# 2025 BENEFITS

## IMPORTANT NOTICE: READ CAREFULLY

This benefits guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. The Plan Sponsor reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

## A MESSAGE FROM USA

Dear Valued Employee,

USA knows that our most important asset is the dedicated employees that work hard to deliver the quality service that our clients have come to expect. Knowing that, we are committed to providing quality health benefits to our valued employees and their eligible dependents.

As you are aware, the cost of healthcare has continued to rise at double digit levels over the past decade. It is now one of the nation's largest issues. USA has worked hard to create a solution that will control the rising cost to the company as well as our employees.

We urge you to read this benefit guide carefully and keep it for future reference. If you are well informed you will be in a better position to make the appropriate choices and take full advantage of your benefits as a valued member of our team.

We encourage you to contact Human Resources or the SolV Independent Insurance Associates Benefits Advocacy Line at 833.4.SOLVIT or BAT@solvins.com if you should have any questions regarding your employee benefits package.

Sincerely,

USA

Human Resources

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# ELIGIBILITY & ENROLLMENT

## ELIGIBLITY

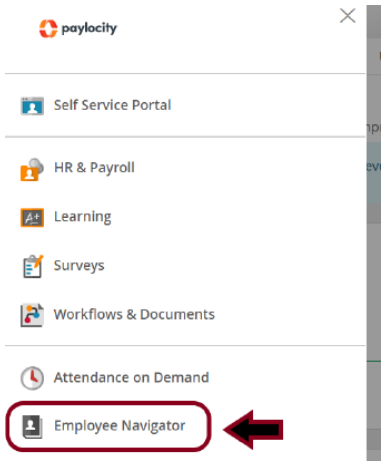
In order to be eligible for benefits you must work a minimum of 30 hours per week in a regular full-time position. Coverage will begin on the first day of the month following 60 days from your hire date.

If you are not currently eligible for benefits, but in the future your employment status changes to an eligible class, you will be allowed to join the plan on the first of the month following 30 days of your status change.

## HOW TO ENROLL

You can seamlessly log in to Employee Navigator through the Paylocity Single Sign-On (SSO) functionality without a separate username or password.

- To access, log into your Paylocity account, navigate to the HR & Payroll menu on the left-hand side and click on "Employee Navigator".




## ELIGIBLE DEPENDENTS

Our benefit plans are available to you and your family members. You can enroll yourself, your legal spouse, domestic partner and eligible children. Eligible children under the plan include biological, adopted, or step- child(ren) up to the age of 26. If your child is disabled before the age of 26, they may be eligible for continued coverage while disabled beyond age 26.

## WAIVING COVERAGE

If you elect to waive your coverage options through USA, you still must act. You must provide a reason for waiving coverage in your Employee Navigator portal. Please keep in mind that you will not be allowed to enroll in any of the offered plans if you later change your mind unless you experience a qualified event (see the next page). You will be allowed to enroll during the next Open Enrollment period if you are still eligible.

# ELIGIBILITY & CHANGES

## MAKING CHANGES

If you experience a qualifying event such as marriage, divorce, birth/adoption of a child or you lose other group coverage you have 30 days to notify Human Resources and make changes to your elections.

## HIPAA SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at: www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/hipaa-consumer-faqs.pdf.

## REDUCTION OF HOURS

If you experience a loss in hours and you are not regularly working the required 30 hours per week to maintain eligibility, you will lose coverage. You will be eligible for continuation of coverage when applicable.

## IF YOU LEAVE YOUR JOB

In the event that your employment with your employer ends, qualified beneficiaries will be offered COBRA continuation coverage. You will receive election paperwork and be given the opportunity to continue to cover yourself or your previously enrolled dependents on the plan.

# MEDICARE INFORMATION & FAQs

## NEARING MEDICARE ELIGIBILITY?

Are you or your spouse nearing Medicare eligibility age? If so, there are important things you should know about how your employer-sponsored plans integrate with Medicare.

We have a Medicare expert available to help you understand Medicare, when and how to enroll, and best coverage options for healthcare services and medications. You're welcome to reach out to Helen directly anytime:

Helen Ornellas (CA Lic#0D63358)
Email: Helen@OrnellasInsurance.com
Phone Number: 916.804.9888

## MEDICARE - FREQUENTLY ASKED QUESTIONS

**Who is eligible for Medicare?**

Medicare is a health insurance program for people age 65 and older, people under 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (ESRD).

**What is original Medicare?**

- **Part A (Hospital Insurance — no cost):** Helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.
- **Part B (Medical Insurance — premium applicable):** Helps cover services from doctors and other health care providers, outpatient care, home health care, durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment), many preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits).
- **Medicare Advantage (also known as Part C— premium applicable):** Medicare Advantage is Medicare-approved plan from a private company that offers an alternative to Original Medical (Part A & B) for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D. In most cases, you'll need to use doctors who are in the plan's network. Plans may have lower out-of-pocket costs than Original Medicare. Plans may offer some extra benefits that Original Medicare doesn't cover–like vision, hearing, and dental services.
- **Part D (Drug coverage— premium applicable):** Helps cover the cost of prescription drugs (including many recommended shots or vaccines). You join a Medicare drug plan in addition to Original Medicare, or you get it by joining a Medicare Advantage Plan with drug coverage. Plans that offer Medicare drug coverage are run by private insurance companies that follow rules set by Medicare.
- **Medicare Supplemental Insurance (Medigap —premium applicable):** Extra insurance you can buy from a private company that helps pay your share of costs in Original Medicare. Policies are standardized, and in most states named by letters, like Plan G or Plan K. The benefits in each lettered plan are the same, no matter which insurance company sells it.

