



**Empowered**  
*Wellbeing*  
by Early Warning®

# 2026 Benefits Information Guide

# Welcome

Your time with your team is important, but there's more to life than work. The benefits you'll find here are carefully chosen to support your life outside of work, whatever it looks like for you. Whether you're checking it out for the first time or stopping by to see what's new in 2026, this guide is crafted to help you choose the right benefits. We'll talk about medical, dental, spending accounts, retirement, and more.

We'll also help you put those benefits to use whenever you need them throughout the plan year. You'll find answers to important questions like "When can I add my new child to my insurance?" or "When are funds deposited into my HSA?"

## Plan summary

Does this guide contain everything I need to know about my health plan?

While there are many benefit summaries listed throughout this guide, they're just that: summaries. When you're trying to figure out whether a medical service or a medical supply will be paid for by your health plan, it's best to take a look at the plan policies or Summary Plan Description as well.

One important thing to note is that in order for a service or supply to be paid for by your health plan, it must be overseen by a doctor. Some of the guidelines for coverage also come down to the type of plan you choose, which you'll learn more about in this guide.

There's more important information in your health plan documents called Evidence of Coverage and Summary Plan Description. These documents have more details about your coverage. You can find them on your member portal with the carrier, on our [Benefits SharePoint site](#), or by contacting the [Benefits Team](#). They're the final place you'll need to look if you have questions about your coverage because they're the binding agreement between you and the plan.

If you notice differences between benefits in this guide and the Evidence of Coverage or Summary Plan Description, you should go by what's written in those documents, not this guide.

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page 49 for more details.**



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# Check out your benefits

Dig into options, programs, and resources

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## Keep an eye out for benefit examples



Quick note: these examples are meant to help you understand the different health plans we offer. If you have specific questions, it's a good idea to reach out to the Benefits Team. You can also read the details and fine print of your plan summaries found on the Benefits SharePoint site.



# Eligibility & Enrollment



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# Eligibility & Enrollment



Quick answers to your questions

## Who can sign up?

All employees who are scheduled to work at least 30 hours per week are eligible to enroll in the benefits described in this guide. More good news: you can also cover eligible dependents listed below. An affidavit will be needed to cover your domestic partner and your domestic partner, and their children will not be tax-free if they do not qualify as your tax dependent(s).

### Eligible Dependents

- Your legal spouse
- Your Domestic Partner (please refer to IRS-governed tax implications on the next page for the cost of this coverage)
- Your children up to the age of 26, regardless of full-time student status, marital status or financial dependency. This includes a child who is physically or mentally incapable of supporting themselves as defined by the plan as well as your natural children, stepchildren, legally adopted children and other children that you have legal guardianship of, as established by law.

## When does my coverage start?

**Regular, full-time employees:** For new hires and employees who are newly eligible due to an employment status change, coverage starts on the 1st of the month after your date of hire or status change.

**Part-time employees:** You are eligible to enroll in medical coverage if you average at least 30 hours per week or 130 hours per month during a corresponding measurement period. Please contact the [Benefits Team](#) for more information about the measurement process and the effective date of coverage if you are eligible and choose to enroll.

Once you enroll in a benefits plan, you can't make any changes until open enrollment, which is typically the first two weeks in November each year. Open enrollment changes are always effective January 1 of the following year.

If you miss the deadline to sign up, you can't enroll later unless you experience what's called a Qualifying Life Event Change. It's always a good idea to check with your plan administrator and your section 125 plan document to see if you're allowed to make a mid-year change based on your situation.



## Can I make changes after I sign up?

After you've signed up, you can only make changes to your benefits if you have a Qualifying Life Event (QLE). A QLE is something that happens to you or someone in your family. The list of QLEs is defined by the federal government. Some examples are:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- You or your spouse lose or gain coverage through our organization or another employer
- Medicare or Medicaid enrollment
- A special enrollment opportunity to sign up for a plan in the Public Health Insurance Marketplace (i.e. Covered California or another state-run marketplace or [Healthcare.gov](https://www.healthcare.gov)).

These are just some examples. You can find a complete explanation of qualifying life event changes on the Benefits SharePoint site.

You might be able to add or drop coverage if one or more of these things happen to your family after you sign up. Most Qualified Life Event changes, such as getting married or having a baby, are time-sensitive and must be addressed within 31 days. Alternatively, if you lost eligibility or enrolled in Medicaid, Medicare, or state health insurance programs, you must submit the request for change within 60 days. It's always a good idea to email the [Benefits Team](#) to find out if you can make changes.

## Do I have to sign up?

No. You can "waive" coverage if you're covered through another plan, such as a plan offered through your spouse's job. To waive coverage, complete your Workday benefit enrollment. Keep in mind that if you waive coverage, you won't be able to enroll in our group benefits again until the annual open enrollment period, unless you experience a qualifying life event.

If you don't sign up for any health insurance coverage at all, you might have to pay a penalty. Although the federal penalty requiring individuals to maintain health coverage was reduced to \$0, some states have their own mandates.

To avoid paying these penalties in certain states, you can sign up for health insurance through our benefits program or purchase coverage from somewhere else, such as from a State or Federal Health Insurance Exchange.

Curious about Healthcare Reform and the Individual Mandate? Visit [www.healthcare.gov](https://www.healthcare.gov) or you can also visit [www.coveredca.com](https://www.coveredca.com) for details on the Covered California State Health Insurance Exchange.

## Are there tax implications for Domestic Partners?

Yes. The IRS treats spouses and domestic partners differently with respect to health benefits. As a result, when you enroll your domestic partner and/or your domestic partner's children in one of Early Warning's sponsored benefit plans, the IRS considers Early Warning's contribution toward the coverage as a taxable benefit (imputed income).

Depending upon the coverage and level you elect, the associated amount of imputed income will be added to your earnings statement as additional earnings, and their premium will be deducted on an after-tax basis. Please visit the Benefits SharePoint site for the 2026 Imputed Income Table.

# Medical Plans





# Medical Plans

Breaking down plan types (and understanding acronyms)

## HDHP

On a **High-Deductible Health Plan (HDHP)**, you must pay more out-of-pocket before your health plan starts covering services. The amount you must pay before the plan kicks in is called the "deductible." To help cover these expenses, you can access a special savings account called a "Health Savings Account (HSA)." You can contribute pre-tax funds to this account and use it to pay for different health-related expenses called "qualified medical expenses." Early Warning will contribute as well to your HSA to help you pay for these expenses.

### Advantages

- Your HSA can help you save on taxes
- The amount taken out of your paycheck is lower

### Out-of-pocket costs

If you choose an HDHP, you'll pay most of your out-of-pocket expenses upfront until you reach your deductible.

