



2024 Team Member Benefits

Your well-being is
our priority



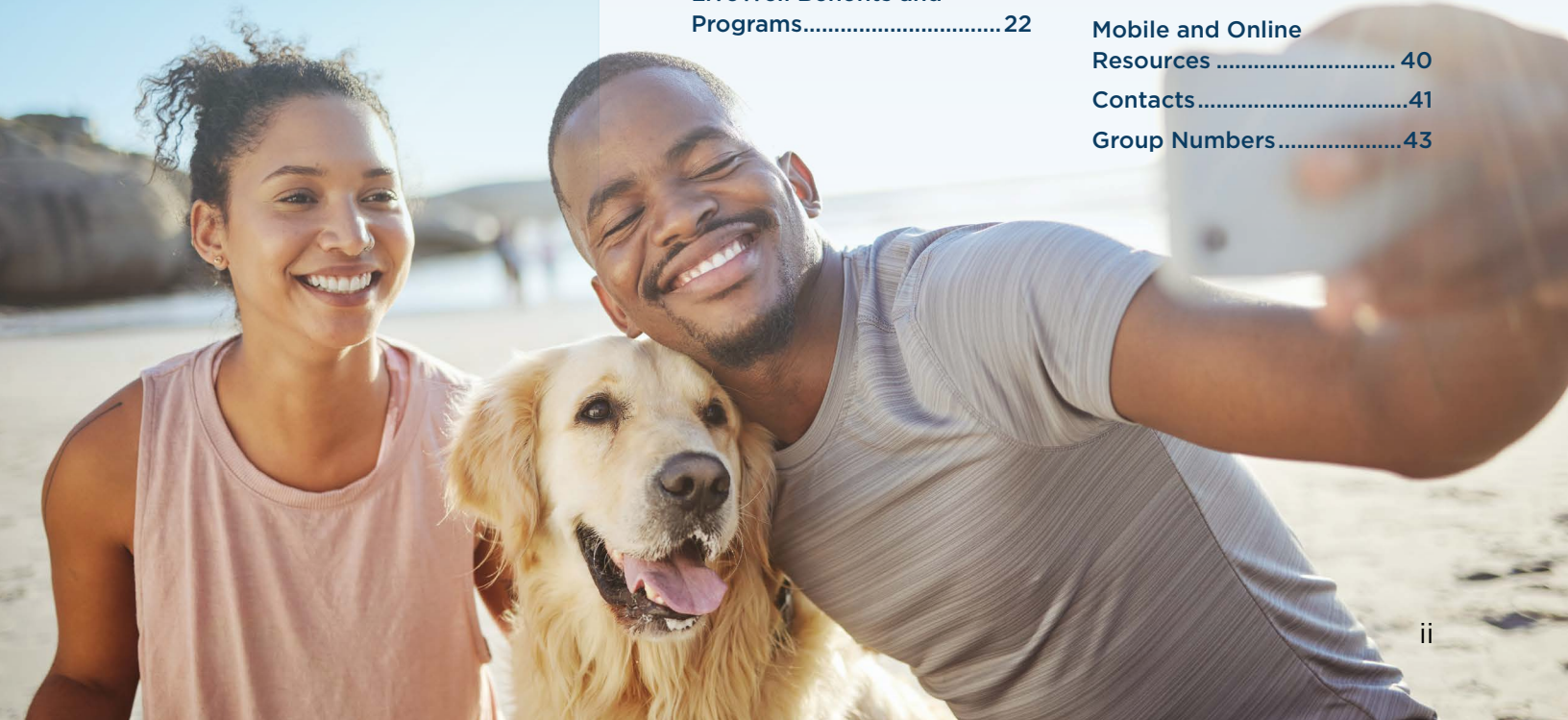
YOUR 2024 BENEFITS

AT ADVANTAGE WE GIVE YOU THE TOOLS TO SUCCEED BOTH ON AND OFF THE JOB.

Our benefits package provides comprehensive coverage to help you protect your health today, and to prepare for your financial wellness in the future. We're proud to offer a number of perks and programs for you and your family.

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2024 BENEFITS AT A GLANCE

For the plan year starting January 1, 2024.

<p>MEDICAL BENEFITS</p> <ul style="list-style-type: none"> Blue Shield Full Network — EPO, CDHP + HSA and Enhanced EPO Blue Shield HPN — EPO + HPN, CDHP + HSA + HPN and Enhanced EPO + HPN Carrum Health surgical & cancer care support Rx Savings Solutions for lower prescription drug costs Kaiser HMO CA, CO, D.C., GA, HI, MD, OR, VA, WA Kaiser Virtual First Plan CA, CO, D.C., GA, MD, OR, VA, WA Triple S Puerto Rico 	<p>DENTAL BENEFITS</p> <ul style="list-style-type: none"> Cigna HMO Plan (subject to ZIP code) Cigna PPO Basic and PPO Enhanced Plans
<p>HEALTH SAVINGS ACCOUNT (HSA)</p> <ul style="list-style-type: none"> If you enroll in the Blue Shield CDHP + HSA or CDHP + HSA + HPN, you may be eligible to open a tax-advantaged, portable Health Savings Account (HSA). The Company makes monthly contributions to your HSA, for each month you contribute at least \$20. You must elect the employer contribution in Oracle to receive it. For more information, see page 16. <p>You may stop, start or change your HSA contributions at any time.</p>	<p>VISION BENEFITS</p> <ul style="list-style-type: none"> VSP Basic and Enhanced Plans
<p>WELLNESS</p> <ul style="list-style-type: none"> Accolade — Helps you identify Blue Shield in-network providers, estimate fees, schedule appointments and answer questions about everything from diagnoses to medical billing issues and more. Burnalong — Company-paid access to health and wellness classes for you and up to four family members or friends. Burnalong+ — Upgrade your membership to include in-person classes at over 10,000 gyms for a low monthly cost. Headspace Care (formerly Ginger) — On-demand access to behavioral and emotional health text-based coaching, video therapy and video psychiatry for you and your dependents 13 and older. Care@Work — Access to a digital platform with over 13 million caregivers and a discount program. Life Assistance Program — Company-paid confidential counseling and referral service for personal, financial and family issues. Omada Diabetes Assistance Program — Company-paid health benefit available to Blue Shield members living with diabetes. Provides access to information, tools, coaching and support. Telemedicine — Blue Shield members have three convenient options for virtual care: via Teladoc, Accolade Care and in-network providers. Accolade Expert MD — Virtual second opinions and specialist consultations for Blue Shield members. Active&Fit Direct — A flexible and comprehensive low-cost fitness program. SWORD Physical Therapy — Virtual physical care program for preventative, chronic and post-surgical pain. 	<p>PAYTIENT HEALTH PAYMENT ACCOUNT (HPA) BENEFITS</p> <ul style="list-style-type: none"> All U.S. full-time regular team members receive up to a \$1,000 revolving line of credit to pay for your and your family's medical, dental, vision, pharmacy, and veterinary costs.
	<p>TAX-SAVINGS BENEFITS</p> <ul style="list-style-type: none"> Health Care, Limited Purpose (CDHP Participants only) & Dependent Care Flexible Spending Accounts (FSAs). Commuter Benefits Transportation Savings Account for parking and/or public transit expenses.
	<p>RETIREMENT PROGRAMS</p> <ul style="list-style-type: none"> Both Traditional and Roth 401(k) plans to help you save for retirement. You are eligible to participate after 1,000 hours of service within one year with the Company. The Company offers a discretionary match. <p>Opt out or change your elections any time.</p>
	<p>LIFE and AD&D</p> <ul style="list-style-type: none"> Company-paid Basic Life and AD&D in the amount of 1x your salary, up to \$250,000. You can purchase additional coverage for yourself, your spouse/domestic partner and your child(ren).
	<p>DISABILITY BENEFITS</p> <ul style="list-style-type: none"> Company-paid Short-Term Disability, up to \$1,850 per week for up to 25 weeks. You can purchase buy-up short term disability coverage, 66.67% of your salary, up to \$2,500 per week for up to 25 weeks. Voluntary Long-Term Disability, 60% of your salary, up to \$10,000 per month.
	<p>ADDITIONAL SUPPLEMENTAL MEDICAL BENEFITS</p> <ul style="list-style-type: none"> Accident Insurance Critical Illness Insurance Hospital Indemnity Insurance <p>These plans include an annual family wellness benefit from \$50 to \$100 per covered person for getting an annual physical.</p>
	<p>ADDITIONAL BENEFITS</p> <ul style="list-style-type: none"> Identity Theft Protection Legal Services Pet Insurance Online Discounts through PerkSpot Universal Life Insurance with Long-Term Care Benefit Auto & Home Insurance Program Purchasing Power Financing Salary Finance Loans <p>Company-Paid</p> <ul style="list-style-type: none"> Business Travel Accident Insurance