# MEDICARE FREQUENTLY ASKED QUESTIONS

**Where to enroll?**

- **Medicare Website:** https://www.medicare.gov/basics/get-started-with-medicare/sign-up/ready-to sign-up-for-part-a-part-b
- **Social Security:** https://www.ssa.gov/medicare/sign-up

**Why enroll?**

You can potentially save money in out-of-pocket costs. Medicare benefits are geared toward Medicare age recipients. Plans can include dental, vision, and hearing coverage for no extra charge. With Advantage plans you may choose an HMO or PPO Network. Finally, with Supplemental plans you have the freedom to go to any doctor(s) that accept Medicare.

**When to enroll?**

You should sign up when you're first eligible for Part A (Hospital Insurance) and Part B (Medical Insurance). Generally, you're first eligible to sign up for Part A and Part B starting 3 months before you turn 65 and ending 3 months after the month you turn 65. If you don't enroll onto Medicare during your initial enrollment opportunity (when you turn 65), you must wait to sign up during Open Enrollment (Jan 1– Mar 31) and will be given a July 1st effective date. To supplement Parts A & B you will have several times during the year in which you can enroll onto Advantage (Part C), Supplemental Plans (Medigap) or a Stand-alone-prescription plan (Part D).

**If I am retiring soon, what are my next steps?**

If you're going to obtain retirement benefits from Social Security at least 4 months before you turn 65, you'll automatically get Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) when you turn 65.

**What do Social Security benefits have to do with enrolling onto Medicare?**

- **Before you turn 65:** If you apply to start receiving retirement benefits from Social Security (or the Railroad Retirement Board) at least 4 months before you turn 65, you'll automatically get Part A (Hospital Insurance) and Part B (Medical Insurance) when you turn 65. You'll still need to make important decisions about how you get your coverage, including adding drug coverage. If you want to enroll in Medicare when you turn 65 but aren't planning to take retirement benefits at that time, you'll need to initiate the enrollment process for Medicare.
- **After you turn 65:** You'll have to contact Social Security when you're ready to sign up for Medicare or enroll online. Depending on your employment situation and if you have health coverage through your employer, you may want to wait to sign up for Medicare Part B.

**Can I stay on my employer's medical insurance if I am over the age of 65 and not retiring?**

You and/or your spouse should enroll onto Medicare Parts A & B when you or your spouse first become eligible. If you choose to defer your enrollment in Part B and remain on USA's medical plan, you may do so without penalty. When you experience a qualifying event (i.e., retire, reduction of hours, terminated) this will create a Special Enrollment Period (SEP) for you onto Medicare.

**Is there a penalty if I don't sign up for Medicare when I am first eligible?**

Yes, a penalty may apply if you do not enroll when you are initially eligible. Penalties may be avoided if you/or your spouse are enrolled in other group coverage. You might also pay a monthly penalty for as long as you don't have Part B or creditable coverage. The penalty increases the longer you wait to sign up.

# MEDICAL

## MEDICAL INSURANCE

USA offers three medical plans that are administered by Benefit & Risk Management Services (BRMS). Below is a brief description of the components that make up your USA medical arrangement.

brms

Benefit & Risk Management Services (BRMS) is the Third-Party Administrator (TPA) for the USA medical plan. BRMS provides the following for USA employees:

- Customer service for ALL medical plan related questions
- Medical management administration
- Health Reimbursement Account (HRA) administration
- MyHealthBenefits Portal
- Medical ID cards
- Explanation of Benefits (EOB) documentation
- Pre-certifications (see page 11 for details)
- Case Management (see page 10 for details)

ClaimDOC®

USA is partnering with ClaimDoc to assist you with reviewing and evaluating every claim to ensure your healthcare costs are paid at a fair and reasonable price. ClaimDoc provides claim review, member support and advocacy, and expert legal services. If you ever receive a bill that does not match the EOB from BRMS, contact BRMS and they will connect you to ClaimDoc for help. One of their dedicated Member Service Advocates will work with you through the resolution of your billing issue.

TrueScripts™ Amazing Care

TrueScripts is the Prescription Benefits Manager (PBM) for the USA health plan. Striving to provide cost-effective solutions without interfering with the quality of your healthcare. TrueScripts pharmacy network consists of independent and retail pharmacies. Please visit memberportal.truescripts.com to access the Pharmacy Locator tool.

revive

Revive Health is USAs' telehealth provider. If you are enrolled in one of the USA medical plans you will have access to No Cost virtual benefits that can be accessed on demand anytime, anywhere. Benefits include Virtual Primary Care, Urgent Care, Mental Health Care, Prescriptions and Urgent Care Medications available, all for $0.

