2023 Benefits Guide
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Overview

This Benefits Guide is intended to provide an overview of our benefits package and provide basic information about our plans in a simple and concise manner.

For more detailed information, please consult the Summary Plan Description (SPD) for each plan or relevant company policy. If there is any conflict between the Benefit Guide and the SPD, the SPD will prevail. Early Warning reserves the right to change or modify benefit plans at any time.
Health Protection
Meet ALEX – Your Virtual Benefits Counselor!
ALEX is an interactive tool that helps cut through all the jargon to explain each of our amazing medical, dental, vision and voluntary benefits offerings. ALEX will ask a few questions to understand your needs for the year ahead and recommend the best plans for you and your family’s specific situation.

- **Overview of all benefit offerings**
  ALEX will educate you on all plans and options offered for all benefit types, all in one place.

- **Tax-saving benefits and contributions**
  ALEX will help you discover new ways to save on taxes, prepare for retirement, and deal with unexpected medical bills.

- **Making elections**
  You will receive a summary of your best-fit benefit choices to help make your benefits enrollment process fast and easy.
Medical Insurance Plans

In 2023, Early Warning is offering a variety of medical plans. All regular, full time employees will be able to choose from one Preferred Provider Option (PPO) plan and two High Deductible Health Plans (HDHP) with a Health Savings Account. These plans are provided by Blue Cross Blue Shield of Arizona. Blue Cross Blue Shield of Arizona is connected to all other Blue Cross Blue Shield networks across the United States, so your coverage will be seamless no matter which state you are located in!

Additionally, California employees will also be able to choose from one Health Maintenance Organization (HMO) plan and one High Deductible Health Plan (HDHP) with a Health Savings Account through Kaiser Permanente.
Blue Cross Blue Shield of Arizona PPO Plan

The plan featured below offers fixed copays for certain medical services and coinsurance for other medical services.

- Offers preventive care and well child visits at no cost to you
- Office visits covered by either a $25 or $40 copay
- Prescriptions covered by tiered copay ($10/$30/$50)

### In-Network

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$1,250 Individual / $2,500 Family</td>
<td>$2,500 Individual / $5,000 Family</td>
</tr>
<tr>
<td>Coinsurance (after deductible)</td>
<td>Plan pays 80% / Individual pays 20%</td>
<td>Plan pays 60% / Individual pays 40% plus balance bill</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,350 Individual / $12,700 Family</td>
<td>$13,000 Individual / $26,000 Family</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200 copay</td>
<td></td>
</tr>
<tr>
<td>Inpatient / Outpatient Services</td>
<td>Deductible then 20% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$25 copay</td>
<td></td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$40 copay</td>
<td>Deductible then 40% coinsurance plus balance bill</td>
</tr>
<tr>
<td>Lab &amp; Imaging (X-Ray, MRI, CAT, etc.)</td>
<td>Office visit copay and/or 20% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$50 copay</td>
<td></td>
</tr>
<tr>
<td>Preventative Care / Immunizations</td>
<td>No charge</td>
<td>Most services not covered; if covered 40% coinsurance plus balance bill</td>
</tr>
</tbody>
</table>

### Out-of-Network

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$1,250 Individual / $2,500 Family</td>
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</tr>
<tr>
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<tr>
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</tr>
<tr>
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<td>Deductible then 40% coinsurance plus balance bill</td>
</tr>
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<td>Lab &amp; Imaging (X-Ray, MRI, CAT, etc.)</td>
<td>Office visit copay and/or 20% coinsurance</td>
<td></td>
</tr>
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</tr>
<tr>
<td>Preventative Care / Immunizations</td>
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<td>Most services not covered; if covered 40% coinsurance plus balance bill</td>
</tr>
</tbody>
</table>

### Prescription Drug Coverage

<table>
<thead>
<tr>
<th>Network</th>
<th>Non-Network</th>
<th>Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$10 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$30 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$50 copay</td>
<td>$125 copay</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>$50 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$10 copay plus balance bill</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$30 copay plus balance bill</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$50 copay plus balance bill</td>
<td>$125 copay</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>Not covered</td>
<td>$50 copay</td>
</tr>
</tbody>
</table>
High Deductible Health Plan with Health Savings Account

Early Warning is offering two High Deductible Health Plans (HDHP) with a Health Savings Account (HSA). These plans can offer great savings for employees with infrequent medical expenses, or even those that may have extensive medical expenses (be sure to always compare the Out-of-Pocket Maximums when selecting a medical plan!). Premiums for HDHPs are lower than a traditional PPO, and the availability of an HSA offers you additional tax savings. Plus: Early Warning also contributes dollars into your HSA.

- Offers preventive care and well child visits at no cost to you
- Out-of-pocket expenses are not covered until the annual deductible is met
- The company contributes to a Health Savings Account (between $1,100 and $1,600 annually) on your behalf

See page 12 for more details on Health Savings Accounts.