Company Paid Benefits

The Company pays 100% of the cost for Basic Life and AD&D, Short-Term Disability, Business Travel Accident, Headspace Care text-based coaching, Care@Work membership, Life Assistance Program, Omada Diabetes Assistance Program, Accolade Advocacy services, Paytient, Burnalong and Carrum Health.

Visit MY BENEFITS for Resources

Go to advantagebenefits.net for all company benefits information. Access it anytime, anywhere.

Attend the Virtual Benefits Fair!

Tour online booths and learn how our benefits support your physical, financial and emotional health. Watch presentations from our vendors, access important resources and documents and more.

When
Available 24/7.

Where
virtualfairhub.com/advantagesolutions

BENEFITS ENROLLMENT

Eligibility

If you're a full-time team member regularly scheduled to work a 40-hour week, you're eligible for the benefits described within this guide.

If you work at least 30 hours per week based on our prescribed Affordable Care Act (ACA) measurement periods, you may be eligible to enroll in one of our medical/prescription drug plans.

Note: ACA full-time status can affect or determine medical benefits eligibility but is not a guarantee of benefits eligibility. Advantage conducts a 12-month look-back review on a team member's anniversary date to determine if the team member worked an average of 30 hours or more per week, or 130 hours per month, and meets the eligibility threshold.

All team members are eligible to enroll in the 401(k) plan on the first day of the first payroll of the month following the completion of 1,000 hours of service within one year with the Company.

Who Can You Cover?

Coverage for...	Requirements:
Eligible Dependents	<p>Eligible dependents include your</p> <ul style="list-style-type: none">• Legal spouse, including same-sex spouses• Same-sex or opposite-sex domestic partner. See "A Note About Domestic Partnerships" to the right• Biological children, stepchildren or legally adopted children• The child(ren) of your domestic partner <p>Your dependents are covered up to age 26 on our medical, dental, vision and voluntary life and accidental death & dismemberment (AD&D) plans.</p> <p>If your child is mentally or physically disabled prior to age 26, coverage may continue beyond age 26 once proof of the ongoing disability is provided.</p>

Proof of Dependent Eligibility

When you enroll a new dependent, you will be sent a verification packet with detailed instructions on how to validate the eligibility of your newly enrolled dependent(s). This packet will be sent to your home. **If you do not complete the dependent verification, your dependent(s) will be removed from your benefits coverage.**

Acceptable proof may include any of the following:

- A marriage license
- A birth certificate
- Formal designation by the court

For a full list of documents, visit the New Hire Benefits page on MY BENEFITS at advantagebenefits.net.

A Note About Domestic Partnerships

The Company will make the same contributions toward your domestic partner's coverage as we do for a legal spouse's coverage. However, federal law does not recognize domestic partnership; thus, your domestic partner contributions will be taken on an after-tax basis from your paycheck. Furthermore, the company-provided contributions will be treated as taxable income to you. You will see them reported on your paycheck stub and your annual W-2 as "imputed" earnings. The Company follows all IRS Section 125 taxable rules with our Health and Welfare plans.

Contact your tax advisor for more details on how this tax treatment applies to your specific situation. Contact the Associate Service Center if your domestic partner is also your tax dependent.

When Can I Enroll?

As a New Hire or Newly Eligible Team Member

You have 30 days from your date of hire or your eligibility date to enroll in our benefits program. Be sure to enroll as soon as possible to avoid delays in coverage. If you are a new hire, your benefits are effective the first day of the month following 30 days of employment. If you are newly eligible or rehired from 31 to 90 days after your termination date, your benefits begin the first day of the month following your eligibility or rehire date.

During Open Enrollment

You may enroll in benefits or change your benefit elections once a year during Open Enrollment, which is held in October/November each year.

The only other time you can change your benefit elections during the year is within 30 days of the date you experience a Qualified Life Event.

After a Qualified Life Event

If you experience a Qualified Life Event, you are eligible to make changes to your benefits within 30 days of the event date.

These events include (but are not limited to):

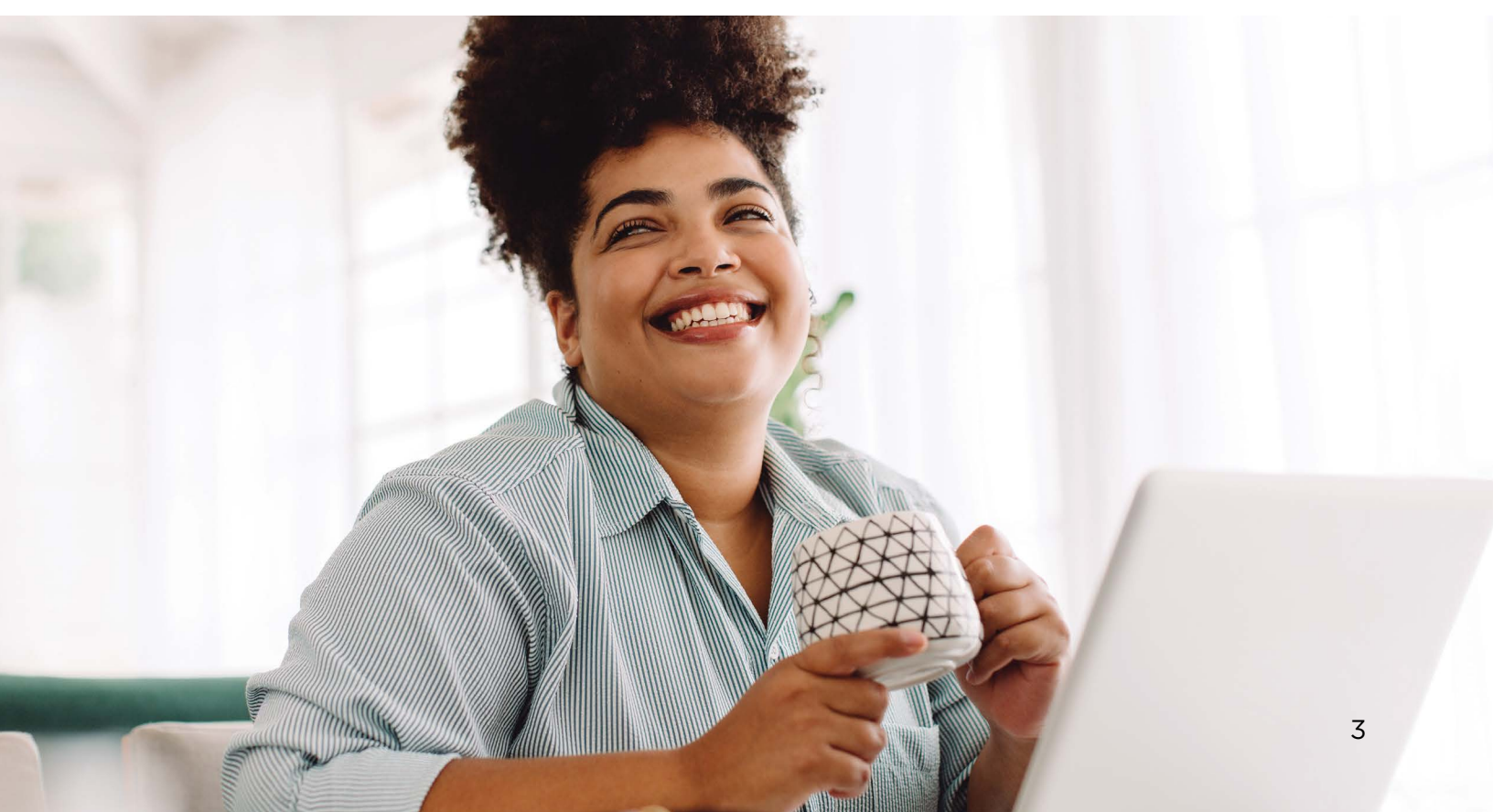
- Birth or adoption of a baby or child
- When a dependent gains/loses other coverage
- Gain of Medicare Part B coverage
- Marriage or divorce
- A child reaching the age limit of a plan
- Receipt of a Qualified Medical Child Support Order (QMCSO)
- Change in coverage election made by your spouse or registered domestic partner during their employer's annual Open Enrollment

