INFORMATION_FORM1-05.pdf | |
| Phone: | 1-800-792-4884 | |
| KENTUCKY – Medicaid and CHIP | | |
| Web: | chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: kihipp_program@ky.gov | kidshealth.ky.gov |
| Phone: | 1-855-459-6328 | 1-877-524-4718 |
| LOUISIANA – Medicaid | | |
| Web: | ldh.la.gov/lahipp | |
| Phone: | 1-855-618-5488 | |
| MAINE – Medicaid | | |
| Web: | maine.gov/dhhs/ofi/applications-forms (PHIP application) | |
| Phone: | 1-800-977-6740 or TTY: Maine Relay 711 | |
| MASSACHUSETTS – Medicaid and CHIP | | |
| Web: | mass.gov/masshealth/pa | <– Same as Medicaid website |
| Phone: | 1-800-862-4840 or TTY: 617-886-8102 | <– Same as Medicaid phone |
| MINNESOTA – Medicaid | | |
| Web: | mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp | |
| Phone: | 1-800-657-3739 or 651-431-2670 | |
| MISSOURI – Medicaid | | |
| Web: | dss.mo.gov/mhd/participants/pages/hipp.htm | |
| Phone: | 573-751-2005 | |
| MAINE – Medicaid | | |
| Web: | maine.gov/dhhs/ofi/applications-forms (PHIP application) | |
| Phone: | 1-800-977-6740 or TTY: Maine Relay 711 | |
| MASSACHUSETTS – Medicaid and CHIP | | |
| Web: | mass.gov/masshealth/pa | <– Same as Medicaid website |
| Phone: | 1-800-862-4840 or TTY: 617-886-8102 | <– Same as Medicaid phone |

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|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MINNESOTA – Medicaid | |
| Web: | mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp |
| Phone: | 1-800-657-3739 or 651-431-2670 |
| MISSOURI – Medicaid | |
| Web: | dss.mo.gov/mhd/participants/pages/hipp.htm |
| Phone: | 573-751-2005 |
| MONTANA – Medicaid | |
| Web: | dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HSHIPPprogram@mt.gov |
| Phone: | 1-800-694-3084 |
| NEBRASKA – Medicaid | |
| Web: | AccessNebraska.ne.gov |
| Phone: | 1-855-632-7633, Lincoln 402-473-7000, Omaha 402-595-1178 |
| NEVADA – Medicaid | |
| Web: | dhcfp.nv.gov/Pgms/CPT/HIPP |
| Phone: | 1-800-992-0900 or 1-888-346-1380 or CustomerService@MYNVHIPP.com |
| NEW HAMPSHIRE – Medicaid | |
| Web: | dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program |
| Phone: | 603-271-5218 or 1-800-852-3345 ext 5218 |
| NEW JERSEY – Medicaid and CHIP | |
| Web: | www.state.nj.us/humanservices/dmahs/clients/medicaid njfamilycare.org |
| Phone: | 609-631-2392 1-800-701-0710 |
| NEW YORK – Medicaid | |
| Web: | health.ny.gov/health_care/medicaid |
| Phone: | 1-800-541-2831 |
| NORTH CAROLINA – Medicaid | |
| Web: | medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services/health-insurance-premium-payment-program |
| Phone: | 1-855-696-2447 or 919-855-4100 |
| WASHINGTON – Medicaid | |
| Web: | hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program |
| Phone: | 1-800-562-3022 ext. 15473 |
| WEST VIRGINIA – Medicaid and CHIP | |
| Web: | myWVhipp.com ← Same as Medicaid website |
| Phone: | 1-855-myWVhipp (1-855-699-8447); TTY 1-855-888-3003 ← Same as Medicaid phone |
| WISCONSIN – Medicaid and CHIP | |
| Web: | dhs.wisconsin.gov/badgercareplus/p-10095.htm ← Same as Medicaid website |
| Phone: | 1-800-362-3002 ← Same as Medicaid phone |
| WYOMING – Medicaid | |
| Web: | health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility |
| Phone: | 1-800-251-1269 or 307-777-7531 |

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (1-866-444-3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Cardinal Group PROGRAMA DE BENEFICIOS PARA 2025



Este es un resumen de alto nivel de sus planes; consulte los documentos de su plan o la guía de beneficios para ver más detalles.