<table>
<thead>
<tr>
<th>$2,000 HDHP with HSA</th>
<th>$3,000 HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
</tr>
<tr>
<td>Calendar Year</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
</tr>
<tr>
<td>$2,000 Individual / $4,000 Family</td>
<td>$3,000 Individual / $6,000 Family</td>
</tr>
<tr>
<td>$3,000 Individual / $6,000 Family</td>
<td>$3,800 Individual / $7,600 Family</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance (after deductible)</td>
<td></td>
</tr>
<tr>
<td>Plan pays 90% / Individual pays 10%</td>
<td>Plan pays 50% / Individual pays 50%</td>
</tr>
<tr>
<td>Plan pays 100% after deductible is met</td>
<td>Plan pays 50% / Individual pays 50%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
</tr>
<tr>
<td>$4,000 Individual / $8,000 Family</td>
<td>$6,000 Individual / $12,000 Family</td>
</tr>
<tr>
<td>$5,000 Individual / $10,000 Family</td>
<td>$7,000 Individual / $12,000 Family</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td></td>
</tr>
<tr>
<td>Deductible then 10% coinsurance</td>
<td>Deductible then 10% coinsurance plus balance bill</td>
</tr>
<tr>
<td>No charge after deductible</td>
<td>No charge after deductible plus balance bill</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient / Outpatient Services</td>
<td></td>
</tr>
<tr>
<td>Deductible then 10% coinsurance</td>
<td>Deductible then 50% coinsurance plus balance bill</td>
</tr>
<tr>
<td>No charge after deductible</td>
<td>Deductible then 50% coinsurance plus balance bill</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care / Specialist / Urgent Care Visit</td>
<td></td>
</tr>
<tr>
<td>Deductible then 10% coinsurance</td>
<td>Deductible then 50% coinsurance plus balance bill</td>
</tr>
<tr>
<td>No charge after deductible</td>
<td>Deductible then 50% coinsurance plus balance bill</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab &amp; Imaging (X-Ray, MRI, CAT, etc.)</td>
<td></td>
</tr>
<tr>
<td>Deductible then 10% coinsurance</td>
<td>Deductible then 50% coinsurance plus balance bill</td>
</tr>
<tr>
<td>No charge after deductible</td>
<td>Deductible then 50% coinsurance plus balance bill</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventative Care / Immunizations</td>
<td></td>
</tr>
<tr>
<td>No charge</td>
<td>Most services not covered, if covered 50% coinsurance plus balance bill</td>
</tr>
<tr>
<td>No charge</td>
<td>Most services not covered, if covered 50% coinsurance plus balance bill</td>
</tr>
</tbody>
</table>

### Prescription Drug Coverage

#### Retail

- **Network**
  - Tier 1: After deductible $10 copay
  - Tier 2: After deductible $30 copay
  - Tier 3: After deductible $50 copay
  - Specialty Drugs: After deductible $50 copay

- **Non-Network**
  - Tier 1: 50% coinsurance after deductible plus balance bill
  - Tier 2: After deductible $25 copay
  - Tier 3: After deductible $75 copay
  - Specialty Drugs: After deductible $125 copay

#### Mail Order

- **Network**
  - Tier 1: After deductible $25 copay
  - Tier 2: After deductible $75 copay
  - Tier 3: After deductible $125 copay
  - Specialty Drugs: After deductible $50 copay

### 2023 Benefits Guide | Health Protection

**PAGE 6**
Kaiser Permanente Medical Plans

Both of the plans offer fixed copays for certain medical services and coinsurance for others. Employees with a California zip code have the option of choosing coverage under Blue Cross Blue Shield of Arizona with nationwide coverage, or enrolling in one of the Kaiser Permanente options. Kaiser Permanente operates as a Health Maintenance Organization (HMO), meaning providers are employees of Kaiser and they manage their own facilities and pharmacies. If enrolled in a Kaiser plan, you will pick a primary care physician through Kaiser and that physician will direct all of your care. Kaiser also provides their own telemedicine program that you can use for quick and convenient care.

<table>
<thead>
<tr>
<th></th>
<th>$1,000 HMO</th>
<th>$2,000 HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>$1,000 Individual / $2,000 Family</td>
<td>Not covered</td>
</tr>
<tr>
<td>Coinsurance (after deductible)</td>
<td>Plan pays 80% / Individual pays 20%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,000 Individual / $6,000 Family</td>
<td>Not covered</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Subject to deductible than 20% coinsurance</td>
<td>Not covered</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>Deductible than 20% coinsurance</td>
<td>Not covered</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Mental / Behavioral Health: - $25 per individual visit - 20% coinsurance for other outpatient services - Substance Abuse: - $25 per individual visit - 20% coinsurance up to $5 per day for other outpatient services</td>
<td>Not covered</td>
</tr>
<tr>
<td>Primary Care / Specialist Visit</td>
<td>$20 per visit</td>
<td>Not covered</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$25 per visit</td>
<td>$30 per visit</td>
</tr>
<tr>
<td>Diagnostic Test / Labs (X-ray, blood work)</td>
<td>$10 per encounter</td>
<td>Not covered</td>
</tr>
<tr>
<td>Imaging (MRI, CAT, etc.)</td>
<td>20% coinsurance up to $150 per procedure</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preventative Care / Immunizations</td>
<td>No charge</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