Scan the QR code, enter your first name, last name and email address on the prompted page. You will receive an email to complete your registration.

SCAN ME

enrollment code.

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# MEDICAL

| | Traditional HRA Medical Plan | Alternative HRA Medical Plan |
|---|---|---|
| **GENERAL PLAN PROVISIONS** | **MEMBER RESPONSIBILITY** | **MEMBER RESPONSIBILITY** |
| **Deductible** Individual/Family | $3,000 / $6,000 | $3,000 / $6,000 |
| **Calendar Year Out-of-Pocket Limit** Individual/Family | $3,500 / $7,000 | $3,500 / $7,000 |
| **USA HRA Annual Contribution*** Individual/Family | **$1,500 / $3,000** | **$1,000 / $2,500** |
| Deductible Accumulation | Embedded | Embedded |
| **OUTPATIENT SERVICES** | | |
| **Physician & Specialist Office Visit** | No cost after deductible | $50 |
| **Telehealth Physician Visit** | No cost | No cost |
| **Preventive Care** | No cost | No cost |
| **Lab & X-Ray** | No cost after deductible | No cost after deductible |
| **Outpatient Surgery in Facility** | No cost after deductible | No cost after deductible |
| **INPATIENT SERVICES** | | |
| **Hospitalization** | No cost after deductible | No cost after deductible |
| **EMERGENCY & URGENT SERVICES** | | |
| **Emergency Room** | No cost after deductible | No cost after deductible |
| **Urgent Care** | No cost after deductible | No cost after deductible |
| **PRESCRIPTION DRUGS – TrueScripts** | **30-DAY SUPPLY** | **30-DAY SUPPLY** |
| **Generic** | $10 after deductible | $10 after deductible |
| **Brand – Preferred** | $30 after deductible | $30 after deductible |
| **Brand – Non-Preferred** | $50 after deductible | $50 after deductible |
| **Specialty Medication** | $50 after deductible | $50 after deductible |
| **Cost** | **Per Pay Period – Weekly** | **Per Pay Period – Weekly** |
| Employee Only | $54 | $42 |
| Employee + Spouse | $101 | $97 |
| Employee + Child(ren) | $91 | $86 |
| Employee + Family | $149 | $142 |

- **Note:** Each year unused HRA funds from the current plan year will be rolled over to the next calendar year. HRA funds are pro-rated for new participants effective after the beginning of the calendar year.
- CA Members: Out-of-Network coverage not included above. Please refer to plan document. Remember, you'll receive better benefits if services are sought in-network. Refer to page 11 to find a In-Network provider.

# MEDICAL

| Copay Medical Plan | |
|---|---|
| **GENERAL PLAN PROVISIONS** | **MEMBER RESPONSIBILITY** |
| **Deductible**<br>Individual/Family | $1,500 / $3,000 |
| **Calendar Year Out-of-Pocket Limit**<br>Individual/Family | $3,500 / $7,000 |
| Deductible Accumulation | Embedded |
| **OUTPATIENT SERVICES** | |
| **Physician Office Visit** | $30 |
| **Specialist Office Visit** | $50 |
| **Telehealth Physician Visit** | No cost |
| **Preventive Care** | No cost |
| **Lab & X-Ray** | $50 |
| **Outpatient Surgery in Facility** | 20% after deductible |
| **INPATIENT SERVICES** | |
| **Hospitalization** | 20% after deductible |
| **EMERGENCY & URGENT SERVICES** | |
| **Emergency Room** | 20% after deductible |
| **Urgent Care** | $50 |
| **PRESCRIPTION DRUGS – TrueScripts** | **30-DAY SUPPLY** |
| **Generic** | $10 |
| **Brand – Preferred** | $30 |
| **Brand – Non-Preferred** | $50 after deductible |
| **Specialty Medication** | $50 after deductible |
| **Cost** | **Per Pay Period – Weekly** |
| Employee Only | $25 |
| Employee + Spouse | $88 |
| Employee + Child(ren) | $77 |
| Employee + Family | $133 |

- CA Members: Out-of-Network coverage not included above. Please refer to plan document. Remember, you'll receive better benefits if services are sought in-network. Refer to page 11 to find a In-Network provider.

# MEDICAL – FIND A RECOMMENDED CA PROVIDER

## NETWORKS BY DESIGN

**Attention: Employees that reside in California** – USA will continue to partner with Networks by Design (NBD) to offer you a selection of in-network medical providers in your area.