### Ideal if...

... you have enough money set aside to cover expenses until you reach your deductible.

### Note:

HSA funds can only be used to pay for qualified health care expenses, including copay fees, coinsurance, prescription medications, dental & vision expenses, and more. It's a good idea to keep your receipts in case your taxes are audited.

## Using an HDHP plan: an example



Taylor rarely goes to the doctor, but when she experienced a fever, chills, and chest congestion, she decided to visit urgent care. Taylor found a nearby in-network urgent care clinic for treatment. Because Taylor hadn't yet met the plan's annual deductible, she used funds from her Health Savings Account (HSA) to pay for the visit.

Taylor had savings set aside after choosing to pay less in monthly premiums, so this visit wasn't a big deal. The charge Taylor paid counted toward the plan's annual deductible.

**Blue Cross Blue Shield of AZ in-network providers are available nationwide!**

### To find a provider in your area for the HDHP:

- Go to [www.azblue.com](http://www.azblue.com) and select "Find Care"
- Search by location, name, specialty, or advanced search
- Use the "Type of Coverage" drop-down menu and select Employer Provided
- Select Medical under Type of Provider
- Select Statewide/National PPO

### Using a HDHP (In-network or Out-of-network)



HSA Funds

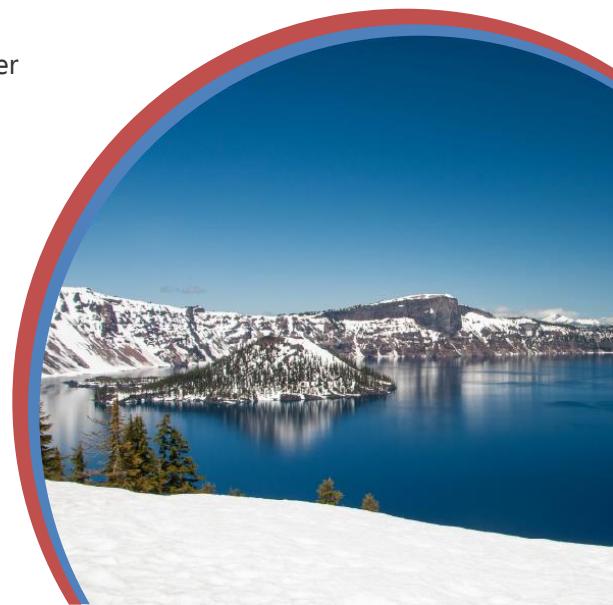


Primary Care Physician

or



Specialist



# PPO

On a **Preferred Provider Organization (PPO)** plan, you have more flexibility to choose your providers. However, you'll save the most money when you choose a provider or hospital inside the health plan's network. You may choose a provider who is not in the health plan's network, but it might cost more.

## Advantages

- Choose from more providers
- You won't need a referral to see a specialist

## Out-of-pocket costs

Your health plan will charge different fees: a flat fee called a "copay", a fee that's a percentage of the total cost of the service called "coinsurance", and an amount that must be paid before your plan kicks in, called a "deductible." On a PPO plan, you'll still be responsible for these types of fees.

## Ideal if...

...you want flexibility and provider options. You're comfortable paying more out of your paycheck each month, while paying less out of pocket for your deductible.

## Note:

You may choose your health care providers, but keep in mind that you might have to pay more for services that are outside your health plan's network.

# VS

# EPO

On an **Exclusive Provider Organization (EPO)** plan, you have **in-network coverage only**, but you do not need to select a primary care physician (PCP) or get referrals to see specialists. If you go to a provider or facility outside the network, the health plan will not pay for those services unless it's an emergency.

## Advantages

- Offers flexibility but lower costs than a PPO plan
- You won't need a referral to see a specialist

## Out-of-pocket costs

Your health plan will charge different fees: a flat fee called a "copay", a fee that's a percentage of the total cost of the service called "coinsurance", and an amount that must be paid before your plan kicks in, called a "deductible." On an EPO plan, you'll still be responsible for these types of fees.

## Ideal if...



...you can stay within the plan's network that provide lower healthcare out-of-pocket costs and lower premiums.

## Note:

Before enrolling, confirm that your preferred doctors, specialists, and hospitals are included in the plan's network.

Neither PPO or EPO plans are eligible for an HSA, though plan members can elect a Healthcare FSA for eligible out-of-pocket costs.

## To find a provider in your area for the PPO or EPO:

- Go to [www.azblue.com](http://www.azblue.com) and select "Find Care"
- Search by location, name, specialty, or advanced search
- Use the "Type of Coverage" drop-down menu and select Employer Provided
- Select Medical under Type of Provider
  - For **EPO** - select BlueHPN National EPO
  - For **PPO** – select Statewide/National PPO



# HMO

On a **Health Maintenance Organization (HMO)** plan, your first important step is to choose a Primary Care Physician (PCP). Your PCP will provide you with care or refer you to other services. Any other medical services you need throughout the year must come from a certain group of providers—the ones in the plan's network. If you go to a provider or facility outside the network, the health plan will not pay for those services unless it's an emergency.

## Advantages

- Out-of-pocket costs are lower
- Your care is coordinated by your PCP

## Ideal if...

...you want less money taken out of your monthly paycheck than a PPO and are comfortable with a PCP directing your care.

## Out-of-pocket costs

Your health plan can charge different fees: a flat fee called a "copay", a fee that's a percentage of the total cost of the service called "coinsurance", and an amount that must be paid before your plan kicks in, called a "deductible." Sometimes, these types of fees are lower in an HMO than they are in other types of plans.

## Using an HMO plan: an example



Ben needed an annual exam but was also worried about an area on his skin. Ben called his primary care physician (PCP) that he elected and made an appointment. Ben told the PCP about his skin concerns, and the PCP referred Ben to a dermatologist in the plan network.

That worked great for Ben. He was too overwhelmed to find the dermatologist himself, and he likes coordinating his care with the PCP. Ben paid his visit cost, which will count toward the out-of-pocket cost.

## To find a provider in your HMO plan's network:

### Kaiser HMO and HDHP Plans

Go to [www.healthy.kaiserpermanente.org](http://www.healthy.kaiserpermanente.org) and to find Kaiser providers near you

### Using an HMO (In-network)



Primary Care Physician



Referral



Specialist



# Saving money on your medications

Your benefits cover a lot of prescription medications, but how much you pay for them, and how much your health plan covers, is determined by a system of “tiers.” These tiers are more like a layer cake than a rating system: The quality is the same no matter where you are, but the higher you go on these tiers, the more expensive and/or hard to access the medication may be.