Prescription Drug Coverage

<table>
<thead>
<tr>
<th></th>
<th>$1,000 HMO</th>
<th>$2,000 HDHP (after deductible has been met)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drugs</td>
<td>Retail: $10 per prescription / Mail Order: $20 per prescription Deductible does not apply</td>
<td>Retail: $10 per prescription / Mail Order: $20 per prescription</td>
</tr>
<tr>
<td>Preferred / Non-Preferred Brand Drugs</td>
<td>Retail: $30 per prescription / Mail Order: $60 per prescription Deductible does not apply</td>
<td>Retail: $30 per prescription / Mail Order: $60 per prescription</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>20% coinsurance up to $200 per prescription Deductible does not apply</td>
<td>20% coinsurance up to $200 per prescription</td>
</tr>
</tbody>
</table>
Health Savings Accounts (HSA)

Unlike a traditional health plan, an HSA qualified High Deductible Health Plan (HDHP) has a lower premium, and some of the money you would have otherwise spent on premiums can be placed in your HSA instead. You save money on taxes and are given more flexibility and control over your health care dollars.

When you elect an HDHP with an HSA, you pay the full cost of qualified health care expenses until the deductible is met (stay in-network when possible, so you pay the Blue Cross Blue Shield (BCBS) or Kaiser contracted rate for services). Coinsurance for medical services, copays for prescriptions drugs and a variety of other health care expenses can be paid with funds from your HSA. Best of all, Early Warning contributes to your HSA to help pay for those expenses!

<table>
<thead>
<tr>
<th>Early Warning HSA Contribution (per pay period)</th>
<th>Early Warning HSA Contribution (annually)</th>
<th>HSA Maximum Contribution Limits (max includes employer + employee contribution)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$42.31</td>
<td>$1,100</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$50.00</td>
<td>$1,300</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$50.00</td>
<td>$1,300</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$61.54</td>
<td>$1,600</td>
</tr>
</tbody>
</table>

Early Warning’s annual contribution will be prorated for employees that elect the HDHP with the HSA after January 1, 2023. All contributions are made on a per-payroll basis.

Health Savings Account Advantages

- Early Warning contributes $1,100-$1,600 to your HSA, depending on your coverage level
- No use-it-or-lose-it provision; account balance continues to carry over from year-to-year
- You can contribute pre-tax dollars to your HSA
- You can invest the tax-free funds in your HSA and the earnings are also tax-free
- You own the account
- You can use your HSA funds to pay for a variety of health care expenses
- $1,000 catch-up contribution allowed for those 55 years and older
- You may also use the funds for any of your tax dependents’ (i.e. spouse, children) health care expenses
Frequently Asked Questions on Health Savings Accounts

What expenses are eligible for reimbursement with an HSA?
HSA funds may be used for qualified medical, dental and vision expenses incurred by you and your dependents. For a complete list of eligible expenses, review IRS Publication 502.

What happens if HSA funds run out?
If your HSA dollars run out, you will be responsible for eligible expenses that fall within the coverage gap.

Can HSA dollars be used for non-eligible expenses?
Money withdrawn from an HSA to reimburse for non-eligible health care expenses is considered taxable income and is subject to a 20% tax penalty, unless you are over 65, disabled, or upon the death of the account holder.

When can HSA dollars be used?
HSA dollars can used once contributions have been made, and only up to your current account balance. Contributions (both employer and employee) are made on a per pay period basis.

When can you contribute to an HSA account?
When you enroll in an HSA, you will either designate an annual amount (which will be divided evenly throughout the remaining pay periods of the year), or you may enter a per pay period amount. Your election amount can be changed throughout the year, as long as it does not exceed the IRS contribution limits for the year. You may make a lump sum contribution outside of your payroll contributions.

How do you pay your physician or network for services with HSA dollars?
Always request that the provider bill your insurance plan first. Once the claim has been processed, you will receive an Explanation of Benefits from your insurance provider, and out-of-pocket expenses will be billed to you (if any). At that time, you can use your HSA debit card or personal card/check to pay for any out-of-pocket expenses. If you use your personal card/check to pay for the expense, you can request reimbursement from your HSA at a later date.

Examples of qualifying health care expenses include:
- Medical expenses
- Provider visits & care
- Diagnostic & preventative care
- Hospital services & visits
- Programs & treatments
- Medical treatment, support, transportation
- Non-cosmetic dental expenses including orthodontics
- Vision expenses
- Prescription expenses
- Over-the-counter medications
- Menstrual care products

You cannot use HSA funds for:
- Cosmetic surgery, cosmetics, moisturizers, etc.
- Exercise equipment, fitness programs
- Funeral expenses
- Household help
- Vitamins
- Toothpaste, toothbrushes, teeth whitening
- Maternity clothes
- Hair transplants
BlueCare Anywhere – Telemedicine

Discover the ease and convenience of telehealth services! Employees (and dependents) enrolled in any of our BCBS of AZ medical plans will have access to licensed medical professionals at the touch of a button!