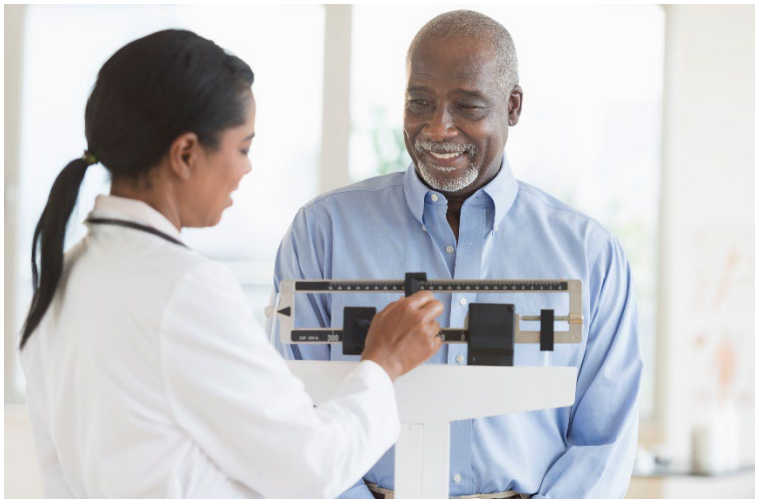
Before scheduling an appointment, follow these steps:

1. Visit www.NetByD.com
2. Hover over "Group Health" located at the top of the page below NBD's logo and click on "Find a Doctor or Facility"


3. Enter the minimum search criteria
4. Click Search

If your California provider is not within the NBD network, you may click on "Nominate a Provider", complete the form and click "Submit". Networks by Design will receive your nomination and notify you via e-mail of the Recruitment Specialist who will personally be contacting the provider. You are invited to contact the Recruitment Specialist to obtain status of a nominated provider.

**Attention: Employees that reside in Nevada** - Your providers and facilities (hospitals and outpatient surgery centers for example) are "open access", meaning you may visit any provider or facility and receive in-network benefits. You can disregard these instructions and see page 10 for more information.



# MEDICAL – OPEN ACCESS PROVIDERS & FACILITIES

For California/Nevada facilities and Nevada providers you have the freedom to choose any provider you wish! All medical plan options through USA do not utilize a specific network, other than Networks by Design for California Doctors.

All benefits are paid at the same benefit level and there are no out-of-network penalties. As long as your provider agrees to submit claims to BRMS (your plan administrator), you are only responsible for your applicable co-pays, deductibles and co-insurance.

## INTRODUCING THE PLAN TO YOUR PROVIDERS

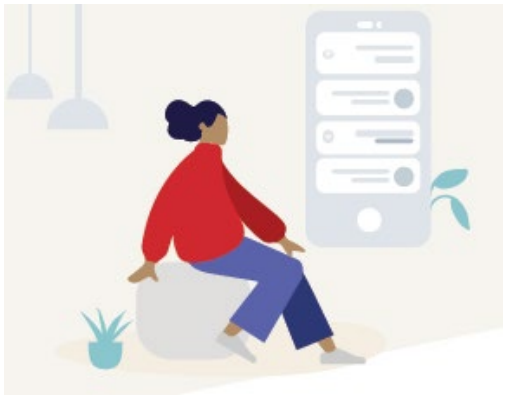
In order to avoid confusion or issues surrounding access, please allow a ClaimDOC Member Advocate to contact your providers BEFORE your first appointment by submitting a Provider Nomination Form to ClaimDOC via phone, email or online.

Present your ID card at the medical office and say "I have benefits and my plan will pay!". The representative should take a copy of your card and locate the claims submission address and Electronic Payor ID for claims processing. If you run into any issues, please have the providers office call 888-330-7295 to speak with a ClaimDOC representative.

## DID YOU RECEIVE A BALANCE BILL?

A balance bill is any amount a provider is billing you that is more than what your Explanation of Benefits (EOB) from BRMS says you are responsible for, after the insurance has paid.

Follow these steps for assistance!




**Compare the Explanation of Benefits (EOB) from the Plan administrator to the bill from the Provider. Only pay the amount the EOB lists as "Patient Responsibility".**


**Report all balance bills to a Member Advocate with the portal, email, or by phone.**


**ClaimDOC will contact the provider regarding the balance bill.**

**Member Portal**
Scan the QR code

ClaimDOC
*Fair Payment Solutions for Health Plans*

# MEDICAL – TELEHEALTH

If you're enrolled in one of USA's medical plans you gain access to Revive Health. Revive delivers effortless access to virtual healthcare benefits through your member portal and the Revive App, so you can access care whenever it's convenient for you, for $0. Complete your enrollment today and gain instant access to on-demand, personalized care.

## $0 VIRTUAL URGENT CARE

- You have 12 virtual urgent care visits per member per year
- Care is available 27/7/365
- Rapid, same-day appointments – 94% of visits occur in less than 20 minutes
- Ability to schedule appointments for your convenience
- Exclusive provider network trained to provide the quality care you deserve
- In-person care referrals when needed

Urgent Care conditions treated include (but not limited to): Allergies, Cold Sores, Ear Aches, Strep Throat, Pink Eye, Respiratory infections, Neck and Back pain.