Visit MY BENEFITS at advantagebenefits.net for a full list of Qualifying Life Events.

Are You or a Member of Your Family Eligible for Medicare?

SmartConnect is a free Medicare service available to you and your family. SmartConnect agents help you compare the costs and benefits of your current coverage to a variety of Medicare plans. If you find a plan that you like, your SmartConnect agent will handle the enrollment process for you.

[Click here](#) or call 855-322-1173 Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time and 5:30 a.m. to 3 p.m. Pacific Time.



How to Enroll

You will receive an email from our Oracle system at the start of Open Enrollment or within your first two weeks of eligibility reminding you to enroll. During your enrollment period, log in to MyOracle and click Benefits to begin enrollment. Please be sure to enroll as soon as possible to avoid delays in coverage activation and medical card receipt.

Consider the most cost-effective coverage for your needs

As an alternative to the Company's plans, you might consider these options:

- **Your spouse or domestic partner's plan** — Compare the Company's plans with those offered through your spouse's or domestic partner's employer (if applicable). You might find a better deal through their employer, based on your unique health care needs and your budget. **Note:** If you cover a spouse/domestic partner who is eligible for but not enrolled in medical coverage through their employer, you will pay an extra \$50 per paycheck for medical coverage through Advantage.
- **Individual plan** — Visit [healthcare.gov](https://www.healthcare.gov) to review individual plans available in your area through the Insurance Marketplace. Although you won't qualify for a health care subsidy, it's possible that you might find a plan that's a better fit — and more cost effective — for you.
- **Supplemental medical plans through MetLife** — The Accident, Critical Illness and Hospital Indemnity insurance plans through MetLife can help offset your health care costs, especially if you select the CDHP + HSA because they provide an extra financial safety net in case you experience a covered event. They also pay you and your covered family members between \$50 to \$100 for completing annual preventive health exams (available in most states). Critical Illness coverage pays a \$200 mammogram benefit in most states. Learn more at MY BENEFITS at advantagebenefits.net.

When You Enroll in Medical Coverage through Advantage...

You will need to indicate tobacco/vaping use for you and any covered family members, as well as spouse/domestic partner coverage options (if applicable). See page 19 for more information.



ACCOLADE

Personalized Health and Benefits Support

Explore the Accolade services that support your Blue Shield medical plan. Accolade is here to help you get the care you and your covered family members need. All services are confidential.

Accolade Advocacy

During Open Enrollment, as a new hire or as a newly eligible team member, Accolade Advocacy services will help you evaluate your coverage options and find the right fit.

Throughout the year, Accolade's 24/7 Care Team will help you find care and understand how your benefits work. They'll be your first stop when you have questions about your Blue Shield medical plan coverage.

Accolade Health Assistants can help you access the care you need, including:

- Identifying in-network providers for you whether in the full Blue Shield network or HPN.
- Finding the right Blue Shield health care professionals based on your medical needs.
- Connecting you to Carrum Health for surgical and cancer care support.
- Estimating fees for services in your area.
- Scheduling appointments, health tests and special treatments.
- Arranging transportation for your appointments.
- Answering questions about diagnoses, test results, treatments and medications.
- Resolving billing and claim issues.
- And so much more!

Accolade Advocacy services are provided at **no cost** to you.

Medical Plan Cost Estimator Tool

Compare each plan's coverage costs and determine your lowest cost options. During Open Enrollment, as a new hire or as a newly eligible team member, answer a few questions and the tool will recommend which medical plan might best align with your family's needs based on your family's health care usage. This will help you avoid being overinsured so you can choose the right coverage for the right family members and at the right cost.

Learn more at [MY BENEFITS](#).

Connect with Accolade

- Call Accolade during Open Enrollment and all year round at 866-336-0786 Monday - Friday from 8 a.m. to 11 p.m. Eastern Time and 5 a.m. to 8 p.m. Pacific Time.
- Visit the Accolade Web Portal at member.accolade.com.
- Download the Accolade Mobile App from the App Store or Google Play.

Would a Different Medical Plan Option Reduce Your Total Out-of-Pocket Costs?

Studies show that most U.S. employees are overinsured and buy more health insurance than they need. That means they are paying higher paycheck premiums for coverage they aren't using.

During Open Enrollment, as a new hire or as a newly eligible team member, think about the health care you and your family will need and then compare the plan features and costs that will matter most to you.

Use the medical plan cost estimator tool to help you choose the right amount of coverage at the right cost.

Accolade Resources and Programs for Your Blue Shield Medical Plan

Resources and Programs	Description
Accolade Web Portal and Mobile App member.accolade.com	<ul style="list-style-type: none"> • See all your Blue Shield medical benefit information in one place. • Securely message your Accolade Health Assistant or nurse with non-urgent, health and benefit related questions. • Send billing and claim details to your Health Assistant for help. • Store and share insurance cards.
Accolade Nurse	Blue Shield members can speak with an Accolade nurse for clinical issues at no cost. Your Accolade nurse can help you understand symptoms, learn more about a specific condition and clarify your doctor's instructions. They can also help determine where to get care (doctor's office, virtual visit, urgent care center or emergency room).
Accolade Virtual Care	Virtual primary health care visits and mental health care services for your Blue Shield medical plan — costs vary by medical plan. The team coordinates follow-up specialty visits and in-person care.
Accolade Expert MD	Blue Shield members have access to Accolade Expert MD, a benefit that allows you to connect virtually with a world recognized doctor within a matter of days to discuss your medical condition, diagnosis and treatment options.
Accolade Maternity Program	Blue Shield members can enroll in Accolade's Maternity Program to connect with a Maternity Nurse for support during pregnancy and after your baby arrives — at no cost to you. Ask questions, get personalized educational materials and prepare for your physician or midwife visits.