## Here are some examples of the types of medications in each tier:



### Tier 1 - Generic Formulary:

These medications have the same active ingredients as brand-name medications, but they cost less.



### Tier 2 - Brand name:

These medications are only made by one manufacturer.



### Tier 3 - Non-Formulary:

Medications that aren't on your health plan's list of preferred medications, which is called their “formulary.” Usually, this happens when there is a safe and effective alternative that is less expensive—often a generic. If your doctor prescribes a non-formulary prescription, it's a good idea to speak with them or your pharmacist about generic alternatives.



### Tier 4 - Specialty:

These medications treat chronic or complex conditions. They often require step therapy and/or prior authorization to be approved to fill.

## Why pay more for your medications?



### Use the mail

You can save time and money by getting your medications shipped directly to you through a mail-order service. You can have a larger quantity, usually a 90-day supply, regularly shipped to your door. Sign up for delivery service from your BCBS or Kaiser online account.



### Shop around

Some pharmacies offer less expensive medications. You can view costs at various pharmacies near you through your AZBlue account using their Drug Pricing tool. Shopping around could pay off.



### Try over-the-counter

For colds, headaches, and other common conditions, over-the-counter medications can sometimes work just as well as prescription ones—and cost a lot less, too.

# Blue Cross Blue Shield of AZ Medical Plans

## Nationwide coverage for all employees

Early Warning offers four Blue Cross Blue Shield of AZ medical plans. Two HDHP plans and a PPO plan that uses the BCBS Statewide/National Network and an EPO plan that uses BCBS BlueCare EPO Network.

**BCBS Premium Saver HDHP:** HSA qualified health plan that provides in and out-of-network coverage with a lower premium in exchange for a higher deductible, and which applies to each family member individually until the family deductible is met.

**BCBS Premium Choice HDHP:** HSA qualified health plan that provides in and out-of-network coverage with a higher premium in exchange for a lower deductible, a shared family deductible that all members contribute to before insurance coverage begins.

**BCBS Choice PPO Plan:** This plan has higher premiums, combined with more predictable, lower costs for each visit and with the freedom to choose in and out-of-network providers.

**BCBS Value EPO Plan:** This plan is like the PPO with in-network only providers and with lower premiums than the PPO plan.

## Telemedicine - BCBS BlueCare Anywhere

Connect with a provider 24/7

If you don't have a regular doctor or if they are unavailable, you can visit with a board-certified doctor, counselor, or psychiatrist in the privacy and comfort of your own home. Even better, BlueCare Anywhere visits often cost less than an urgent care visit.

Just log in to your [AZ Blue Portal](#), and click Find Care to get started. BlueCare Anywhere can help with medical care, counseling, and psychiatry services.

**Medical services** like allergies, bronchitis, strep throat, urinary tract infection, sinus infection, pinkeye, rashes, the flu, and more.

**Counseling services** to help with stress, anxiety, depression, couple's therapy, insomnia, panic attacks, bereavement, obsessive compulsive disorder (OCD), and post-traumatic stress disorder (PTSD)

**Psychiatry services** to help with diagnosed illnesses such as depression, anxiety, insomnia, panic attacks, bipolar disorder, anorexia, bulimia, OCD, and PTSD.



## 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.

Call (855) 902-2777 for more information or visit [hingehealth.com/ews/oe](http://hingehealth.com/ews/oe).



# HDHP Preventive Drug Coverage

## Not All Medications are Subject to the Deductible

Our BCBS HDHP plans cover specific preventive medications before the deductible is met. Below is a list of some categories where the deductible is waived for certain preventive medications.

Drug Category	Examples / Purpose
Heart Disease and High Blood Pressure	ACE inhibitors, beta-blockers, and statin medications (cholesterol-lowering agents)
Diabetes	Insulin and other glucose-lowering agents, as well as diabetic supplies
Asthma and Respiratory Conditions	Inhaled corticosteroids and other inhaled maintenance medications
Osteoporosis	Anti-resorptive therapies to prevent fractures in individuals with osteoporosis or osteopenia
Depression	Selective Serotonin Reuptake Inhibitors (SSRIs) and other antidepressants
Cancer Prevention	Medications for breast cancer prevention
Other	Prenatal vitamins, Fluoride preparations, Antiplatelet agents and anticoagulants are a few to name

**[View the full BCBS HDHP Preventive Drug List](#)**



# Blue Cross Blue Shield of AZ

"How much will specific services cost?"



Plan Highlights	Premium Saver HDHP (Statewide/National PPO Network)		Premium Choice HDHP (Statewide/National PPO Network)			
	In-network	Out-of-network	In-network	Out-of-network		
<b>Plan Year Deductible</b>	\$3,400 Individual \$6,800 Family	\$3,800 Individual \$7,600 Family	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family		
<b>Deductible Type <sup>(1)</sup></b>	Embedded		Non-embedded			
<b>Out-of-pocket Maximum <sup>(2)</sup></b>	\$5,000 Individual \$10,000 Family	\$7,000 Individual \$12,000 Family	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family		
<b>Professional Services</b>						
Preventive Care Exam	Covered 100%	10% after Ded + balance bill	Covered 100%	50% after Ded + balance bill		
Primary Care Physician (PCP) / Specialist						
Telehealth Visit						
Diagnostic X-ray and Lab						
Complex Diagnostics (MRI/CT Scan)						
Acupuncture Services						
Chiropractic Services						
<b>Hospital Services</b>						
Inpatient	10% after Ded	20% after Ded + balance bill	10% after Ded	50% after Ded + balance bill		
Outpatient Surgery						
Urgent Care						
Emergency Room	10% after Deductible	10% after Ded + balance bill	10% after Ded	10% after Ded + balance bill		
<b>Mental Health &amp; Substance Abuse</b>						
Inpatient	10% after Ded	20% after Ded + balance bill	10% after Ded	50% after Ded + balance bill		
Outpatient						
<b>Retail Prescription Drugs (30-day supply)</b>						
Tier 1	\$10 copay after Ded	\$10 copay after Ded + balance bill	\$10 copay after Ded	\$10 copay after Ded + balance bill		
Tier 2	\$30 copay after Ded	\$30 copay after Ded + balance bill	\$30 copay after Ded	\$30 copay after Ded + balance bill		
Tier 3 & Specialty	\$50 copay after Ded	\$50 copay after Ded + balance bill	\$50 copay after Ded	\$50 copay after Ded + balance bill		
<b>Mail Order Prescription Drugs (90-day supply)</b>						
Tier 1	2.5 x copays after Ded	N/A	2.5 x copays after Ded	N/A		
Tier 2						
Tier 3						

**(1) Deductible Types:**

**Embedded:** Any covered family member who reaches his or her individual deductible will start paying copays or coinsurance for covered services for the rest of the year. All other family members will keep paying the full charges for covered services until they reach their individual deductibles or until, together, they reach the family deductible.