Types of Healthcare Available:

- **Medical Care** – Board-certified doctors are available for virtual consults for a range of common illnesses, aches and pains, and have the ability to prescribe medication.
- **Counseling** – Certified psychologists and counselors are available within minutes or by appointment to help you with life’s challenges. From depression and anxiety, to stress caused by grief, divorce, parenthood or any type of major life change, sometimes, counseling can be helpful.
- **Psychiatry** – Board-certified psychiatrists provide face-to-face sessions by video or voice from the privacy and comfort of your own home. These experienced professionals offer support for common behavioral health challenges by providing assessments, evaluations and treatment.

Simple Steps to Getting Care

These virtual visits are available 24x7, whether you are at home, work or traveling, if you have access to a mobile device, tablet or computer with internet access. Using the BlueCare Anywhere phone number, mobile app or website, you will be able to:

- Select the care you need (medical/counseling/psychiatry)
- Keep track of your confidential health data
- Pay the associated copay for the type of care selected, after entering in your health insurance information
- Select a pharmacy in case medication is required
- Visit with the next doctor available or schedule an appointment
- Retain medical records and share with your primary care provider
Kaiser Permanente – Telemedicine

Want to speak with a doctor? Need help figuring out what to do or who to talk to next? Telehealth makes it easy to connect to a care team and get quick answers to help you get the right care.

Here are the many ways you can get care using telehealth at Kaiser Permanente:

**Video visit**
Meet with a doctor or nurse face-to-face on your mobile device or computer to get a diagnosis, treatment advice, prescriptions, and more.

**Phone appointment**
Talk with a doctor, specialist, or nurse over the phone. Like an office visit, they can treat many illnesses and conditions, prescribe medication, and more.

**Email**
Message your care team to ask non-urgent health questions, follow up on your care plan, and more. You'll get a reply usually within 2 business days.

**E-visit**
Use our online symptom checker to get self-care advice in the moment. If needed, a doctor or nurse will reach out with personalized care advice usually within a few hours.

**24/7 advice**
Get on-demand support with 24/7 care advice by phone. Our health care professionals are here to help you understand your symptoms, connect to care, or get answers to common health questions.
Hinge Health – Virtual Physical Therapy

Control back and joint pain. And move freely.
Reduce your back and joint pain at home with Hinge Health. Get gentle exercises designed just for you, plus 1-on-1 support from your own care team. Best of all, there's no cost to you, it's 100% covered by Early Warning. Join Hinge Health to:

• Overcome pain or limited movement
• Recover from a recent or past injury
• Keep your joints healthy and pain free
• Get digital physical therapy for conditions like:
  • osteo/rheumatoid arthritis
  • tendonitis
  • bone fractures
  • degenerative disc issues

Hinge Health is convenient to use, and can reduce pain and the need for surgery. The program also includes:

• wearable sensors and mobile app
• personalized exercise therapy
• 1-on-1 health coaching

Eligibility
Employees and dependents 18+ enrolled in an Early Warning medical plan through Blue Cross Blue Shield of Arizona are eligible.
Hospital Care Insurance

Planned or unplanned, a trip to the hospital can be unsettling, especially if your primary medical insurance doesn’t cover the majority of your costs. Hospital Care insurance offered on a voluntary basis through Cigna pays out cash to you and your family to offset both medical and non-medical bills resulting from a hospital stay. These cash benefits can be used to pay for services or expenses your traditional medical plan might not cover, and since benefits are paid directly to you, you choose how to use them! Some examples include: copayments, deductibles, transportation expenses, childcare, lodging expenses for a companion, and lost income.

Here’s an example of how Hospital Care Insurance can help support you:

Meet David. David had some complications from gallbladder removal surgery, which resulted in a 5-day hospital stay. Through his primary medical insurance, David owed a $500 deductible and $3,000 in co-insurance. With the help of his Hospital Insurance coverage, which paid a $1,000 admissions benefit plus $250 for each additional day, he was only out of pocket $1,500 instead of $3,500.

<table>
<thead>
<tr>
<th>Out-of-Pocket Expenses</th>
<th>Hospital Care Plan Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 deductible</td>
<td>$1,000 admission benefit</td>
</tr>
<tr>
<td>$3,000 co-insurance</td>
<td>$250/day x 4 additional days = $1,000</td>
</tr>
<tr>
<td>Total: $3,500</td>
<td>Total benefits paid to David: $2,000</td>
</tr>
</tbody>
</table>

NOTE: The above is an illustration only. Please refer to the plan documents for more detailed information.