KAISER PERMANENTE RESOURCES AND PROGRAMS

Explore the health and wellness services that support your Kaiser medical plan. All services are confidential.

Resources and Programs	Description
Web Portal and Mobile App kp.org	Get care 24/7, choose doctors, pay your Kaiser medical bills, schedule or cancel routine appointments, fill or refill most prescriptions, view your medical history and get reminders about screenings, prescription refills and more. Download the Kaiser app through the App Store (iOS) or Google Play (Android).
Self-Care Apps	<p>Calm — The number one app for sleep and meditation — designed to help lower stress and anxiety with 100 guided meditations and sleep stories.</p> <p>Headspace Care (formerly Ginger) — Text one-on-one with an emotional support coach anytime, anywhere for 90 consecutive days. Discuss goals, share challenges and create an action plan with your coach.</p> <p>myStrength — Build a personalized plan to strengthen your emotional health. Access tools to manage stress, depression, sleep and more.</p>
Fitness Discounts healthy.kaiserpermanente.org/health-wellness/fitness-deals	<p>ClassPass: Get access to more than 4,000+ online, on-demand fitness classes, as well as discounts on in-person classes at top gyms and fitness studios.</p> <p>ChooseHealthy: Check out member discounts on fitness gear and home equipment through this program. Or take advantage of a fitness center membership with over 11,000 participating fitness centers for just \$25 a month, plus a \$25 enrollment fee with Active&Fit® Direct.</p>
Wellness Coaching kp.org/wellnesscoaching	Whether you're looking to lose weight or reduce stress, personalized wellness coaching by phone can give you the support you need at no cost to Kaiser Permanente members.
Travel Support kp.org/travel	Call the Away from Home Travel line at 951-268-3900 (TTY 711) for travel support anytime, anywhere. Members can get urgent and emergency care anywhere in the world.



MEDICAL PLANS

The Company offers comprehensive medical coverage through Blue Shield (available everywhere except Hawaii and Puerto Rico). Depending on where you live, you may also be eligible for a High Performance Network (HPN) option and/or a Kaiser medical plan. You can choose from the following plans.

Blue Shield — Full Network

- Exclusive Provider Organization (EPO)
- Consumer-Driven Health Plan (CDHP) + HSA
- Enhanced Exclusive Provider Organization (EPO)

Blue Shield — High Performance Network (HPN)

If a High Performance Network (HPN) is available in your location (based off your primary home ZIP code in MyOracle), you will have the option to enroll in the HPN or full network Blue Shield plans. If you select the HPN option your costs will be lower for 2024.

The Blue Shield HPN plans offer the same medical benefits and support, but with a smaller network of providers and hospitals with strong results of delivering high quality, effective care to their patients. This keeps your medical costs low while improving your health outcomes.

- EPO + HPN
- CDHP + HSA + HPN
- Enhanced EPO + HPN

Important! Before choosing the HPN option, contact Accolade Advocacy to:

- **Confirm the HPN is available in your location.** You must live within the HPN service area to enroll.
- **Make sure your preferred providers are part of the network** — including doctors and hospitals.

Call Accolade during Open Enrollment and all year round at 866-336-0786 Monday - Friday from 8 a.m. to 11 p.m. Eastern Time and 5 a.m. to 8 p.m. Pacific Time.

Questions About Blue Shield?

Call Accolade Advocacy. Before you enroll, experts will help you find the right coverage for your family. All year round, Accolade will help you find full network or HPN providers, schedule appointments, resolve medical billing issues and so much more!

Accolade Advocacy:

866-336-0786

(8 a.m. to 11 p.m.

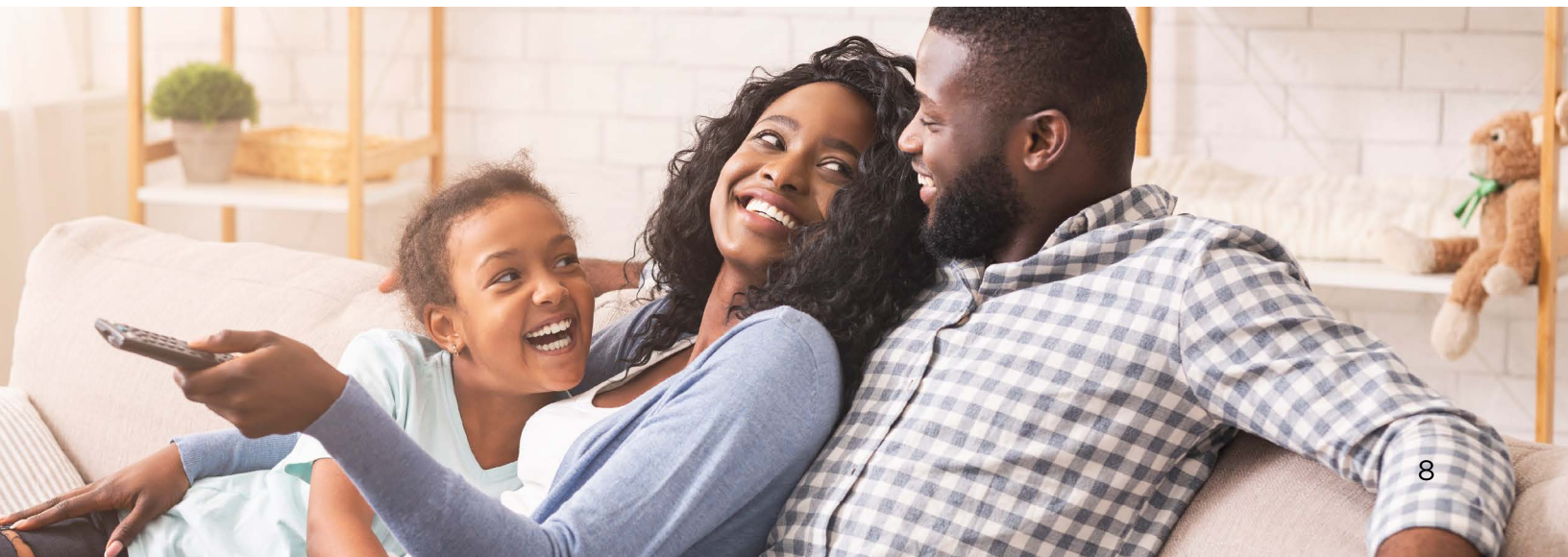
Eastern Time and

5 a.m. to 8 p.m.

Pacific Time)

BlueShield Website for Advantage:

myoptions.blueshieldca.com/advantagesolutions



Kaiser

- Kaiser Health Maintenance Organization (HMO) — Available to residents in California, Colorado, D.C., Georgia, Hawaii, Maryland, Virginia, Oregon or Washington (based on ZIP code eligibility)
- Kaiser Virtual First Plan (not available in Hawaii) — Available to residents in states listed above (based on ZIP code eligibility), except Hawaii

Triple S Plan

If you are a resident of Puerto Rico, you have the option to enroll in the Triple S Plan.

SmartConnect — Medicare Support Solution

SmartConnect is a free, no-obligation service for team members and their family members who may be eligible for Medicare but may not have fully explored the benefits of Medicare. SmartConnect agents help you compare the costs and benefits of your current coverage to a variety of Medicare plans. Our goal is to provide you with access to all of your health care options so you can decide what is best for your needs. And if you find a plan that you like, your SmartConnect agent will handle the enrollment process for you.