**Non-Embedded:** Aggregate deductible where the entire family's deductible must be met before the coverage begins for any individual in the family.

**(2) Out-of-pocket maximum** is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

Your total plan cost also includes bi-weekly premiums shown on page 43.

# Blue Cross Blue Shield of AZ

"How much will specific services cost?"



Plan Highlights	Choice PPO (Statewide/National PPO Network)		Value EPO Blue HPN National EPO Network
	In-network	Out-of-network	In-network
<b>Plan Year Deductible</b>	\$1,250 Individual \$2,500 Family	\$2,500 Individual \$5,000 Family	\$1,250 Individual \$2,500 Family
<b>Deductible Type <sup>(1)</sup></b>	Embedded		
<b>Out-of-pocket Maximum <sup>(2)</sup></b>	\$6,350 Individual \$12,700 Family	\$13,000 Individual \$26,000 Family	\$6,350 Individual \$12,700 Family
<b>Professional Services</b>			
Preventive Care Exam	Covered 100%	If covered, 40% after Ded + balance bill	Covered 100%
Primary Care Physician (PCP) Specialist	\$25 copay PCP \$40 copay Specialist	50% after Ded + balance bill	\$25 copay PCP \$40 copay Specialist
Diagnostic X-ray and Lab	Office visit copay		Office visit copay
Complex Diagnostics (MRI/CT Scan)	20% after Ded		20% after Ded
Acupuncture Services	\$40 Copay		\$40 copay
Chiropractic Services	\$40 Copay		\$40 copay
<b>Hospital Services</b>			
Inpatient	20% after Ded	50% after Ded + balance bill	20% after Ded
Outpatient Surgery			\$50 copay
Urgent Care	\$50 copay	10% after Ded + balance bill	\$200 copay, ded does not apply
Emergency Room	\$200 copay, ded does not apply		
<b>Mental Health &amp; Substance Abuse</b>			
Inpatient	20% after Ded	50% after Ded + balance bill	20% after Ded
Outpatient			
<b>Retail Prescription Drugs (30-day supply)</b>			
Tier 1	\$10 copay	\$10 copay after Ded + balance bill	\$10 copay
Tier 2	\$30 copay	\$30 copay after Ded + balance bill	\$30 copay
Tier 3 & Specialty	\$50 copay	\$50 copay after Ded + balance bill	\$50 copay
<b>Mail Order Prescription Drugs (90-day supply)</b>			
Tier 1	2.5 x copays	N/A	2.5 x copays
Tier 2			
Tier 3			

**(1) Deductible Types:**

**Embedded:** Any covered family member who reaches his or her individual deductible will start paying copays or coinsurance for covered services for the rest of the year. All other family members will keep paying the full charges for covered services until they reach their individual deductibles or until, together, they reach the family deductible.

**Non-Embedded:** Aggregate deductible where the entire family's deductible must be met before the coverage begins for any individual in the family.

**(2) Out-of-pocket maximum** is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

Your total plan cost also includes bi-weekly premiums shown on page 43.

# Kaiser Permanente Medical Plans

California Residents Only

California residents have the option to enroll in one of the the BCBS plans as well as one of the two Kaiser Permanente medical plans; An HDHP with an HSA and an HMO plan.

**Kaiser \$2000 HDHP HMO** is a qualified HSA plan that provides you a lower premium in exchange for a higher deductible.

**Kaiser \$1000 HMO Plan** provides a predictable out-of-pocket experience by paying a copay for doctor visits and a lower deductible than the HDHP plan.

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 Permanente – Telehealth

Get in-the-moment care across the U.S. from a Kaiser Permanente clinician who has access to your health record. 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.



Plan Highlights	\$1,000 HMO	\$2,000 HDHP
	<b>In-network</b>	<b>In-network</b>
<b>Plan Year Deductible</b>	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family \$3,400 Individual on family coverage
<b>Deductible Type <sup>(1)</sup></b>	Non-Embedded	Embedded
<b>Out-of-pocket Maximum <sup>(2)</sup></b>	\$3,000 Individual \$6,000 Family	\$3,600 indiv only coverage \$7,200 Family \$3,600 one member on family coverage
<b>Professional Services</b>		
Preventive Care Exam	Covered 100%	Covered 100%
Primary Care Physician (PCP) Specialist	\$30 PCP copay \$40 Specialist copay	\$30 PCP copay after ded \$50 Specialist copay after ded
Diagnostic X-ray and Lab	\$10 / encounter	\$10 / encounter after ded
Complex Diagnostics (MRI/CT Scan)	20% up to \$150 / procedure	\$150 / procedure after ded
<b>Hospital Services</b>		
Inpatient	20% after Ded	\$250 /admission after ded
Outpatient Surgery		\$150 / procedure after ded
Urgent Care	\$30 copay	\$30 / visit after ded
Emergency Room	20% after ded	\$200 copay, ded does not apply
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient	20% after Ded	20% after Ded
Outpatient	Mental/Behavioral:\$30 / individual visit, deductible does not apply. 20% outpatient services, deductible does not apply; Substance Abuse: \$30 / individual visit, deductible does not apply. 20% up to \$5 / day for other outpatient services, deductible does not apply.	Mental/Behavioral:\$30 / individual visit, after ded. 20% for other outpatient services, after ded. Substance Abuse: \$30 / individual visit, after ded. 20% up to \$5 / day for other outpatient services after ded.
<b>Retail Prescription Drugs (30-day supply)</b>		
Generic drugs (Tier 1)	\$10 copay	\$10 copay after ded
Preferred/Non-preferred brand drugs (Tier 2)	\$30 copay	\$30 copay after ded
Specialty	20% coinsurance up to \$250 / prescription, deductible does not apply	20% coinsurance up to \$250 / prescription, after ded
<b>Mail Order Prescription Drugs (100-day supply)</b>		
Tier 1	\$20 copay	\$20 copay
Tier 2	\$60 copay	\$60 copay
Tier 4	N/A	N/A

**(1) Deductible Types:**

**Embedded:** Any covered family member who reaches his or her individual deductible will start paying copays or coinsurance for covered services for the rest of the year. All other family members will keep paying the full charges for covered services until they reach their individual deductibles or until, together, they reach the family deductible.

**Non-Embedded:** Aggregate deductible where the entire family's deductible must be met before the coverage begins for any individual in the family.