Los miembros del equipo a tiempo completo que trabajan por lo menos 30 horas o más por semana son elegibles para beneficios **el primer día del mes que coincida con la fecha de contratación o después de esta.**

Plan médico: Anthem Blue Cross Blue Shield

| Resumen de los beneficios cubiertos | Plan HDHP | | Plan PPO | |
|---------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|------------------------------|----------------------|
| | Dentro de la red | Fuera de la red | Dentro de la red | Fuera de la red |
| Deducible por año natural Individual/familiar | \$3,300/\$6,600 | \$3,300/\$6,600 | \$1,500/\$3,000 | \$3,000/\$9,000 |
| Desembolso máximo en un año natural (Incluye deducible, copagos y coaseguro) Individual/familiar | \$3,300/\$6,600 | \$6,000/\$12,000 | \$3,500/\$8,500 | \$7,000/\$17,000 |
| Atención preventiva | El plan paga 100% | 30% después del ded. | El plan paga 100% | 40% después del ded. |
| Servicios de médicos | | | | |
| Médico de atención primaria | 0% después del ded. | 30% después del ded. | Copago de \$25 | 40% después del ded. |
| Especialista | 0% después del ded. | 30% después del ded. | Copago de \$50 | 40% después del ded. |
| LiveHealth Online | 0% después del ded. ² | Sin cobertura | Copago de \$0 | Sin cobertura |
| Atención urgente | 0% después del ded. | 30% después del ded. | Copago de \$50 | 40% después del ded. |
| Sala de emergencias | 0% después del ded. | | 20% después del ded. | |
| Medicamentos recetados (Suministro hasta para 30 días) | | | | |
| Nivel 1 | 0% después del ded. | 30% después del ded. | Copago de \$15 | Sin cobertura |
| Nivel 2 | | | Copago de \$40 | |
| Nivel 3 | | | Copago de \$60 | |
| Nivel 4 | | | 30% hasta un máximo de \$250 | |

Plan de la vista: Anthem

| Resumen de los beneficios cubiertos | Plan de la vista | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| | Dentro de la red | Fuera de la red |
| Examen de la vista (Cada 12 meses) | Copago de \$10 | Reembolso de hasta \$35 |
| Lentes de plástico estándar (Cada 12 meses) Monofocales/bifocales/trifocales | Copago de \$10 | Reembolso de hasta \$25/\$40/\$55 |
| Armazones (Cada 24 meses) | Subsidio de \$150 | Reembolso de hasta \$45 |
| Lentes de contacto (En lugar de lentes) Electivos Médicamente necesarios | Subsidio de \$150, el plan paga el 100% | 50% después del ded. |
| Corrección de la vista con láser | Usted puede ser elegible para recibir un 15% de descuento sobre el precio de venta al por menor o un 5% sobre el precio promocional. Consulte a su proveedor para saber si usted es elegible. | |

Plan dental: Delta Dental of Colorado

| Resumen de los beneficios cubiertos | Plan dental PPO | |
|---------------------------------------------------------------------------------|----------------------|----------------------|
| | Dentro de la red | Fuera de la red |
| Deducible por año del plan Individual/familiar | \$50/\$150 | \$50/\$150 |
| Beneficio máximo por año del plan | \$1,500 | |
| Atención preventiva (Exámenes, limpiezas y radiografías bucales) | El plan paga 100% | El plan paga 100% |
| Servicios básicos (Periodoncia, endodoncia, cirugía oral, empastes) | 20% después del ded. | 20% después del ded. |
| Servicios especializados (Puentes, coronas, prótesis dentales) | 50% después del ded. | 50% después del ded. |
| Servicios de ortodoncia (Adultos e hijos dependientes hasta los 26 años) | El plan paga 50% | |
| Máximo vitalicio para ortodoncia | \$1,500 | |