For more information visit: gps.smartmatch.com/advantagesolutions.

Questions About Kaiser?

Whether you're choosing a medical plan as a new hire or during Open Enrollment, you can talk or chat with a Kaiser representative who can help you determine if a Kaiser plan is a good fit for you.

Kaiser Concierge Customer service line: 800-324-9208

Representatives are available Monday through Friday from 10 a.m. to 9 p.m. Eastern Time and 7 a.m. to 6 p.m. Pacific Time.

Kaiser Live Chat:
kp.org/chooseKP

Kaiser Website for Advantage: my.kp.org/advantagesolutions



How the Plans Work

The Company pays 100% of your eligible in-network preventive care and prescriptions, including annual preventive care exam and certain preventive medications. For a list of covered preventive care, visit MY BENEFITS at advantagebenefits.net.

While you review the medical plans available and associated costs, think about which plan features are more important to you and your family.

Generally, when you choose a plan with higher paycheck contributions, you get higher benefit coverage. [View 2024 medical rates.](#)

Important! Before choosing the HPN option, contact Accolade Advocacy to:

- **Confirm the HPN is available in your location.** You must live within the HPN service area to enroll.
- **Make sure your preferred providers are part of the network** — including doctors and hospitals.

Call Accolade during Open Enrollment and all year round at 866-336-0786 Monday - Friday from 8 a.m. to 11 p.m. Eastern Time and 5 a.m. to 8 p.m. Pacific Time.

Option	What You Pay	Provider Choice
Blue Shield <ul style="list-style-type: none"> • EPO • EPO + HPN 	<ul style="list-style-type: none"> • Fixed copay for virtual visits, in-person PCP visits and generic drugs (deductible doesn't apply) • Highest deductible and coinsurance — for more expensive services and prescriptions • Lowest paycheck contributions — if you select the HPN option your costs will be lower 	<ul style="list-style-type: none"> • Receive care only from in-network providers • If you select the HPN option — receive care only from the smaller HPN network of providers
Blue Shield <ul style="list-style-type: none"> • CDHP + HSA • CDHP + HSA + HPN 	<ul style="list-style-type: none"> • Fixed cost for certain virtual visits before you meet the deductible; coinsurance for virtual visits after deductible • Low paycheck contributions — if you select the HPN option your costs will be lower • Health Savings Account (HSA): The only plan that offers a tax-advantaged HSA that both the Company and you can contribute to help pay for health care costs. 	<ul style="list-style-type: none"> • Receive care only from in-network providers • If you select the HPN option — receive care only from the smaller HPN network of providers
Blue Shield <ul style="list-style-type: none"> • Enhanced EPO • Enhanced EPO + HPN 	<ul style="list-style-type: none"> • Fixed copay for virtual visits, in-person visits and generic drugs (deductible doesn't apply) • Lower deductible and coinsurance — for more expensive services and prescriptions • Highest paycheck contributions — if you select the HPN option your costs will be lower 	<ul style="list-style-type: none"> • Receive care only from in-network providers • If you select the HPN option — receive care only from the smaller HPN network of providers
Kaiser HMO	<ul style="list-style-type: none"> • No cost for virtual visits • Lowest fixed copay for most in-person doctor visits, urgent care and prescriptions • Lowest deductible (\$750) and coinsurance — for more expensive services and prescriptions 	<ul style="list-style-type: none"> • Receive care only from providers in the Kaiser network
Kaiser Virtual First Plan	<ul style="list-style-type: none"> • No cost for virtual visits • Fixed copay after deductible for most in-person doctor visits (deductible doesn't apply to first three in-person PCP visits) • Fixed copay for lab work and generic prescriptions (deductible doesn't apply) • Higher deductible and coinsurance or copays — for more expensive services and prescriptions • Low paycheck contributions 	<ul style="list-style-type: none"> • Receive care only from providers in the Kaiser network • Receive most of your care through Kaiser's telehealth services — by phone, video, email or online chats — to get the most from this plan
Triple S Plan	<ul style="list-style-type: none"> • Fixed copays apply to most services • Coinsurance applies to others • No deductible requirement 	<ul style="list-style-type: none"> • Only in Puerto Rico • See any licensed physician or specialist • Discounted cost of care when you choose in-network resources

Learn More: Watch the 2024 Benefits Video on MY BENEFITS

This helpful video highlights differences between our medical plans to help you choose the right coverage for you. It also shows details of all our benefit plans. The video can be found on MY BENEFITS at advantagebenefits.net.

2024 Blue Shield Medical Plan Comparison

Coverage Feature	EPO and EPO + HPN	CDHP + HSA and CDHP + HSA + HPN	Enhanced EPO and Enhanced EPO + HPN
	In-Network Only	In-Network Only	In-Network Only
Annual Deductible	\$3,500/individual \$7,000/family You must meet the deductible before the plan pays benefits for specialist visits, hospital care, lab, X-ray and prescription drugs (except generic drugs).	\$2,500/individual \$5,000/family Deductible also applies to Rx You must meet the deductible before the plan pays benefits, except for virtual visits (as noted below). If you're enrolled in family coverage, you must satisfy the family deductible before the plan pays benefits for any one family member.	\$1,000/individual \$3,000/family You must meet the deductible before the plan pays benefits for hospital care, lab, X-ray and prescription drugs (except generic drugs).
Medical Annual Out-of-Pocket Maximum	<i>Includes Rx</i> \$8,000/individual \$16,000/family	Includes Rx ¹ \$5,000/individual \$10,000/family	Includes Rx \$5,000/individual \$10,000/family
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Virtual Visits Learn more			
Teladoc (virtual) — Providers must be through Teladoc's national network of U.S. board-certified physicians. <i>Mental health visits are only available for members ages 13 and older</i>	General medical and mental health visit: \$25 copay (deductible waived)	General medical and mental health visit ² : You pay 20% after deductible. Before deductible, copays vary by type of visit	General medical and mental health visit: \$15 copay (deductible waived)
Accolade Care (virtual) — Providers must be through Accolade Care's providers. <i>Mental health visits are only available for members ages 18 and older</i>	General medical and mental health visit: \$35 copay (deductible waived)	General medical and mental health visit: \$119 copay before deductible; you pay 20% after deductible	General medical and mental health visit: \$20 copay (deductible waived)
Headspace Care (virtual) — Video visits with a licensed therapist or psychologist (ages 13+)	First six visits: No charge Additional visits: You pay 30% after deductible	First six visits: No charge Additional visits: You pay 20% after deductible	First six visits: No charge Additional visits: You pay \$30 per visit after deductible
Blue Shield Primary Care Provider & Specialist (virtual) — Providers must be through your Blue Shield's plan provider network	Primary Care Visit: \$45 copay (deductible waived) Specialist and Mental Health Visits: You pay 30% after deductible	Primary Care, Specialist and Mental Health Visits: You pay 20% after deductible	Primary Care and Mental Health Visits: \$30 copay (deductible waived) Specialist Visit: \$50 copay (deductible waived)
Office Visit Primary Provider	\$45 copay (deductible waived)	You pay 20% after deductible	\$30 copay (deductible waived)
Office Visit Specialist	You pay 30% after deductible	You pay 20% after deductible	\$50 copay (deductible waived)
Preventive Care	No charge	No charge	No charge