**(2) Out-of-pocket maximum** is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

Your total plan cost also includes bi-weekly premiums shown on page 43.

# Supplemental Health Plans



# Supplemental Health Plans



Prepare for the unexpected twists and turns

## Critical Illness Insurance

If you choose to sign up for this coverage, Cigna will pay you a lump sum of money if you're diagnosed with a specific critical illness.

### What can critical illness coverage pay for?

This type of coverage pays you directly in cash, so you can use the funds however you want. Here are a few examples:

- Medical expenses
- Lost income
- Everyday expenses such as groceries and utilities
- Alternative treatments
- Lodging and travel to see specialists

#### 100% Employee-Paid

Cost is determined by your age and level of coverage.

#### Some covered illnesses:

- Cancer
- Heart attack
- Stroke
- Alzheimer's
- Coma
- End-Stage Renal Disease
- Benign Brain Tumor

Election	Benefit Amounts & Guaranteed Issue
Employee	\$10,000 or \$20,000 (All Guaranteed Issue)
Spouse	Up to 50% of Employee benefit election (All Guaranteed Issue)
Child(ren)	25% of employee amount, \$5,000 Guarantee Issue

### Using critical illness insurance: an example



Theo was diagnosed with cancer and needed a surgery right away, followed by chemotherapy. Theo's health plan required he pay the deductible and a co-insurance after the hospital stay. Critical illness insurance provided a lump-sum cash payment after Theo's diagnosis. Theo used the funds to cover his deductible and co-insurance fees, plus the co-pay for each chemo session. Theo was able to pay his rent and hire a part-time dog walker, too, so he could focus all his energy on getting well.

### Want to learn more?

You need to sign up for this type of coverage when you first become eligible, or during the annual open enrollment period. For more info, visit the [Critical Illness SharePoint site](#).

# Hospital Insurance

Hospital stays are difficult, especially if your health plan doesn't cover costs. To help ensure you can afford a hospital stay, you can sign up for hospital insurance through Cigna. This benefit will pay cash to you or your family to offset medical and non-medical bills that you get after staying in the hospital.

## What can hospital insurance pay for?

This type of coverage pays you directly in cash, so you can use the funds however you want. Here are a few examples:

- Copayments
- Deductibles
- Transportation expenses
- Childcare
- Lodging expenses for a companion
- Lost income

### 100% Employee-Paid

Monthly post-tax rates are outlined below:

<b>Election</b>	<b>Monthly Contribution</b>
Employee Only	\$14.00
Employee + Spouse	\$34.45
Employee + Child(ren)	\$27.42
Family	\$47.37

## Using hospital insurance: an example



Morgan needed gallbladder removal surgery, and due to some complications, had to stay in the hospital for five days. Morgan has health insurance, but it didn't cover the full cost of the stay. Morgan's health plan required she pay the deductible and a co-insurance fee. Hospital insurance helped make up the difference. It paid a set amount for an admission benefit plus a set amount for each additional day. This helped reduce Morgan's cost for her stay.

### Want to learn more?

You have to sign up for this type of coverage when you first become eligible, or during the annual open enrollment period. For more info, visit our [Hospital Care SharePoint site](#).



# Dental Plans





# Dental PPO Plan

Taking care of your smile

With the Dental PPO (DPPO) plan, you can pick any licensed dentist. Just keep in mind that your dental plan has settled on lower rates with a group of providers in their network. If you choose a dentist outside that network for yourself or your dependents, you might have to pay more.

To find out if your dentist is in your provider network, you can search on [www.cigna.com](http://www.cigna.com) or call Cigna.

“How much will specific services cost?”

Plan Highlights	Cigna Essentials DPPO Plan
	In-network (DPPO Total Network)
Plan Year Deductible	\$50 Individual \$150 Family
Annual Maximum	\$2,000
Diagnostic & Preventive	100% Covered, no deductible
Basic Restorative Services	10%, no deductible
Major Restorative Services	40% after deductible
Orthodontia Services (adult & child)	N/A
In-network Reimbursement	Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
Non-Network Reimbursement	Maximum Allowable Charge; your dentist may balance bill up to their usual fees.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

Plan Highlights	Cigna Plus DPPO Plan
	In-network (DPPO Total Network)
Plan Year Deductible	\$50 Individual \$150 Family
Annual Maximum	\$2,500
Preventive	100% covered, no deductible
Basic Services	100% covered, no deductible
Major Services	40% after deductible
Orthodontia Services (adult & child)	50%, covered, no deductible \$1,500 Lifetime benefit maximum
In-network Reimbursement	Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
Non-Network Reimbursement	90 <sup>th</sup> percentile of Maximum Reimbursable Charge in your geographic area; your dentist may balance bill up to their usual fees.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

Your total plan cost also includes bi-weekly premiums shown on page 43.

# Vision Plans



# Vision Plans



Bringing your benefits into focus

VSP offers vision coverage as a Preferred Provider Organization (PPO) plan. With the vision plan, you can pick where to receive services. Just keep in mind that your vision plan has settled on lower rates with a smaller group of vision providers—those in their network. If you choose a vision provider outside that network for yourself or your dependents, you will have to pay for all the expenses yourself at the time of service. Then, you'll submit a claim, and VSP will reimburse you up to a certain "allowed" amount.

To find out if a vision provider is in your network, you can search on [www.vsp.com](http://www.vsp.com) or call VSP.

## Your Coverage with a VSP Provider

	Copay	Frequency
WellVision Exam	\$10	Every calendar year
<b>Prescription Glasses</b>	\$25	See frame and lenses
Frame	<b>\$150 allowance</b>	
Single vision, lined bifocal and lined trifocal lenses	Included in Prescription Glasses	<b>Every calendar year</b>
Lens Enhancements		
Standard progressive lenses	\$0	
Premium progressive lenses	\$80-\$90	Every calendar year
Custom progressive lenses	\$120-\$160	
<b>Contacts (instead of glasses)</b>		
Contact Lens Exam	Up to \$60 copay	Every calendar year
Contacts in lieu of frames & lenses	\$130 allowance	Every calendar year
<b>VSP LightCare - NEW</b>		
Instead of frames or contacts	\$150 allowance	Every calendar year

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

Your total plan cost also includes bi-weekly premiums shown on page 43.