How to schedule urgent care

## $0 VIRTUAL PRIMARY CARE

- You have 12 virtual primary care visits per member per year
- Care is available for children ages 2+
- Appointments can be scheduled and, in some instances, same day
- Appointments are available Monday – Friday from 8 AM to 5pm ET
- You have the option to see the same providers every time
- If your doctor orders lab work, orders will be sent to the nearest Quest, LabCorp or facility of your choosing. You can pay for the lab directly using your HRA card, or submit the claim to BRMS.
- Get personalized treatment from the same doctor to achieve your ongoing health goals
- All appointments are confidential, protected, and easy to schedule

## $0 VIRTUAL MENTAL HEALTH

- You have 12 virtual mental health therapy visits per member per year
- 24/7 mental health support (ages 12+)
- Connect with a master's level clinician
- Your mental health is personal, it's kept that way – confidential

## $0 PRESCRIPTIONS

- Over 1,000 medications available via free home delivery
- It takes about 3-5 business days to process, send and receive your prescription
- One (1) free medication shipment/month; $5 per additional shipment
- If you are currently taking a medication that is on the list, you can transfer it to our mail order pharmacy to receive the medication at no charge.

Medication Formulary

**Activate your account today!** Scan the QR code, enter your first name, last name and email address on the prompted page. You will receive an email to complete your registration. Questions? Call 888-220-6650 or email customercare@revive.health

Member Portal | Apple App | Google App

# MEDICAL

## BRMS BENEFITS PORTAL

With MyHealthBenefits from BRMS, you are able to access your medical claim information and Explanation of Benefits (EOBs). To login or register, visit www.myhealthbenefits.com. All new users will be required to go through the registration process to create a new username and password. To register for an account, click "Create New Account". Complete the registration and validation process then you'll be taken to your benefits dashboard.

## BRMS – MEMBER ADVOCATE CONCIERGE SERVICE

USA has partnered with BRMS to provide you with a resource to help you understand your benefits and your financial responsibility after utilizing the medical plan. Here's how it works:

1. After BRMS receives & processes a claim they will send you an Explanation of Benefits (EOB), as well as an HRA Statement & a copy of an HRA check paid to the provider if HRA funds were available to use. The information explains what was covered & what your financial responsibility is for the services.
2. For claims with billed amounts over $250, BRMS will follow up the above mailing with a phone call to you*, approximately 7-10 days after the above mailing, asking if you have any questions regarding your claim or the information sent.
3. If the advocate does not reach you live, they will leave you a voice message and include a toll-free phone number to call if you would like to discuss.
4. We recommend adding BRMS' phone number to your contacts so if you do get a call from them, you will recognize it. The BRMS phone number to add to your contacts is (916) 467-1400.

***Be sure to complete the one-page BRMS 'HIPAA Consent Form/Release of Information' so that the BRMS Employee Advocate Concierge representative can call you. By law they cannot contact you unless this form is on file for each family member.**

## BRMS – CASE MANAGEMENT

Medical Case Management will provide you with tools, information, and the necessary people to help you stay healthy. If you have a condition that requires the medical case management team to become engaged, you will receive a call from the dedicated nurse team at BRMS. This program allows us to ensure you are receiving the best care for your condition.

## BRMS – PRE-CERTIFICATION

Your medical plan requires that certain procedures be pre-certified before they are performed. Precertification helps determine if the course of treatment you will receive is both medically necessary and cost effective. Pre-certification services are provided by BRMS.

Most often the ordering physicians will coordinate the pre-certification, however, it is up to you as the member to ensure that your physician has completed the proper steps to pre-certify the procedure. Should you undergo the procedure without prior approval on file, the allowed charges on the claim will be reduced by $500 and you will be responsible for payment of the part of the charge that is not paid by the plan. Since this is considered a penalty, it will not apply to the deductible or out-of-pocket maximum.

Please familiarize yourself with the list of services that are required to be pre-certified.

- Inpatient Hospitalization
- Transplant Candidacy Evaluation and Transplant (organ and/or tissue)
- All outpatient procedures not performed in a physician's office.
- Chemotherapy
- Radiation Therapy
- Durable Medical Equipment greater than $500
- MRI, MRA, CT, CTA, PET, PECT CT, Arthrogram
- Nuclear Imaging
- All observation stays in excess of 23 hours
- Certain Therapy Services
- Home Health Services
- Hospice Care
- Intensive Outpatient Program for Mental Health
- Partial Hospitalization Program for Mental Health
- Outpatient surgical facility
- Infusion services