2024 Blue Shield Medical Plan Comparison (Continued)

Coverage Feature	EPO and EPO + HPN	CDHP + HSA and CDHP + HSA + HPN	Enhanced EPO and Enhanced EPO + HPN
	In-Network Only	In-Network Only	In-Network Only
Emergency Room	\$100 copay per visit, then you pay 30% after deductible (copay waived if admitted)	You pay 20% after deductible	\$200 copay per visit, then you pay 20% after deductible (copay waived if admitted)
Urgent Care	\$45 copay (deductible waived)	You pay 20% after deductible	\$30 copay (deductible waived)
Inpatient Hospitalization	You pay 30% after deductible	You pay 20% after deductible	\$300 copay per admission, then you pay 20% after deductible
Carrum Health Surgical Centers of Excellence (COEs) and Cancer Care³	No charge	No charge after deductible; coinsurance will be waived	No charge
Blue Shield Distinction Centers of Excellence⁴	At a COE facility you pay 30% after deductible	At a COE facility you pay 20% after deductible	At a COE facility you pay \$300 copay per admission, then 20% after deductible
	Blue Shield members are required to use Carrum Health for total and partial hip and knee replacements, certain spine procedures, and bariatric weight loss surgery. Otherwise, those surgeries will not be covered.		
Outpatient Surgery (Non-COE procedure)	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Chiropractic	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Lab and X-Ray			
Preventive	No charge	No charge	No charge
All other	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Prescription — Remember to use Rx Savings Solutions to save money and time on prescriptions! See page 13.			
Retail Pharmacy (30-day supply)			
Generic	\$15 copay (deductible waived)	\$15 copay after deductible	\$15 copay (deductible waived)
Brand Formulary	\$30 copay after deductible	\$30 copay after deductible	\$30 copay after deductible
Brand Non-Formulary	\$60 copay after deductible	\$60 copay after deductible	\$60 copay after deductible
Mail-Order⁵ (90-day supply)			
Generic	\$30 copay (deductible waived)	\$30 copay after deductible	\$30 copay (deductible waived)
Brand Formulary	\$60 copay after deductible	\$60 copay after deductible	\$60 copay after deductible
Brand Non-Formulary	\$120 copay after deductible	\$120 copay after deductible	\$120 copay after deductible
Specialty ⁶	50% after deductible, up to \$150	50% after deductible, up to \$150	50% after deductible, up to \$150

¹ No individual member will pay more than \$6,850 toward the family out-of-pocket maximum for in-network services.

² For CDHP + HSA Teladoc virtual visits: You pay the fixed copays listed below until you meet the annual deductible:

- \$60/medical visit
- \$195/psychiatry initial visit
- \$85/behavioral health therapy or counseling visit
- \$95/psychiatry follow-up visits after the initial visit

Once the deductible is met, you then pay 20% coinsurance until you reach your medical annual out-of-pocket maximum.

³ For more information on Carrum Health COEs, see page 23.

⁴ For more information on Blue Shield Blue Distinction Centers of Excellence, see page 24.

⁵ Once you've met the deductible (if applicable), pay for a two-month supply and get one month free.

⁶ Classified specialty drugs must be obtained through Express Scripts' Specialty Pharmacy Program and are subject to the terms of the program.

Smart90: Prescription Benefits

Mail order is mandatory after picking up three (3) fills from a retail pharmacy, unless you are using the Smart90 Program. With the Smart90 Program from Express Scripts, you can save time and money on your prescriptions. Fill your maintenance prescriptions in 90-day supplies via home delivery or at a participating Smart 90 retail pharmacy, you can also pick up your 90-day prescriptions at Costco, Walmart, Meijer, Publix, Safeway or other participating pharmacies. Walgreens and CVS do not participate in Smart90.

To process your mail-order supply or to find a Smart90 participating retail pharmacy near you, call Express Scripts at 877-603-1032 or visit express-scripts.com and register for mail order today.



Omada Diabetes Assistance

Omada is a Company-paid health benefit available to you or any family member living with diabetes and who has coverage under a Blue Shield medical plan. Omada helps people with diabetes live better and healthier lives by providing information, tools, coaching and support at the right time. Start today by scanning this code or visiting omadahealth.com/express-scripts3.

Rx Savings Solutions for Lower Prescription Drug Costs

Rx Savings Solutions is a service that will help you find affordable prescription drugs for you and your covered dependents. It's linked to your Blue Shield medical plan so you will receive personalized medication suggestions sent directly to you. When you switch to a lower-cost drug Rx Savings Solutions will handle everything with your doctor and pharmacy. Learn more at rxss.com. Scan this code to download the RxSS Mobile App and find lower-cost prescription drugs today.



2024 Kaiser Permanente Medical Plan Comparison

You may be eligible to enroll in a Kaiser plan if you live in **California, Colorado, D.C., Georgia, Hawaii, Maryland, Oregon, Virginia or Washington**. You must reside within an approximate 30-mile radius of a Kaiser facility to qualify for the plan, then you can receive services from any Kaiser provider. You may also select a Primary Care Physician (PCP) who can direct all of your medical care, including specialist referrals and lab work. Both Kaiser plans cover prescription drug benefits and eye exams. Non-Kaiser providers or facilities aren't covered, except for life-threatening emergency care.

Coverage Feature	Kaiser HMO ¹	Kaiser Virtual First Plan (not available in Hawaii)
	In-Network Only	
Annual Deductible Includes Rx	\$750/individual \$1,500/family	\$1,000/individual ² \$3,000/family ²
	You must meet the deductible before the plan pays benefits for certain services.	You must meet the deductible before the plan pays benefits for certain services.
Medical Annual Out-of-Pocket Maximum	\$3,000/individual \$6,000/family	\$4,000/individual \$8,000/family
Coinsurance	You pay 15% after deductible	You pay 20% after deductible
Virtual Visits	No charge when you see in-network Kaiser providers	No charge when you see in-network Kaiser providers
Office Visit Primary Provider	\$25 per visit (deductible waived)	First three (3) visits: \$30 per visit (deductible waived) Fourth visit and beyond: You must meet the deductible before the plan pays benefits; then you pay \$30 per visit after deductible
	Specialist	\$40 per visit (deductible waived)
Preventive Care	No charge when you see in-network Kaiser providers	No charge when you see in-network Kaiser providers
Emergency Room	You pay 15% after deductible WA: You pay \$150 per admission after deductible (deductible waived if admitted)	You pay 20% after deductible
Urgent Care	\$25 per visit (deductible waived)	\$30 per visit after deductible
	Mid-Atlantic States, Northwest: \$40 per visit (deductible waived)	GA: \$30 per visit (deductible waived) Mid-Atlantic States, Northwest: \$50 per visit after deductible
Inpatient Hospitalization	You pay 15% after deductible WA: You pay \$200 per visit after deductible	You pay 20% after deductible
Outpatient Surgery	You pay 15% (deductible waived) WA: You pay \$200 per admission after deductible	You pay 20% after deductible
Chiropractic (up to 20 visits per year — combined with outpatient)	\$25 per visit (deductible waived)	Not covered
		WA: First three (3) visits: \$30 per visit (deductible waived) / Other visits: \$30 per visit after deductible / Up to 10 visits per year