# Spending Accounts



# Spending Accounts

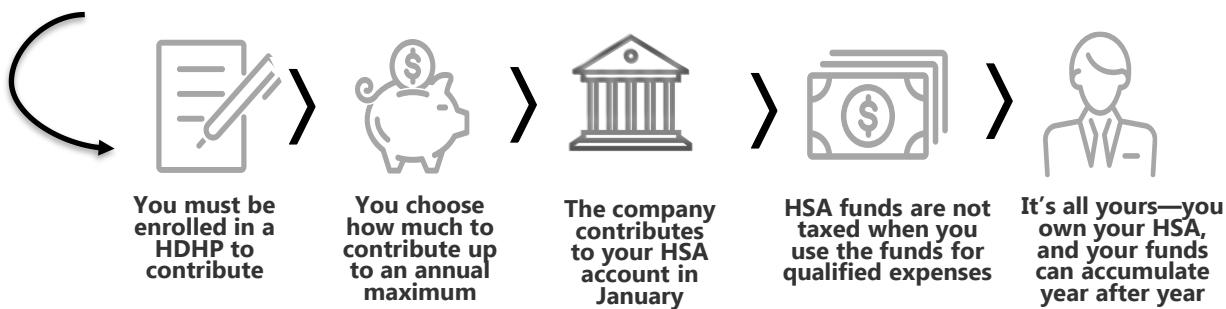
Make your money work for you



## Health Savings Account (HSA)

When you sign up for an Early Warning High-Deductible Health Plan (HDHP), you can open a type of bank account called a Health Savings Account (HSA). This account allows you to save money for qualified health care expenses, such as your deductible, copayments, and other out-of-pocket expenses. The money you put in your HSA is not federally taxed.

### What to know about your health savings account



### Early Warning pre-funds your HSA to cover early-year expenses

#### 2026 Early Warning Annual HSA Contributions\*

Employee Only	\$1,100
Employee + Spouse/Partner	\$1,300
Employee + Child(ren)	\$1,300
Employee + Family	\$1,600

\*(prorated for mid-year enrollment)



# HSA Facts

<b>What are the benefits?</b>	<ul style="list-style-type: none"><li>HSAs are paired with HDHPs. HDHPs cost less each month in premiums compared to PPO plans.</li><li>HSA funds aren't taxed and can continue to grow tax-free, subject to state law.</li><li>Funds in an HSA roll-over and can be invested for long-term growth once you meet the minimum balance criteria</li><li>An HSA reduces your taxable income, so it may allow you to pay for qualified health care expenses tax-free. Just remember that tax regulations vary by state.</li><li><b>Early Warning contributes to your HSA based on your coverage:</b><ul style="list-style-type: none"><li>Employee Only: \$1,100</li><li>Employee and Spouse/Partner: \$1,300</li><li>Employee and Child(ren): \$1,300</li><li>Employee and Family: \$1,600</li></ul></li><li><b>EWS will fund your annual contribution.</b> Mid-year enrollments will be prorated for number of months remaining in the plan year. You must enroll in the HSA in Workday even if you do not want to contribute your own dollars to your HSA.</li><li>If you don't enroll in the HSA, you forfeit Early Warning's contribution.</li></ul>
<b>How do I become eligible to contribute to an HSA?</b>	<ul style="list-style-type: none"><li>You're eligible if you enrolled in an HDHP. There are a few other rules to keep in mind, as well.<ul style="list-style-type: none"><li>✓ You can't be enrolled in non-qualified health insurance outside of Early Warning's plan</li><li>✓ You may not be enrolled in Medicare, Medicaid or Tricare</li><li>✓ You can't be claimed as a dependent on someone else's tax return (excluding a spouse)</li><li>✓ You can't get any hospital care or medical services from the Veterans Administration in the previous three months (unless these services were related to a service-connected disability)</li><li>✓ You may not have a general-purpose flexible spending account (FSA) or be eligible to use one (such as a spouse's FSA). Limited purpose FSAs, which cover dental and vision expenses only, are allowed</li><li>✓ You cannot be enrolled in a general Health Reimbursement Arrangement (HRA).</li></ul></li></ul>
<b>How do I get started?</b>	<ul style="list-style-type: none"><li>You will need to enroll in the HSA in Workday</li><li>Once the HSA is activated with HealthEquity, you can manage and access your account at any time by visiting <a href="http://www.healthequity.com">www.healthequity.com</a>.</li><li>You will receive a HealthEquity debit card to use for qualified HSA expenses. You can also use your own cash or a personal credit card and reimburse yourself through your online HSA. Just make sure to keep your receipts—they'll be important if you ever get audited by the Internal Revenue Service (IRS). Consult your tax advisor for taxation information or advice.</li></ul>
<b>A few rules to keep in mind...</b>	<ul style="list-style-type: none"><li>The <b>2026 IRS maximum contribution limits</b> you and EWS together can contribute to your HSA account are based on your medical plan coverage.<ul style="list-style-type: none"><li>• \$4,400 for employee-only coverage</li><li>• \$8,750 if you have one or more dependents covered</li><li>• If you are age 55 or older, you can contribute an additional \$1,000 catch up</li></ul></li></ul> <p>This maximum is set by the IRS, and it's important that you don't go over it.</p> <ul style="list-style-type: none"><li>If you go over the IRS limit, the amount you go over will be taxed at standard income tax rates, plus a 6% excise tax.</li><li>If you use your HSA funds to pay for non-qualified expenses, you'll pay taxes on the funds as well as a 20% penalty (unless you are over age 65). Once you reach age 65, you can use your hoarded cash however you want. You can find more info about qualified health care expenses at <a href="https://www.irs.gov/publications/p969#en_US_2023_publink1000204083">https://www.irs.gov/publications/p969#en_US_2023_publink1000204083</a>.</li><li>Typically, the amount you can contribute to your HSA in a calendar year is pro-rated based on when you became eligible. So, if you become HSA-eligible on September 1st, you can only contribute <math>\frac{1}{3}</math> of the maximum annual limit during your first year of enrollment. However, under the Full-Contribution Rule, you can still contribute up to the annual maximum as long as:<ul style="list-style-type: none"><li>• You're HSA-eligible on Dec. 1 of the plan year, and</li><li>• You're still HSA-eligible through Dec. 31 of the following year</li></ul></li></ul>



## Flexible Spending Account (FSA)

With this type of account, you and your spouse, plus any eligible dependents, can use pre-tax dollars to cover health care and dependent care out-of-pocket expenses. There are different types of FSAs, but they all help reduce your taxable income. Here are the different types of FSAs available to you.