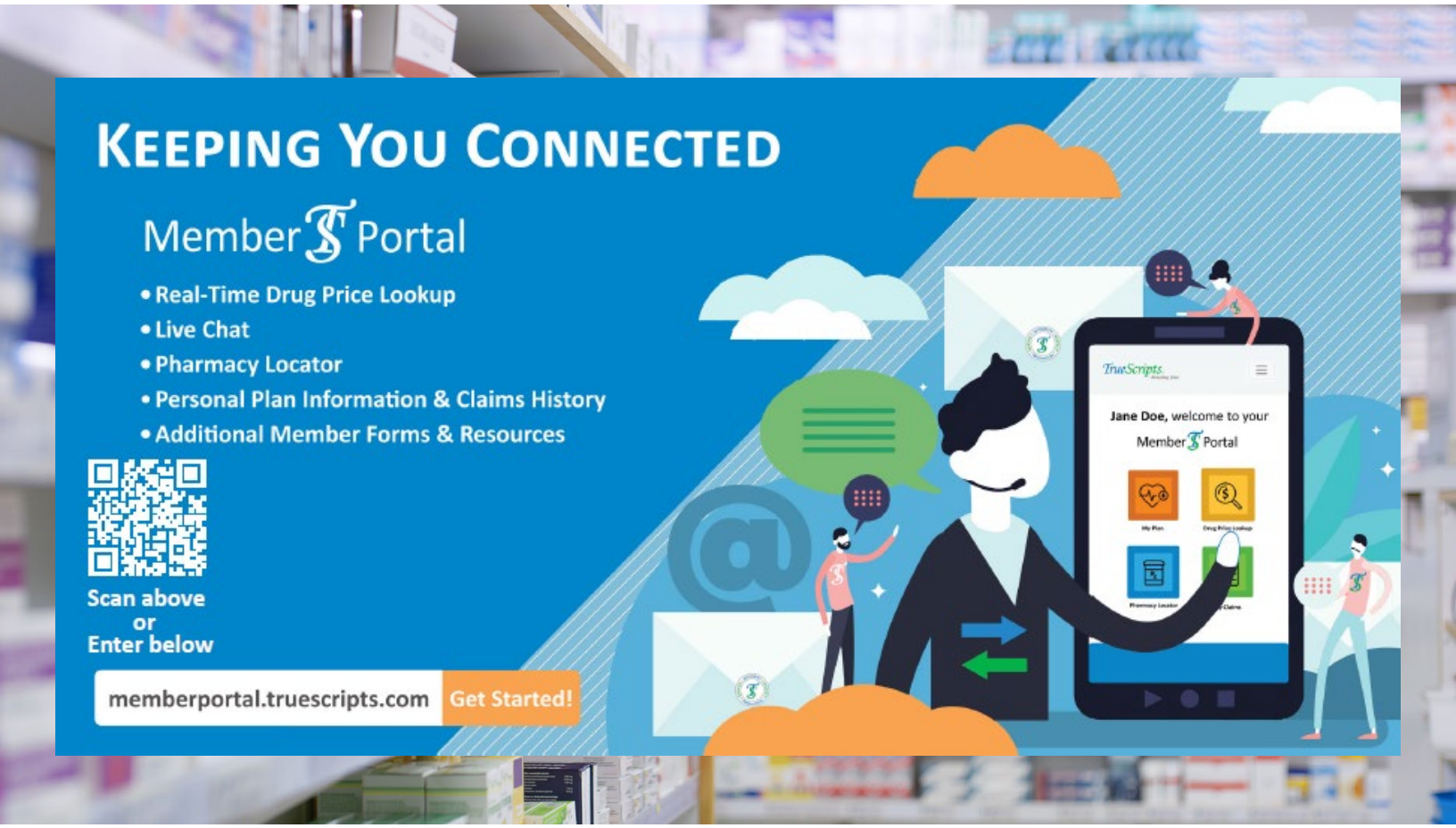
# PHARMACY

## TrueScripts - PRESCRIPTION BENEFITS

TrueScripts is the Prescription Benefits Manager for the USA health plan. With more than 66,000 pharmacies in their open network, you can be sure to find a pharmacy in the True Scripts network that is convenient for you. True Scripts also has a convenient mail-order pharmacy program where you can get your prescriptions delivered directly to your home.

**To register with TrueScripts, follow these steps:**

1. Visit www.memberportal.truescripts.com
2. Click "Register"
3. Complete the secure online registration form. Please note: you must have your member ID to register. Your member ID can be found on your medical ID card.
4. Check your email to verify and complete your account set-up.
5. Once inside the portal, quickly access important information and helpful resources from your Member Dashboard. *Pro Tip: The Drug Price Lookup tool will help you find the best price for your medications!*



# DENTAL

## PRINCIPAL DENTAL PLANS

The Principal dental plan options provide you in and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of pocket when you choose a network provider. Locate a Principal network provider here: principal.com/dentist, Principal POS Plan network. You may have access to higher discounts if you visit an EPO provider.

The table below summarizes the key features of the Principal dental plan options. The coinsurance amounts listed reflect the amount you pay.

| | Dental PPO - High Plan | | Dental PPO - Low Plan | |
|---|---|---|---|---|
| **GENERAL PLAN PROVISIONS** | **EPO & In-Network** | **Non-Network** | **EPO & In-Network** | **Non-Network** |
| **Deductible** Individual/Family | $50/$150 | | $50/$150 | |
| **Calendar Year Maximum** | $2,500 per person ($500 carryover) | | $1,500 per person ($500 carryover) | |
| **Preventive Services** | No cost | No cost | No cost | No cost |
| **Basic Services** | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible |
| **Major Services** | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| **Orthodontics** Adult & Dependent Children | 50% | 50% | Not covered | |
| **Orthodontics Lifetime Maximum** | $1,500 | | N/A | |
| **Cost** | **Per Pay Period – Weekly** | | **Per Pay Period – Weekly** | |
| Employee Only | $8.50 | | $6.50 | |
| Employee + Spouse | $17.00 | | $13.50 | |
| Employee + Child(ren) | $21.00 | | $13.50 | |
| Employee + Family | $31.00 | | $23.00 | |

# VISION

## VISION PLAN

USA has partnered with Vision Service Plan (VSP) to offer a comprehensive vision plan. Plan features are listed below.