This is a supplemental insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers enrolled employees and eligible dependents who are admitted to a hospital or ICU for a covered sickness or injury.
Critical Illness Insurance

Critical illness can be difficult – recovery doesn’t have to be. When a serious illness strikes, Critical Illness Insurance can help you focus on getting better and worry less about medical bills. Even with medical coverage, out-of-pocket expenses such as travel, room and board, childcare or treatment options can quickly add up. Critical illness coverage offers a cost-effective solution to provide the additional coverage you and your family need to bounce back from a health setback.

- Coverage is available in benefit amounts of $10,000 and $20,000. Spousal coverage is available up to 50% of employee coverage and child coverage up to 25% of employee coverage.
- Pays a lump-sum to the covered person for diagnosis of a covered critical illness such as cancer, heart attack, or stroke. See plan documents for complete list of covered conditions.
- No restrictions on how the money can be used.
- Supplements your medical plan – benefits are separate from medical plan, do not coordinate, and are paid directly to you.

NOTE: Coverage is based on age, so premiums can increase during the plan year if you reach a new age band.

Wellness Benefit

Your Cigna Critical Illness insurance plan comes with a $50 Wellness Treatment, Health Screening Test or Preventive Care incentive benefit. This benefit is paid for each covered person who completes at least one wellness treatment, health screening test or preventive care service, specific qualifying treatments listed here. This benefit is limited to one per year per covered person.
**Dental Insurance**

Our 2023 Dental Plan is offered through Cigna. There are two plans available to choose from, and while both offer the same services, the coverage levels and premiums vary slightly. If your provider is considered in-network (contracted) with Cigna, the Low Plan is for you. If your provider is considered out-of-network (not contracted) with Cigna, the High Plan is for you.

It is always recommended to contact your provider directly to confirm network status. You may also visit the Cigna provider directory to locate dental care providers that are in-network.

[www.cigna.com/hcpdirectory](http://www.cigna.com/hcpdirectory)

<table>
<thead>
<tr>
<th></th>
<th>Low Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventative services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning twice a year</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Fluoride treatments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral exams</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency pain relief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>Deductible then covered at 100%</td>
<td>Deductible then covered at 80%</td>
</tr>
<tr>
<td>Simple extraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal maintenance</td>
<td>Deductible then covered at 60%</td>
<td>Deductible then covered at 50%</td>
</tr>
<tr>
<td>Scaling &amp; root planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridges &amp; dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inlays &amp; onlays</td>
<td>Deductible then covered at 50%</td>
<td>Deductible then covered at 50%</td>
</tr>
<tr>
<td>Perio surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root canal</td>
<td>Deductible then covered at 50%</td>
<td>Deductible then covered at 50%</td>
</tr>
<tr>
<td>Surgical extraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics - adults &amp; children</td>
<td>Covered at 50% with no deductible</td>
<td>Covered at 50% with no deductible</td>
</tr>
<tr>
<td>(Lifetime maximum $1,500)</td>
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</tbody>
</table>
Vision Insurance

Keep your, and your family’s eyes healthy with the VSP® Signature Vision Care plan. Through VSP, you have access to personalized eye care. Please note, if you use a VSP contracted provider, you will get the most out of your insurance including set copays, greater allowances and lower out-of-pocket costs.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exams</strong></td>
<td>$10 copay</td>
<td>Up to $50 allowance</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$25 copay</td>
<td>Up to $50 allowance</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>$25 copay</td>
<td>Up to $75 allowance</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>$25 copay</td>
<td>Up to $100 allowance</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$130 allowance</td>
<td>Up to $70 allowance</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>$130 allowance</td>
<td>Up to $105 allowance</td>
</tr>
<tr>
<td><strong>Benefit Frequency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Frame</td>
<td>24 months</td>
<td>24 months</td>
</tr>
<tr>
<td>Contacts</td>
<td>12 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>
Life Assistance Program – New York Life Group Benefit Solutions

Employee Assistance and Wellness Support
- Access to 24/7 telephonic support with dedicated behavioral specialists for work-life balance issues
- Three face-to-face counseling sessions per issue, per year for employees and their family members
- Well-being coaching with five telephonic/virtual sessions per year with a certified coach
- Online tools and resources on family, caregiving, pet care, aging, grief, working smarter, and more
- Educational resources including articles, webinars, podcasts, videos and on-demand training

Financial, Legal & Estate Support
- Access to unlimited, objective financial guidance through an in-house team of qualified experts, including CPAs, CFPs and other financial professionals
- Educational resources on a broad range of financial topics; online access to interactive tools and calculators
- Access to legal experts, who provide unlimited information and guidance on issues such as divorce, adoption, estate planning, and real estate
- Referrals to local attorneys for a free 30-minute consultation and a 25 percent reduction in fees thereafter
- Assistance with ID theft and fraud resolution
- Online support to write wills and living wills to eliminate estate-planning barriers
Mental Health Care Platform – Modern Health

Modern Health is a mental wellness platform that makes it simple for you (and your dependents!) to access personalized and confidential mental health care in the way that works best for you. Whether that’s one-on-one sessions with care professionals, group support or guided meditations and digital courses, it’s all contained in a single app, ready for you when you need it.