Cuotas médicas mensuales

| Nivel de cobertura | Plan HDHP | Plan PPO |
|------------------------------|-----------|----------|
| Solo el miembro del equipo | \$21.00 | \$226.00 |
| Miembro del equipo y cónyuge | \$323.00 | \$617.00 |
| Miembro del equipo e hijos | \$309.00 | \$595.00 |
| Miembro del equipo y familia | \$412.00 | \$842.00 |

Cuotas de la vista mensuales

| Nivel de cobertura | Plan de la vista |
|------------------------------|------------------|
| Solo el miembro del equipo | \$6.87 |
| Miembro del equipo y cónyuge | \$11.67 |
| Miembro del equipo e hijos | \$12.36 |
| Miembro del equipo y familia | \$18.65 |

Cuotas dentales mensuales

| Nivel de cobertura | Plan dental PPO |
|------------------------------|-----------------|
| Solo el miembro del equipo | \$13.00 |
| Miembro del equipo y cónyuge | \$26.00 |
| Miembro del equipo e hijos | \$30.00 |
| Miembro del equipo y familia | \$42.00 |

Seguro de vida y por AD&D básico

Cardinal Group Companies proporciona automáticamente un seguro de vida y por AD&D básico a través de **Lincoln Financial** a todos los empleados elegibles para los beneficios **SIN COSTO ALGUNO**.

Beneficio de seguro de vida y AD&D para miembro del equipo: 1 vez los ingresos anuales, hasta un máximo de \$150,000

Seguro de vida y por AD&D complementario

Cardinal Group Companies le da la opción de adquirir un seguro de vida y por AD&D complementario para usted y su cónyuge, y un seguro de vida complementario para sus hijos dependientes por medio de **Lincoln Financial**.

Miembro del equipo: incrementos de \$10,000 hasta \$300,000 o 5 veces el salario anual.

Cónyuge: incrementos de \$5,000 hasta \$150,000 o 50% de la elección del miembro del equipo

Hijos: de 14 días a 6 meses de edad: \$250; de los 6 meses hasta los 19 años (o hasta los 26 si es estudiante de tiempo completo): \$10,000

Seguro por incapacidad a corto plazo

Cardinal Group Companies les proporciona automáticamente un seguro por incapacidad a corto plazo (STD) a través de **Lincoln Financial** a todos los miembros del equipo elegibles para los beneficios **SIN COSTO ALGUNO**.

• **Beneficio:** 60% del salario base semanal hasta \$2,000

• **Período de eliminación:** 14 días

• **Duración del beneficio:** hasta 11 semanas

Si trabaja en **Colorado**, su beneficio por STD será compensado por el permiso pagado por motivos familiares de Colorado ("FAMLI"), también gestionado a través de Lincoln Financial.

Seguro por incapacidad a largo plazo voluntario

Cardinal Group Companies le ofrece la opción de adquirir un seguro por incapacidad a largo plazo (LTD) a través **Lincoln Financial**.

• **Beneficio:** 60% del salario base mensual hasta \$5,000

• **Período de eliminación:** 90 días

• **Duración del beneficio:** la edad normal de retiro del Seguro Social

Beneficios voluntarios

Cardinal Group Companies le ofrece la opción de adquirir **seguros de accidentes grupal y de enfermedades graves voluntarios** a través de **Lincoln Financial**. Estos planes les pagarán beneficios en efectivo a los miembros cuando los gastos médicos y diarios inesperados comiencen a acumularse después de un accidente o una enfermedad cubiertos.

Programa de Asistencia al Empleado

Tiene acceso a dos beneficios del Programa de Asistencia al Empleado (EAP). Uno a través de Anthem y otro a través de Lincoln. El EAP gratuito le brinda ayuda 24/7.

- Llame al EAP de **Anthem** al 800-865-1044 para utilizar sus 6 consultas por problema, por año
- O visite anthemeap.com
- **Use el código de la compañía:** Cardinal Group Management

• Para acceder al EAP de **Lincoln** visite www.GuidanceResources.com

• **Nombre de usuario:** LFGSupport
contraseña: LFGSupport1

• Tiene acceso a 5 consultas por problema al año.

• Descargue la aplicación móvil GuidanceNow o llame al 888-628-4824.



Cuenta de ahorros de salud (HSA): WEX Inc.