To find a vision provider, visit www.vsp.com, click find a Doctor, enter your zip code and search.

vsp vision care

| VSP Choice PPO | |
|---|---|
| **GENERAL PLAN PROVISIONS** | **In Network** |
| **Eye Exam** | $20 |
| **Frames** | $130 frame allowance + 20% savings on the amount over your allowance<br>$150 Featured Frame Brands allowance<br>$130 Walmart/Sam's Club frame allowance<br>$70 Costco frame allowance |
| **Lenses**<br>Single vision, lined bifocal, and lined trifocal lenses. Impact-resistant lenses for dependent children. | $20 |
| **Contact Lenses (in lieu of frames)** | $130 Allowance |
| **FREQUENCY** | |
| **Exams** | Once every 12 months |
| **Lenses** | One pair every 12 months |
| **Frames** | One frame every 24 months |
| **Cost** | **Per Pay Period – Weekly** |
| Employee Only | $1.50 |
| Employee + Spouse | $3.00 |
| Employee + Child(ren) | $3.00 |
| Employee + Family | $5.00 |

# LIFE INSURANCE

## BASIC LIFE AND AD&D INSURANCE

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, USA provides **complimentary, no cost** basic life and AD&D insurance through Principal to all regular full-time employees.

Please be sure to review your beneficiary information and update if needed through the Employee Navigator portal. A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

| Principal Life/AD&D Insurance | |
|---|---|
| **BENEFITS** | |
| **Life Insurance** | $50,000 |
| **AD&D Insurance** | $50,000 |
| **AGE REDUCTIONS** | |
| **At Age 65** | Reduced by 35% of original benefit |
| **At Age 70** | Reduced by an additional 15% |

## VOLUNTARY LIFE INSURANCE

USA provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Principal. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents.

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guaranteed issue amount(s) without completing a statement of health (EOI: evidence of insurability). Coverage will not take effect until approved by Principal.

- **Employee:** $10,000 increments up to $500,000; Guarantee Issue: $150,000 (if older than 70: $10,000)
- **Spouse**: $5,000 increments up to $200,000, not to exceed 100% of the employee's election; Guarantee Issue: $30,000 (if older than 70: $10,000)
- **Dependent children**: $10,000 (if under 14 days old: $1,000); Guarantee Issue: $10,000

**Please log into your Employee Navigator portal to view the cost of coverage.**

## EMOTIONAL HEALTH SUPPORT LINE

Get help when you're feeling overwhelmed or need support. You, your spouse, and dependent children can call this free, confidential support line 24/7 at 800-424-4612 to reach licensed behavioral health clinicians who can provide emotional support, tips for coping, and referrals to local resources.

# ADDITIONAL BENEFITS

## TRAVEL ASSISTANCE

Ease some of the worries of traveling—whether in the U.S. or internationally. You, your spouse, and dependent children have access to a variety of benefits provided through AXA Assistance. These services include travel and medical assistance plus emergency medical evacuation benefits. Assistance is available for travel 100+ miles away from home for up to 120 consecutive days. principal.com/travelassistance

## WILL & LEGAL DOCUMENT CENTER

Consider preparing your simple legal documents online. These online resources and tools, provided by ARAG, are easy-to-use. You and your spouse can prepare, print, and store essential legal documents —such as a will, living will, healthcare power of attorney, durable power of attorney, and medical treatment authorization for minors. Plus, you can access estate planning tools and resources, and a personal information organizer. principal.araggroup.com

## NATIONWIDE PET INSURANCE

You now have access to obtain insurance for your four-legged family members through Nationwide preferred pricing Pet Protection program. My Pet Protection is available in two reimbursement options (50% and 70%) so you can find coverage that fits your budget. All plans have a $250 annual deductible and $7,500 maximum annual benefit.

vethelpline®

- 24/7 access to veterinary experts ($110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

PetRxExpress℠

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

**Enroll at any time throughout the year!**

There are three simple ways for employees to sign up for their new pet insurance voluntary benefit:

1. Go directly to the dedicated URL we've created for your company: http://benefits.petinsurance.com/tigerlines
2. Call 877-738-7874 and mention that you're an employee of USA (Tiger Lines) to receive preferred pricing
3. Visit PetsNationwide.com or scan the QR code below, and enter your company name