Each year, employees and their dependents have access to 8 one-on-one therapy sessions, 10 one-on-one coaching sessions and unlimited access to online resources including meditations, courses, podcasts and other programs.

Watch this brief video to learn more!
Flexible Spending Accounts (FSA)

Early Warning offers three Flexible Spending Accounts (FSA): a Health Care FSA, a Dependent Care FSA, and a Commuter FSA. Annually, you can set aside money, pre-tax (both state and federal), through voluntary payroll deduction to pay for certain qualified expenses.

Health Care FSA
You may utilize this type of account for qualified medical, dental and vision expenses. The minimum annual contribution is $250 and the maximum contribution is $3,050. Remaining unused funds are forfeited at the end of the plan year.

Examples of qualifying health care expenses include:
• Copays and medical plan deductibles
• Dental expenses
• Prescription drugs
• Over the counter materials and supplies
• Hearing aids
• Chiropractic services
• Prescription eyeglasses and contact lenses
• Orthodontia

Dependent Care FSA
You may utilize this type of account for qualified dependent care and eldercare expenses. To utilize the account for dependent care expenses, the IRS requires that the dependent care is necessary for you or your spouse to work, look for work or attend school full time. The minimum annual contribution is $250 and the maximum contribution is $5,000. The remainder of any unused funds are forfeited at the end of the plan year.

In order to be considered qualified dependents, the following criteria must be met:
• Children under the age of 13
• A spouse who is physically or mentally unable to care for him/herself
• Any adult you can claim as a dependent on your tax return that is physically or mentally unable to care for him/herself

Examples of qualifying dependent care expenses include:
• Babysitting inside or outside the household
• Before/after school programs
• Day/summer camps
• Daycare centers
• Custodial childcare or eldercare expenses

Commuter FSA (Mass Transit/Parking)
You may utilize this type of account for qualified commuting expenses – examples include: transportation to work through bus, subway, train, and/or ferry, parking at or near work, and parking at or near public transportation to get to work. The monthly maximum contribution for Mass Transit is $300. The same monthly amount applies to parking expenses.

Additional information on the tax laws governing FSAs can be found in IRS Publication 969 located at www.IRS.gov.
**401(k) Retirement Plan**

To help you prepare for retirement, we offer a 401(k) Plan that is full of amazing benefits!

- Professionally managed by OneAmerica Retirement Services
- 24x7 access to your online personal account
- 100% company Safe Harbor Match on your first 6% deferral
- Two year vesting period (25% after 1 year, 100% after 2 years)
- Wide array of investment funds
- Automatic Enrollment Features:
  - Auto-enrollment at 4% upon eligibility date
  - Funds auto-deferred into a Vanguard Target Date Fund
  - Your contribution auto-increases 1% each year until you reach 7%
  - Opt in / out of the Auto-Enrollment features at any time

For 2023, the IRS maximum annual employee 401(k) contribution is $22,500. If you are 50 years old or will turn 50 in 2023, you are eligible to make a catch-up contribution of $7,500 (for a total of $30,000).

### 401(k) Options

<table>
<thead>
<tr>
<th>Traditional 401(k)</th>
<th>Roth 401(k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate tax savings</td>
<td>After-tax contributions</td>
</tr>
<tr>
<td>Taxes withheld upon withdrawal</td>
<td>No taxes withheld upon withdrawal</td>
</tr>
</tbody>
</table>
Income Protection

Disability Insurance
Disability insurance offers you protection in the event you become injured or disabled. Early Warning provides you with basic coverage for each type of plan below – this means that in the event you need short or long term disability benefits, you will receive 60% of your base salary.

- **Short-Term Disability** covers disabilities for up to 26 weeks (6 months). There is a 14 day waiting period, and if you want to increase your coverage to 70% income replacement, you can purchase that coverage for an additional cost.
- **Long-Term Disability** covers you after you have exhausted your short-term disability period. If you want to increase your coverage to 66.7% income replacement, you can purchase that coverage for an additional cost.

Basic Life and Accidental Death and Dismemberment (AD&D)
- $50,000 basic life insurance through New York Life Group Benefit Solutions (formerly Cigna) is provided to you at no charge, courtesy of Early Warning.
- AD&D insurance coverage equal to the $50,000 basic life insurance amount is also provided.

Voluntary Life and Accidental Death and Dismemberment (AD&D)
With the benefit of group rates, you may also want to consider purchasing additional term life insurance for you and your family.
Coverage is based on age, so premiums can increase during the plan year if you reach a new age band.
- **Employee Life Insurance** can be purchased in increments of $10,000, not to exceed $500,000 with a guaranteed issue up to $150,000 at initial enrollment. (Benefit reductions based on your age begin to apply at age 65.)
- **Spouse Life Insurance** can be purchased in increments of $5,000, not to exceed $100,000 with a guaranteed issue up to $50,000 at initial enrollment. Spouse coverage may be purchased up to 100% of employee coverage. Spouse coverage rates are based on the employee’s age.
- **Child Life Insurance** can be purchased in increments of $5,000, not to exceed $10,000. One premium covers all of your children.