2024 Kaiser Permanente Medical Plan Comparison (Continued)

Coverage Feature	Kaiser HMO ¹	Kaiser Virtual First Plan (not available in Hawaii)
	In-Network Only	
Lab and X-Ray		
Preventive	No charge	No charge
All other	No charge	Lab: \$15 copay (deductible waived) X-ray: You pay 20% after deductible
Retail Pharmacy (30-day supply)		
Generic	\$15 copay (deductible waived) GA, Mid-Atlantic States: \$15 copay, \$25 copay at Community Pharmacy (deductible waived)	\$15 copay (deductible waived) GA, Mid-Atlantic States: \$15 copay, \$25 copay at Community Pharmacy (deductible waived)
Brand Formulary	\$50 copay (deductible waived) GA, Mid-Atlantic States: \$30 copay, \$60 copay at Community Pharmacy (deductible waived)	\$30 copay after deductible GA, Mid-Atlantic States: \$30 copay, \$40 copay at Community Pharmacy, after deductible WA: \$30 copay (deductible waived)
Brand Non-Formulary ³	\$50 copay (deductible waived) GA, Mid-Atlantic States: \$30 copay, \$60 copay at Community Pharmacy (deductible waived)	\$30 copay after deductible WA: \$30 copay (deductible waived)
Specialty ³	You pay 30% up to \$150 (deductible waived)	You pay 20% up to \$150 after deductible WA: 20% up to \$150 (deductible waived)
Mail-Order (90-day supply)		
Generic	\$30 copay (deductible waived)	\$30 copay (deductible waived)
Brand Formulary	\$100 copay (deductible waived)	\$60 copay after deductible WA: \$60 copay (deductible waived)
Brand Non-Formulary ³	\$100 copay (deductible waived)	\$60 copay after deductible WA: \$60 copay (deductible waived)
Specialty ³	30% up to \$150 (deductible waived)	20% up to \$150 after deductible WA: 20% up to \$150 (deductible waived)

¹ **For HI:** Certain Kaiser HMO coverage features are different for Hawaii residents. Please refer to the Kaiser HMO Summary of Benefits and Coverage (SBC) on [MY BENEFITS](#) for more information.

² **For CA, Mid-Atlantic States, Northwest and WA:** The Kaiser Virtual First Plan deductible doesn't apply to your first three outpatient visits combined for primary care, mental health and substance use disorder treatment.

For CO and GA: The Kaiser Virtual First Plan deductible doesn't apply to your first three primary care outpatient visits — all subsequent visits are subject to the deductible.

³ Certain locations only cover specialty prescriptions when you meet formulary exception criteria: CA, CO, GA, MD, VA, WA and D.C.






A Closer Look at the Blue Shield CDHP + HSA

It's called a Consumer-Driven Health Plan (CDHP) because you drive the decisions about your health care and health spending. You pay less out of your paycheck for coverage and more when you need care through a higher deductible. CDHPs work differently from other types of health plans and may take some getting used to. The plan is made up of four basic components:

Health Savings Account (HSA)	Deductible	Coinsurance	Out-of-Pocket Maximum
An HSA is a special tax-advantaged account that allows you to set aside pre-tax money to pay for eligible health care expenses, now or in the future.	This is the amount you pay towards medical care and prescription drugs before the plan starts sharing in the costs. You are responsible for covering 100% of the deductible.	After you meet the deductible, you and the plan share in the costs of most medical care and prescription drugs.	This is built-in protection to ensure an annual limit on how much you pay. The plan pays 100% of any covered expenses once you reach the out-of-pocket maximum.

Health Savings Account

How the HSA Works

 START IT →	 BUILD IT →	 USE IT →	 LET IT GROW →
<p>If you enroll in the CDHP + HSA, you may be eligible to enroll in the HSA.</p> <p>Contributions are made with pre-tax payroll contributions (annual limits apply).</p> <p>Advantage contributes the following annual amounts to your HSA, but you must contribute at least \$20/month and elect the employer contribution, which indicates you are eligible for the HSA:</p> <ul style="list-style-type: none"> • If your annual salary is \$75k and under, up to \$500/team member-only coverage and \$1,000/family coverage • If your annual salary is over \$75k, up to \$400/team member-only coverage and \$900/family coverage 	<p>You own the account and can take it with you if you leave the Company.</p> <p>Deposit your own dollars into your HSA.</p> <p>Change the amount you contribute at any time on MY BENEFITS.</p>	<p>Use the money in your HSA to pay for qualified health care expenses with your HSA debit card, or let it roll over from one year to the next.</p> <p>Use the HSA Store to purchase eligible items like sunscreen, contact solution and more.</p> 	<p>All of your per-paycheck contributions are on a pre-tax basis.</p> <p>Your account balance will roll over to the next year and earn interest.</p> <p>Invest your HSA account balance in available mutual funds once your account reaches \$1,000.</p>

State income tax applies in California and New Jersey.

Note: The Company's contribution amounts are based on a 12-month enrollment period. The Company contributions will be funded to your HSA account two or three business days after the second paycheck of each month while you are enrolled in the CDHP + HSA and provided you are contributing at least \$20 per month to your HSA through payroll. If you enroll in the HSA after January 1 of the plan year, you will receive prorated employer contributions for the remainder of that plan year.

HSA Eligibility

You are **NOT** eligible to open or contribute to the HSA if you're:

- Covered under Medicare or Medicaid
- Covered by a non-CDHP medical plan
- Currently enrolled (you or your spouse/domestic partner) in a regular Health Care FSA
- A veteran who has received treatment through the Veteran's Administration other than preventive care within the past three months
- Claimed as a dependent on someone else's tax return

If any of these apply, the CDHP + HSA may not be a good fit, since you aren't eligible to contribute to a tax-free HSA or receive the employer contributions.

Eligible Expenses

You can use your account funds to pay for qualified medical expenses. For a full list of eligible expenses, go to healthequity.com/hsa-qme.

Setting Up Your Account

Once you enroll in the CDHP + HSA, you will receive an information package and a Visa debit card via mail to use for eligible expenses. Sign in at myHealthEquity.com. For first-time visitors, select "Create username and password" and follow the step-by-step process to verify your account.

Closing an Account

If you're not eligible for the HSA, or if you don't want an account opened, it's your responsibility to contact HealthEquity to close the account and to notify the Benefits Team to stop contributions. If the account is reopened for any reason, it's also your responsibility to notify HealthEquity and the Benefits Team.

Health Savings Account Contributions

Contributions to your HSA can come from two sources: you and the Company. When you contribute at least \$20 per month to your HSA and elect the employer contribution, the Company makes a monthly contribution to your HSA.

The IRS establishes the annual maximum, which may change from year to year. The table below shows the maximum amount you can contribute to your HSA in 2024 combined with the Company's contributions. It is your responsibility to be sure your account doesn't go over the IRS maximum for the year.

Annual Base Salary	Coverage Tier	Annual Company Contribution	Your Annual Maximum Contribution Amount*	2024 IRS Annual Contribution Limits
\$75k and Under	Employee Only	\$500	\$3,650	\$4,150
	Employee + Dependents	\$1,000	\$7,300	\$8,300
Over \$75k	Employee Only	\$400	\$3,750	\$4,150
	Employee + Dependents	\$900	\$7,400	\$8,300

**If you receive the full company contribution.*

If you will be 55 or older in 2024, you may make an additional "catch-up" contribution of up to \$1,000 annually.

If you enroll in the HSA after January 1 of the plan year, you will receive prorated employer contributions for the remainder of that plan year.

Pair Your HSA With a Limited Purpose FSA

If you are enrolled in the CDHP + HSA, you are not eligible to contribute to a Health Care FSA; however, you can contribute to a Limited Purpose FSA, which you can use to pay for eligible dental and vision expenses.

Manage Your HSA With HealthEquity

Log in to HealthEquity to:

- Pay providers
- Check your balance
- Check your investments

Make the Most Out of Your HSA!

We encourage you to contribute a minimum of \$20 per month to your HSA to save money, better manage your health care expenses, and get the maximum employer contribution amount from Advantage each month!