FSA Type	Detail
	<b>Healthcare FSA (HCFSA)</b> <ul style="list-style-type: none"><li>You cannot enroll in this account if you are contributing to an HSA.</li><li>You may utilize this type of account for qualified medical, dental and vision expenses.</li><li><b>The maximum 2026 contribution is \$3,400.</b> Up to \$680 of unused funds can be transferred from your 2026 Healthcare FSA to your 2027 Healthcare FSA. The remainder of unused funds are forfeited at the end of the plan year. <a href="#">Learn</a> more about the HCFSA.</li></ul>
	<b>Limited Purpose FSA (LPFSA)</b> <ul style="list-style-type: none"><li>Designed to pair with an HSA as the LPFSA can be used for predictable dental and vision expenses to keep your HSA growing tax-free for other future healthcare needs. <a href="#">Learn</a> more about an LPFSA.</li><li>Our plan has a post-deductible feature where you can begin using the LPFSA for medical/prescriptions expenses once you have hit the IRS deductible limits (\$1,700 individual coverage / \$3,400 family coverage). You will need to submit a copy of your Explanation of Benefits (EOB) from your medical carrier to HealthEquity for proof you have met the deductible limit.</li><li><b>The maximum 2026 contribution is \$3,400.</b> Up to \$680 of unused funds can be transferred from your 2026 LPFSA to your 2027 LPFSA. The remainder of unused funds are forfeited at the end of the plan year.</li></ul>
	<b>Dependent Care FSA (DCFSA)</b> <ul style="list-style-type: none"><li>Can be used to pay for a childcare expenses (up to the age of 13) and/or care for a disabled family member in the household, who is unable to care for themselves.</li><li><b>Maximum contribution for 2026 is \$5,000.</b></li><li>This is a "Use it or Lose it" benefit so make sure you plan accordingly. Learn more on <a href="#">HealthEquity's Help Center</a>.</li></ul>



Questions about your FSA? Reach out to HealthEquity or the [Benefits Team](#).

## Commuter Benefits

Why should I choose commuter benefits? Commuter benefits allow you to put money from your paycheck aside each month, before taxes are taken out, for qualified mass transit and parking expenses. Learn more about [WEX Commuter Benefits](#).

	<b>Commuter Spending Account</b> <ul style="list-style-type: none"><li>Any money contributed to your transit or parking benefit rolls over every month until it is used, or you have left the company.</li><li>You can enroll or change your benefits at any time on Workday; no need to wait for an enrollment season.</li><li><b>2026 Monthly Pre-tax Contribution Limits:</b> Transit - \$340 Parking - \$340</li></ul>
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# Life & Disability





# Basic Life & Disability

## Life Insurance and AD&D

There's no easy way to talk about death, but your family might need help if something happens to you. A life and accidental death and dismemberment (AD&D) policy can provide that help. You are automatically signed up for this benefit and your family will be paid a lump sum of money when you die. If your death was caused by an accident, or if you lose a limb, you or the people you choose, called "beneficiaries," may get additional coverage.

Early Warning pays for 100% of this benefit through New York Life Insurance Company. It includes the following:

- Basic Life Insurance coverage - \$50,000
- AD&D coverage - \$50,000
- Your benefits reduce to 65% at age 65 and 50% at age 70.



## Voluntary Life and AD&D

You can choose to add more life insurance and AD&D coverage for you and/or your dependents. Coverage is based on age; premiums will increase during the plan year if you reach a new age band. Here are details on the additional coverage amounts you can choose from:

	<b>For employees:</b>	<ul style="list-style-type: none"><li>Increments of \$10,000 up to a \$500,000 maximum with a guaranteed issue benefit of \$150,000 if you enroll in the plan within 30 days of your initial eligibility.</li></ul>
	<b>For your spouse/domestic partner:</b>	<ul style="list-style-type: none"><li>Increments of \$5,000 up to a \$100,000 maximum with a guaranteed issue benefit of \$50,000 if you enroll in the plan within 30 days of your initial eligibility.</li></ul>
	<b>For your child(ren):</b>	<ul style="list-style-type: none"><li>Children up to age 26.</li><li>Increments of \$5,000 up to a \$10,000 maximum.</li><li>One premium covers all your children.</li></ul>
	<b>AD&amp;D:</b>	<ul style="list-style-type: none"><li>Must be purchased in same amounts if purchasing voluntary life insurance.</li></ul>

If you choose to get additional coverage, the insurance company may want to make sure you're in good health. The insurance amounts here are subject to review and won't be effective until the insurance company approves.

You can enroll in additional coverage during your enrollment period. If you wait, you might have to prove that you're in good health and wait for the insurance company to approve your coverage. There's more info in the Summary Plan Description.

**Please note, benefits coverage will reduce when you turn 65. Restrictions may apply if you and/or your dependent(s) are confined in the hospital or terminally ill. Take a look at your Summary Plan Description for exclusions and further detail.**



### Don't forget to update your beneficiaries!

The people or entities who you want to receive benefits from your policy are called beneficiaries. It's very important that they are up to date.

- You may change your beneficiaries at any time in Workday
- You may designate one person as your beneficiary or choose multiple beneficiaries, who will each get a percentage of the payout amount

# Disability Insurance

Disability insurance replaces a portion of your income if you are unable to work due to an injury, illness, or other medical condition including pregnancy and childbirth recovery. Enrolling in disability insurance offers you and your family peace of mind by helping to replace some of your income if you have a non-work-related illness or injury.

## Your Plans

## Coverage Details

<b>Short Term Disability (STD)</b>	<ul style="list-style-type: none"><li>Administered by New York Life Insurance, STD coverage provides a benefit equal to 60% of your earnings, up to \$2,308 per week for a period up to 26 weeks.</li><li>The plan begins paying these benefits after you have been absent from work for 14 consecutive days.</li><li>This benefit is 100% Employer Paid.</li><li>Additional Short-Term Disability Buy Up coverage is available to purchase that provides up to 70% of your annual salary to the \$2,308 per week for a period of 26 weeks.</li></ul>
<b>Long Term Disability (LTD)</b>	<ul style="list-style-type: none"><li>If your disability extends beyond 180 days, the LTD coverage through New York Life Insurance can replace 60% of your earnings, up to maximum of:<ul style="list-style-type: none"><li>Class 1: \$10,000/month for all active, full-time employees earning less than \$200,000 annual salary.</li><li>Class 2: \$17,500/month for all active, full-time employees earning \$200,000 or more annual salary.</li></ul></li><li>Maximum benefit period is the later of your Social Security Normal Retirement Age or the maximum benefit period provided in your benefits summary.</li><li>This benefit is 100% Employer Paid.</li><li>Additional Long-Term Disability Buy Up coverage is available to purchase that provides up to 66.67% of your annual salary to the maximum benefit amount listed above.</li></ul>

**Note:** Please note, the state you reside in may provide a partial wage-replacement disability insurance plan.



# Retirement



# Retirement



Planning for the future

## Your 401(k) Plan

You and the company both save for your tomorrow with the Early Warning Services 401(k) Retirement plan. As a new employee, you're immediately eligible to save and invest a portion of your pay on a pre-tax basis, or after-tax Roth or a combination of both.