Note: Completion of the Evidence of Insurability Form is required for purchase of coverages above the guaranteed issue level.
Tuition Benefits Program

We are proud to support the educational goals of our employees. Each calendar year, Early Warning provides tuition benefits of up to $5,250, per employee, for approved undergraduate or graduate level courses at accredited colleges and universities. Tuition benefits are available upon hire for classes that begin after your hire date.

Employees must complete each course and receive a C grade or better to retain the reimbursement. In addition to reimbursement and training opportunities, there are internal and external opportunities for professional development through our Learning and Talent Development team.

Scholarships for the Dependent Children of Employees

Just like we value investing in our employees through the Tuition Benefits, Professional Development, certification and training opportunities, we are proud to extend this scholarship offering to our employee’s families. This program has provided over 75 college scholarship awards to the dependent children of Early Warning employees over the last 7 years.

Program details, including number and amount of scholarships available, application process and deadlines, is communicated each spring.
Legal Services and Identity Theft Protection

Legal Shield provides affordable legal assistance and identity theft protection for you and your eligible family members. Services are offered through various packages and options, and can include will preparation, legal advice on unlimited topics, letters/calls on your behalf, motor vehicle services, trial defense, and identity theft monitoring and resolution.

Credit Counseling and Debt Management

All Early Warning employees have access to credit counseling, budgeting and debt reduction through Take Charge America. Any employee who is struggling with their finances or is interested in improving their financial health, can turn to their certified credit counselors, and most of their services are available at no charge!

Pet Insurance

Nationwide Pet Insurance is the nation’s oldest and largest pet health insurer. They cover accidents, illnesses and preventative care. Nationwide plans are accepted by all vets – even specialists and emergency providers, which adds up to one thing: peace of mind for animal lovers!
Time Off

Early Warning offers a generous and flexible paid time off program that enables our employees to take the time they need to spend time with their families and recharge.

Exempt Employees
All regular, exempt employees who consistently work at least 30 hours per week are eligible for Unlimited PTO benefits. Exempt employees do not have a fixed amount of paid time off, meaning that they can request time off as needed, unaccrued.

Non-Exempt Employees
Because state laws vary, program details may vary by location, however through a combination of vacation (PTO) and sick leave, non-exempt employees can generally expect the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Annual Accrual FTE – 40 hr/wk</th>
<th>Annual Accrual FTE – 30 hr/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 6 months</td>
<td>1.5 weeks</td>
<td>1 week</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>3.5 weeks</td>
<td>2.3 weeks</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>4 weeks</td>
<td>2.6 weeks</td>
</tr>
<tr>
<td>5+ years</td>
<td>5 weeks</td>
<td>3.3 weeks</td>
</tr>
</tbody>
</table>

Please refer to the Employee Handbook and State Supplements for complete list of time off policies, eligibility and accrual rates.

Holiday Pay
Regular full-time employees are eligible for paid holidays during each calendar year. For 2023, these holidays include:

- New Year’s Day (observed Monday, January 2)
- Martin Luther King Day (Monday, January 16)
- Memorial Day (Monday, May 29)
- Juneteenth (Monday, June 19)
- Independence Day (Tuesday, July 4)
- Labor Day (Monday, September 4)
- Columbus/Indigenous Peoples’ Day (Monday, October 9)
- Veterans Day (observed Friday, November 10)
- Day After Thanksgiving (Friday, November 24)
- Christmas Day (Monday, December 25)

Jury Duty
If you are called to serve on a jury or are summoned to testify or participate in hearings conducted by federal or state administrative agencies, you will be reimbursed for the time away from work for up to a maximum of 6 weeks. Please see the Employee Handbook for eligibility and requirements.

Bereavement Leave
Regular full-time or part-time employees who have a death in their immediate family are eligible to take up to 5 days of paid Bereavement Leave. Please see the Employee Handbook for eligibility and requirements.
Employee Leave of Absence
We understand that from time to time, an extended period away from work is necessary. Employee leaves of absence are offered in accordance with the Family Medical Leave Act of 1993 (FMLA), as well as the various states and counties in which Early Warning employees reside. Please see the Employee Handbook for eligibility and requirements, as well as the different types of leaves available.

Parental Leave
Following the birth, legal adoption, or lawful placement of a child, eligible employees may take up to 12 weeks of 100% paid leave. State laws vary and program details may differ by location; please see the Employee Handbook for eligibility and requirements.

Volunteer Day
We are committed to giving back to the communities where we work and live. Eligible upon hire, all regular, full-time employees may take one day off each year to volunteer at the organization of their choice.