# CONTACT INFORMATION

| Plan | Group # | Telephone # | Website |
|---|---|---|---|
| **MEDICAL** | | | |
| **Benefit & Risk Management Services (BRMS)**<br>Third Party Administrator (TPA)<br>Health Reimbursement Account (HRA) | 10898 | 844.317.9331 | www.myhealthbenefits.com |
| **ClaimDOC**<br>Reference Based Pricing Vendor | | 888.330.7295 | claim-doc.com/members |
| **Networks by Design**<br>California Medical Network | | 209.229.8695 | www.NetByD.com |
| **TrueScripts**<br>Prescription Benefits Manager (PBM) | | 844.257.1955 | www.memberportal.truescripts.com |
| **Revive Health**<br>Telehealth | | 888.220.6650 | member.myrevive.health |
| **DENTAL** | | | |
| **Principal** | 1182799 | 800.247.4695 | principal.com/find-dentist |
| **VISION** | | | |
| **VSP** | 30031031 | 800.877.7195 | www.vsp.com |
| **LIFE INSURANCE** | | | |
| **Principal**<br>Basic & Voluntary Life/AD&D | 1182799 | 800.245.1522 | www.principal.com |
| **ADDITIONAL BENEFITS** | | | |
| **Nationwide**<br>Pet Insurance | | 877.738.7874 | benefits.petinsurance.com/tigerlines |
| **Colonial Life**<br>Worksite Benefits | | Brittany Lloyd<br>925.759.6027 | www.coloniallife.com/individuals |
| **AFLAC**<br>Worksite Benefits | | Lance Walusko<br>209.985.6562 | www.aflac.com/individuals |

## BENEFIT ADVOCACY TEAM (BAT)

**MEDICAL**
Claims, Order ID Cards, Find a Provider

**VISION**
Find Doctors, Questions About Coverage

**PHARMACY**
Learn More About Benefits, Resolve Issues

**DENTAL**
Resolve Claims Disputes, Find Providers

**Call Toll Free** | 833.4.SolvIt (833.476.5848)

**Text** | 833.476.5848

**Chat Online** | www.solvins.com

**Email** | BAT@solvins.com

**Monday – Friday, 8:00am – 5:30pm** PST

**License Number:** 0K72752

# GLOSSARY OF TERMS

| | |
|---|---|
| **AD&D (Accidental Death & Dismemberment)** | A plan that provides benefits in the event of an accidental death or dismemberment (generally, an accident that results in death, loss of part of the body, or the loss of the use of part of the body). |
| **Beneficiary** | A person designated by a participant, or by the terms of an employee benefit plan, which is or may become entitled to a benefit under the plan. |
| **COBRA** | Federal law (Consolidated Omnibus Budget Reconciliation Act of 1985) requiring certain employers that offer group health plans to provide continuation coverage to employees and their dependents who incur certain qualifying events. |
| **Co-Insurance or Cost Sharing** | The portion of covered health care costs for which you are financially responsible. Coinsurance does not include deductibles or copays. |
| **Co-Payment or Copay** | A set amount you pay out of pocket for a particular service. The plan pays the balance. |
| **Deductible** | The out-of-pocket amount you must pay each plan year before the plan pays for eligible benefits. |
| **Evidence of Insurability (EOI)** | Many insurance companies require prospective clients/ individuals to prove that they are in good health and are therefore good insurance risks before the company will cover them. |
| **Explanation of Benefits (EOB)** | A statement from a plan explaining what portion of a claim was paid. |
| **Generic** | Your prescription drug copay depends on the class or group of your prescribed medication. A generic drug generally has the lowest copay level. A generic drug is one that is no longer produced only under a brand name. Once a drug's patent expires, many companies can begin to manufacture "generic" versions of a previously brand- name-only drug. Generic drugs are identical to brand-name drugs in chemical makeup ("active ingredients"), usage, strength and dosage. They are regulated and approved by the FDA just like brand-name drugs; however, they are much less expensive. |
| **HIPAA Authorization** | Under HIPAA, a document that authorizes the use or disclosure of an individual's Protected Health Information by a Covered Entity for any purpose described in the document and meets specific requirements. |
| **Negotiated rates** | The costs for health care services negotiated between the insurance carrier and in- network health care providers. Negotiated rates are usually less than usual, customary and reasonable (UCR) charges. |
| **Non-preferred brand** | Your prescription drug copay depends on the class or group of your prescribed medication. A non-preferred brand-name drug generally has the highest copay level because it is not on the plan's list of preferred drugs. You can find out how different drugs are classified by your plan by visiting the plan's Web site. |
| **Out-of-Pocket Expenses** | Copays, deductibles, and other expenses that are not covered by the health plan. |
| **Qualifying Life Event** | Certain events which may allow you to make allowable changes to your benefits. Qualifying events include: marriage, divorce, death, birth, adoption or placement for adoption, and significant change in employment. |
| **Reasonable and Customary (R&C) or Usual, Reasonable & Customary (UCR)** | A term used in many health plans, defined as the price at or below which the majority of health- care professionals of similar expertise charge for similar procedures within a specific geographic area. |

# NOTES


**A** 4170 Douglas Blvd. Ste 100, Granite Bay, CA, 95746 **P** 833.476.5848