### 401(k) Information

**Contribution Limits:** For 2026, the IRS annual contribution limits are \$24,500 for everyone under age 50, \$32,500 anyone that is age 50 – 59 and 64 and over or \$36,000 for anyone age 60-63 prior to December 31, 2026. If you have multiple employers during the year, all your contributions are combined. Restrictions may apply to these limits based on plan documents and annual testing requirements.

**New Mandatory Roth Catchup-Contributions:** Due to the SECURE Act 2.0, if you are age 50 or older and earned over \$145,000 last year, your catch-up contributions must now be made as after-tax Roth contributions. No action is needed if you meet these criteria and wish to continue making catch-up contributions; our payroll system will handle this change automatically.

**Employer Contributions:** Early Warning provides a 100% match on the first 6% that you contribute to your account. And you won't pay taxes on your pre-tax contributions, the company match, or investment earnings until you take the money out of the plan.

**Enrolling in the 401(k) plan:** You will enroll directly on the [EMPOWER Retirement™ website](#).

If you don't make an election after 30 days from your date of hire, we'll automatically enroll you in the plan at a 4% pre-tax contribution rate. You can increase, decrease, or stop contributions whenever you like by logging onto your Empower online/mobile account or calling EMPOWER Retirement™ at 844.465.4455. However, you should save at least 6% of your pay if you want to take full advantage of the company match.

**Rollover Contributions:** You can combine your accounts through something called a "rollover." If you have other qualified retirement plans or account such as a 401(k) from a previous employer, 403(b), 457(b) or IRA, you may be able to transfer that account into your new plan. Please contact EMPOWER Retirement™ at 844.465.4455 for additional information.

Please visit the [Retirement SharePoint](#) site for more information about the 401(k) plan as well as instructions on how to enroll or change your current deferrals.

Marsh & McLennan Insurance Agency LLC does not serve as advisor, broker-dealer or registered investment advisor for this plan. All of the terms and conditions of your plan are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.



# Employee Assistance Program (EAP)





# Employee Assistance Program

Free resources for tough moments

SupportLinc, Employee Assistance Program (EAP), offers expert guidance to help you and your family address and resolve everyday issues. Everything is confidential—what you talk about won't be shared with Early Warning—and it's free.

## Program Component Coverage Details

<b>Number of sessions</b>	Seven per presenting issue
<b>How to access</b>	Access your program anywhere, anytime. Call, text, live chat or email to speak with a licensed clinician 24/7/365.
<b>Counseling and coaching services</b>	<ul style="list-style-type: none"><li>• In-the-moment Support 24/7</li><li>• 7 in-person and virtual (video) short-term and counseling sessions for you and members within your family.</li></ul>
<b>Digital features and tools</b>	Work-life benefits, text therapy, self-guided digital therapy, virtual group support, work-life benefits, mental health navigator and addition care navigator, interactive toolkits.
<b>Who can utilize</b>	You, your dependents, and other members of your household.

## Get in touch:



- By phone: 888.881.5462
- Online: [www.supportlinc.com](http://www.supportlinc.com)
- Group Code: earlywarning



# Perks & More





Maven

## 24/7 virtual health support for you and your family



Meet Maven, the personal health platform made to help you and your loved ones navigate:

- FERTILITY & FAMILY BUILDING
- MATERNITY & NEWBORN CARE
- PARENTING & PEDIATRICS
- MENOPAUSE & MIDLIFE HEALTH

### For today's needs

#### Answers, day or night

Get 24/7 support from a personal care team

#### Unlimited video visits

Connect with 850+ award-winning specialists

#### Helpful resources

Learn from experts through articles, videos, & classes

### And tomorrow's goals

Fertility guidance for faster results

Pregnancy health and wellness

Newborn care

Parenting support from specialists

Menopause and midlife health support



Your membership is fully covered by Early Warning

Sign up at [www.mavenclinic.com/join/benefit](http://www.mavenclinic.com/join/benefit)





# Perks & More

Finally, the fun stuff

Your benefits package isn't all insurance. It still knows how to have fun. In that spirit, your employer gives you these perks.

## Time Off

Regular full-time benefit eligible employees are eligible for paid time off during each calendar year.

### Paid Time Off (PTO)

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 Flexible 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:

Service	Annual Accrual 40 hr/wk	Annual Accrual 30 hr/wk
0 to 6 months	1.5 weeks	1 week
6 months to 1 year	3.5 weeks	2.3 weeks
1 to 5 years	4 weeks	2.6 weeks
5+ years	5 weeks	3.3 weeks

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

### Paid Holidays

Regular full-time employees are eligible for paid holidays during each calendar year. Below are our company paid holidays:

- New Year's Day
- MLK Jr Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Indigenous Day/Columbus Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

# Other Time Off

## **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.

## **Short-Term Disability Leave**

Eligible employees may take up to 26 weeks of short-term disability for injury, illness, pregnancy and recovery from childbirth and other eligible medical conditions. Please see the [Leave of Absence SharePoint](#) site for more information.

## **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. Parental leave for birthmothers begins once short-term disability leave has ended.

## **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.

# Tuition Reimbursement

Itching to learn more and broaden your intellectual horizons? Early Warning may cover some of your expenses along the way. Tuition benefits are available to regular, full-time employees upon hire for classes beginning after date of hire. The tuition assistance covers classes directly related to your position or another position at Early Warning.

Contact the [Benefits Team](#) to find out if you're eligible for tuition reimbursement.

## Pet Insurance

Optional pet insurance from Nationwide Pet Insurance can cover your dogs, cats, birds, and some other exotic animals. Discounted rates and information can be found online at [www.petinsurance.com/earlywarning](http://www.petinsurance.com/earlywarning). You may enroll at any time during the year.

## Legal and Identity Theft Services

If you need legal advice or help restoring your identity, our legal and identity theft benefits are just what you need. This is a voluntary benefit and you would have to elect it for coverage.

Through LegalShield's benefit, you can talk with one by phone or in their office. They'll guide you through debt matters, estate matters, family law, and more. Their Identity Theft coverage provides identity theft and online privacy management consultation, full-service restorations, monitoring and real-time alerts.

[Click here for more plan details and costs.](#)

## 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 150 college scholarship awards to the dependent children of Early Warning employees over the last 10 years.

Program details, including number and number of scholarships available, application process and deadlines, is communicated each spring.



## Notes:

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