Military Leave
To support our Early Warning military service members, eligible regular, full-time employees may take up to 30 days (240 hours) of fully paid Military Leave each year.
Maven

Maven provides comprehensive digital reproductive and family health programs that support fertility and egg freezing, adoption and surrogacy, pregnancy, postpartum, returning to work after leave, plus parenting and pediatric support, and people experiencing menopause. Maven is available at no cost to benefit-eligible employees and their partners.

Maternity

21-month offering; end-to-end program supporting expecting mothers and fathers during pregnancy and through the underserved postpartum and return-to-work periods, driving outcomes for families and employers. This includes:

- Pregnancy, Partner, and Loss tracks which are personalized to meet the needs of the member, such as clinical support for high-risk pregnancies
- 61-week Integrated Return-to-Work curriculum and Professional Coaches introduced in first trimester
- Manager Training resources (i.e. Manager tipsheet, complimentary virtual training on return-to-work best practices)
- Practitioner network across 25+ specialities, such as OB-GYNs, doulas, career coaches, and sleep coaches
- Virtual group classes like Breastfeeding 101, Infant CPR, and Newborn Care
IVF/IUI
12-month program; guides members through the difficult decision of choosing a fertility clinic and selecting treatment option, with emotional support. That includes:

- Fertility Awareness Educators and Reproductive Endocrinologists provide personalized guidance on fertility treatment options
- Network of vetted fertility clinics with high success rates and high patient satisfaction
- Negotiated service and prescription discounts, and priority scheduling for Maven members
- Mental health services and community of members who are on a similar journey
- Specialized partner track

Adoption
24-month program; fills gaps in support for individuals navigating the adoption process for any variety of reasons – as they are often left out of the traditional healthcare system. This includes:

- Counseling and expert guidance via Maven Adoption Coaches through different adoption pathways and key considerations in the process
- Care Advocates provide referrals to highly-rated adoption agencies that best meet individual needs – and they help navigate state, domestic, or international laws and policies
- Importantly for any path to parenthood, Maven’s network includes diverse providers with expertise in LGBTQIA+ paths to parenthood

Surrogacy
24-month program; our surrogacy program fills gaps in support for individuals navigating the surrogacy process – as they are often left out of the traditional healthcare system. This includes:

- Support from Surrogacy Coaches through surrogacy selection and navigation process
- Care Advocates steer members to high-quality surrogacy agencies and fertility clinics in Maven’s proprietary network of vetted partners
- On-demand access to egg donor coaches that provide expert guidance and support
- Genetic counselors review donor egg/sperm genetic testing options and results, family history, and other specific considerations for surrogacy

Egg Freezing
12-month program; guides members through the risks and tradeoffs of egg freezing, helps them choose a clinic, and provides emotional support along the way. This includes:

- 1:1 guidance and support through egg or embryo freezing consideration, consultations, and retrieval
- Care Advocates steer members to high-quality clinics based on their unique needs, helping achieve successful retrievals at lower costs
- On-demand access to specialists that are critical in the egg freezing process including nutritionists, career coaches, and mental health providers
- Reduced costs on certain procedures and free egg or embryo storage for up to three years with Maven preferred fertility clinics
Menopause

- Early identification of menopausal symptoms and treatment guidance
- Dedicated Care Advocates who can help you find the support you need both within Maven and in-person when needed
- 24/7 virtual access to providers specializing in menopause including OB-GYNs, wellness coaches, pelvic floor physical therapists, and more
- 1:1 mental health support throughout your menopause experience
- Educational resources and provider-moderated drop-in groups to connect with others along similar journeys

Parenting & Pediatrics

12-month renewable program; the first family health solution to integrate coaching for parents and specialized pediatric care. This includes:

- On-demand access to a range of pediatric providers, including developmental psychologists, occupational therapists, and special needs advocates
- Daily curriculum specific to each stage of childhood development to build stronger parent-child relationships
- Childcare consulting and tools to navigate childcare options, with member discounts for select childcare and education services
- Mental health support and career coaching to ease anxieties of parenting
Employee Teams

Our employee-led teams are passionate about what they do – and we hope you are too! Join one and discover how you can broaden your impact across the organization!

Community Impact Team
Do you have a passion for serving your community? Can you rally a group together around a cause? If you answered yes to either question, then the Community Impact Team may be right for you! By joining the Community Impact Team you’ll be part of a group leading initiatives designed to enhance the communities we live and work in! You’ll take part in raising awareness for nonprofit organizations, planning company-wide outreach activities and enhance the lives of those in need within our community!

Social Events Team
Calling all event planners and party people! We need your help organizing awesome employee social activities. If happy hours, game nights, bowling, and themed parties are your thing — and you subscribe to the motto the more the merrier — then you’re the person the Social Events Team wants!

Diversity, Equity, Inclusion & Belonging (DEI&B) Council
Early Warning’s Diversity, Equity and Inclusion Council leads initiatives designed to enhance our company, country, and global humanity. Our DEI&B council raises diversity awareness, plans DEI&B inspired activities, and provides volunteer opportunities to drive DEI&B efforts in our communities.