Combinada con el plan HDHP

- Si se inscribe en el plan **HDHP** de Cardinal Group Companies, usted es elegible para aportar a una cuenta HSA, que le permite pagar desembolsos por gastos médicos con dinero antes de impuestos. *La cuenta HSA solo está disponible junto con el plan HDHP.*
- Los aportes empezarán el primer día del mes después de que elija aportar a una cuenta HSA.
- La cuenta HSA es suya mientras la mantenga, muchas personas la utilizan como una herramienta de ahorro adicional para futuros gastos médicos.
- El límite de la cuenta HSA establecido por el IRS, o el aporte máximo permitido para 2025 es de **\$4,300** por persona y **\$8,550** para el resto de niveles de cobertura.

Cuenta flexibles de gastos: WEX Inc.

Combinada con el plan PPO

- Si se inscribe en el plan **PPO** de Cardinal Group Companies, puede ser elegible para aportar a una cuenta FSA de atención médica, que le permite pagar desembolsos por gastos médicos, dentales y de la vista elegibles con dinero antes de impuestos.
- El aporte máximo a la cuenta FSA de atención médica para 2025 es de: **\$3,300**
- La cuenta FSA debe gastarse cada año. En 2025, podrá transferir hasta \$660 al siguiente año del plan.
- Si está inscrito en el plan HDHP y en la cuenta HSA, puede inscribirse en una cuenta **FSA de propósito limitado**. Esta cuenta solo está disponible para los gastos dentales y de la vista.

Cuenta FSA para el cuidado de dependientes: Wex Inc.

- La cuenta FSA para el cuidado de dependientes le permite cubrir gastos elegibles de cuidado diurno de dependientes con dinero antes de impuestos. Los dependientes elegibles son hijos menores de 13 años o bien hijos mayores de 13 años, cónyuge o padres mayores que vivan en su casa y que tengan una discapacidad física o mental que les impida cuidar de sí mismos.
- El límite anual para la cuenta FSA para el cuidado de dependientes es de **\$5,000**.

Plan 401K: Fidelity

- Todos los miembros del equipo son elegibles para inscribirse después de 6 meses a través de Fidelity
- La empresa Cardinal hace aportes correspondientes hasta el 4%
- Límite de aporte según el IRS para 2025: **\$24,000**

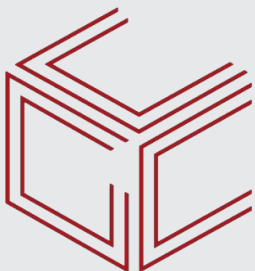
Otras coberturas incluidas en nuestro programa:

- **Permiso por maternidad o paternidad:** hasta 12 semanas de permiso por maternidad o paternidad pagado (después de 6 meses de empleo)
- **Reembolso de préstamos estudiantiles:** hasta \$50 al mes para préstamos que califiquen (después de 6 meses de empleo)
- **Carrot Fertility:** beneficios para todos para la formación de familias
- **Seguro de mascotas:** Nationwide le ofrece dos planes diferentes entre los que puede elegir
- **Perk Spot:** programa de descuentos
- **Programa de reembolso para gimnasios de Anthem:** reembolso de hasta \$400 al año por la suscripción a un gimnasio
- **Programa Wellness Rewards de Anthem:** obtenga hasta \$200 al año por completar determinadas actividades de bienestar

Si tiene alguna duda sobre sus beneficios, consulte la guía de beneficios o comuníquese con los asesores de beneficios **Ask Charlie** en:

Correo electrónico: CGbenefitsHelpdesk@imacorp.com

Teléfono: **800-587-2503**.



Asistencia sobre beneficios al alcance de su mano

En Charlie, nuestro equipo de expertos certificados está disponible para contestar las preguntas sobre beneficios que usted pueda tener sobre:

- + Explicar el valor y la funcionalidad de sus beneficios
- + Ayudar a ubicar proveedores dentro de la red
- + Ayudar a resolver problemas de facturación y reclamos de seguro
- + Facilitar sus preautorizaciones y apoyar las opciones de apelación
- + ... y también le pueden ayudar con otras inquietudes relacionadas con los beneficios.