2024 Medical Plan Rates

The Company pays the majority of your medical premium costs. **The premium rates listed below will be deducted from each of your bi-weekly paychecks.** In other words, your monthly premium is the rate listed below multiplied by two. If there are three pay dates in a month, no benefits deductions will be taken from the third paycheck.

IMPORTANT! The amounts below do not include surcharges for spouse/domestic partners that you choose to cover under an Advantage medical plan when they have coverage offered to them through their employer.

Premiums start with the first paycheck after the benefit effective date. If you miss any deductions from your paychecks, you'll have additional catch-up deductions taken from subsequent paychecks to pay for the premiums you missed.

Please note: If you're on a leave of absence, you're still responsible for paying your premiums.

In general, when you choose a plan with higher premiums, you get higher benefit coverage.

Medical: Blue Shield – Full Network*

Coverage Tier	EPO		CDHP + HSA		Enhanced EPO	
	Tobacco Free	Tobacco User	Tobacco Free	Tobacco User	Tobacco Free	Tobacco User
Employee	\$50.97	\$125.97	\$95.97	\$170.97	\$212.85	\$287.85
Employee + Spouse/ Domestic Partner	\$197.11	\$272.11	\$247.79	\$322.79	\$459.21	\$534.21
Employee + Child(ren)	\$122.70	\$197.70	\$153.45	\$228.45	\$341.42	\$416.42
Employee + Family	\$272.47	\$347.47	\$337.11	\$412.11	\$638.36	\$713.36

Medical: Blue Shield – High Performance Network (HPN)*

Coverage Tier	EPO + HPN		CDHP + HSA + HPN		Enhanced EPO + HPN	
	Tobacco Free	Tobacco User	Tobacco Free	Tobacco User	Tobacco Free	Tobacco User
Employee	\$48.86	\$123.86	\$84.52	\$159.52	\$187.47	\$262.47
Employee + Spouse/ Domestic Partner	\$173.61	\$248.61	\$218.24	\$293.24	\$404.44	\$479.44
Employee + Child(ren)	\$108.07	\$183.07	\$135.15	\$210.15	\$300.70	\$375.70
Employee + Family	\$239.98	\$314.98	\$296.90	\$371.90	\$562.23	\$637.23

Medical: Kaiser HMO*

Coverage Tier	Kaiser HMO		Kaiser Virtual First Plan All Regions Except Hawaii		Kaiser Hawaii	
	Tobacco Free	Tobacco User	Tobacco Free	Tobacco User	Tobacco Free	Tobacco User
Employee	\$140.38	\$215.38	\$94.68	\$169.68	Part-Time: \$15.19 Full-Time: \$17.57	Part-Time: \$15.19 Full-Time: \$17.57
Employee + Spouse/ Domestic Partner	\$354.49	\$429.49	\$250.03	\$325.03	\$293.46	\$368.46
Employee + Child(ren)	\$280.74	\$355.74	\$189.82	\$264.82	One Child: \$293.46 Multiple Children: \$386.43	One Child: \$368.46 Multiple Children: \$461.43
Employee + Family	\$466.79	\$541.79	\$351.89	\$426.89	\$386.43	\$461.43

**Important! Additional spouse/partner surcharges may apply.*

Verify Your Status to Save Money on Medical Plan Premiums

When you enroll in an Advantage medical plan, you will need to verify tobacco use and spouse/domestic partner access to other employer coverage. If you don't complete these necessary verifications, **you will be defaulted to pay the relevant medical premium surcharges listed below — in addition to the 2024 medical plan rates shown in this guide:**

- **Tobacco use surcharge:** You and your family members will save on medical plan premiums when you agree to be tobacco free (including vaping). By choosing to be tobacco free, you will receive a discount of \$75 per pay period on your medical premiums. If you or a covered family member currently uses tobacco or nicotine — which includes smoking, vaping and smokeless products like chewing tobacco — you can still qualify to earn the same reward by enrolling in a Quit Tobacco program. Submit a request to the Benefits Department by submitting a help desk ticket online at helpdesk.asmnet.com for more information regarding the reasonable alternative standards that are available.
- **Spouse/domestic partner surcharge:** If your spouse/domestic partner is employed on a full-time basis and eligible to enroll in health care insurance through their employer and they decline that coverage and instead enroll in an Advantage medical plan, you will be subject to a spousal surcharge. This surcharge is \$50 per pay period added to your required premium contributions.
 - Contact the Benefits Department by submitting a help desk ticket online at helpdesk.asmnet.com to adjust your surcharge on a go-forward basis should your spouse's or domestic partner's eligibility for enrollment in health care insurance through their employer change. Spouse/domestic partner surcharges already deducted from any of your paycheck(s) may not be refunded.

Note: All surcharges are deducted on a pre-tax basis.

When you make your elections you are agreeing to the following statement:

I understand that if I provide false information regarding my or my dependents' tobacco status or spousal/domestic partner benefit status, Advantage has the right to seek payment of any applicable surcharge for the period for which I disclosed or failed to disclose such information, and/or to take disciplinary action against me (up to and including termination of my employment).



VIRTUAL HEALTH OPTIONS

Blue Shield Medical Plans

Blue Shield members have four convenient options for virtual medical care:

- Teladoc as described below.
- Accolade Virtual Care as described on [page 6](#).
- With your preferred in-network providers.
- Headspace Care video visits with a licensed therapist or psychologist as described on [page 22](#).

The price you pay for virtual visits will vary by which option and plan you choose, as shown in the “2024 Blue Shield Medical Plan Comparison” on [page 11](#).

Teladoc

If you're enrolled in a Blue Shield medical plan, Teladoc offers 24/7/365 access to non-urgent health care through a national network of licensed and board-certified U.S.-based doctors and pediatricians. Enrolled team members and covered dependents can talk with doctors, licensed clinical social workers, psychologists and psychiatrists by phone or online video without having to leave home or work.

Copays vary depending on your medical plan, as shown in the “2024 Blue Shield Medical Plan Comparison” on [page 11](#).

When to use Teladoc for acute services:

- You're considering a visit to urgent care
- It's not an emergency
- You'd prefer a consultation from your home
- You're on vacation, a business trip, or away from home
- Your primary doctor is not available

The care you need, when you need it:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infection
- Sinus problems

For more information about Teladoc, call 800-Teladoc (835-2362), visit blueshieldca.com/Teladoc or download the mobile app from the App Store or Google Play.

Use Teladoc for Mental Health Services

Set up an appointment with a licensed psychiatrist, psychologist, or counselor by phone or video.

Appointments are available, for members age 13 and older, daily from 7 a.m. to 9 p.m. from the privacy of your home.

Save Time and Money with Virtual Care

Teladoc: Teladoc's U.S. board-certified doctors can resolve many acute and episodic medical issues, 24/7/365 via phone or video consults. Teladoc is ideal for times when you need care for minor symptoms and want to save on out-of-pocket costs by having a phone or video consult. Visit [Teladoc](#) or call 800-Teladoc (835-2362).

Blue Shield Provider: With telemedicine through your Blue Shield provider, you don't have to drive to the doctor's office or sit in a waiting room when you're sick — you can see your Blue Shield primary care provider or specialist doctor from the comfort of your own bed or sofa.

Accolade Care: Accolade Care provides virtual primary care, urgent care and behavioral health services. Accolade health assistants and nurses provide an integrated approach to your medical concerns to make sure you get the right care at the right time. Visit [Accolade Care](#) or call 866-336-0786. Accolade Care Includes:

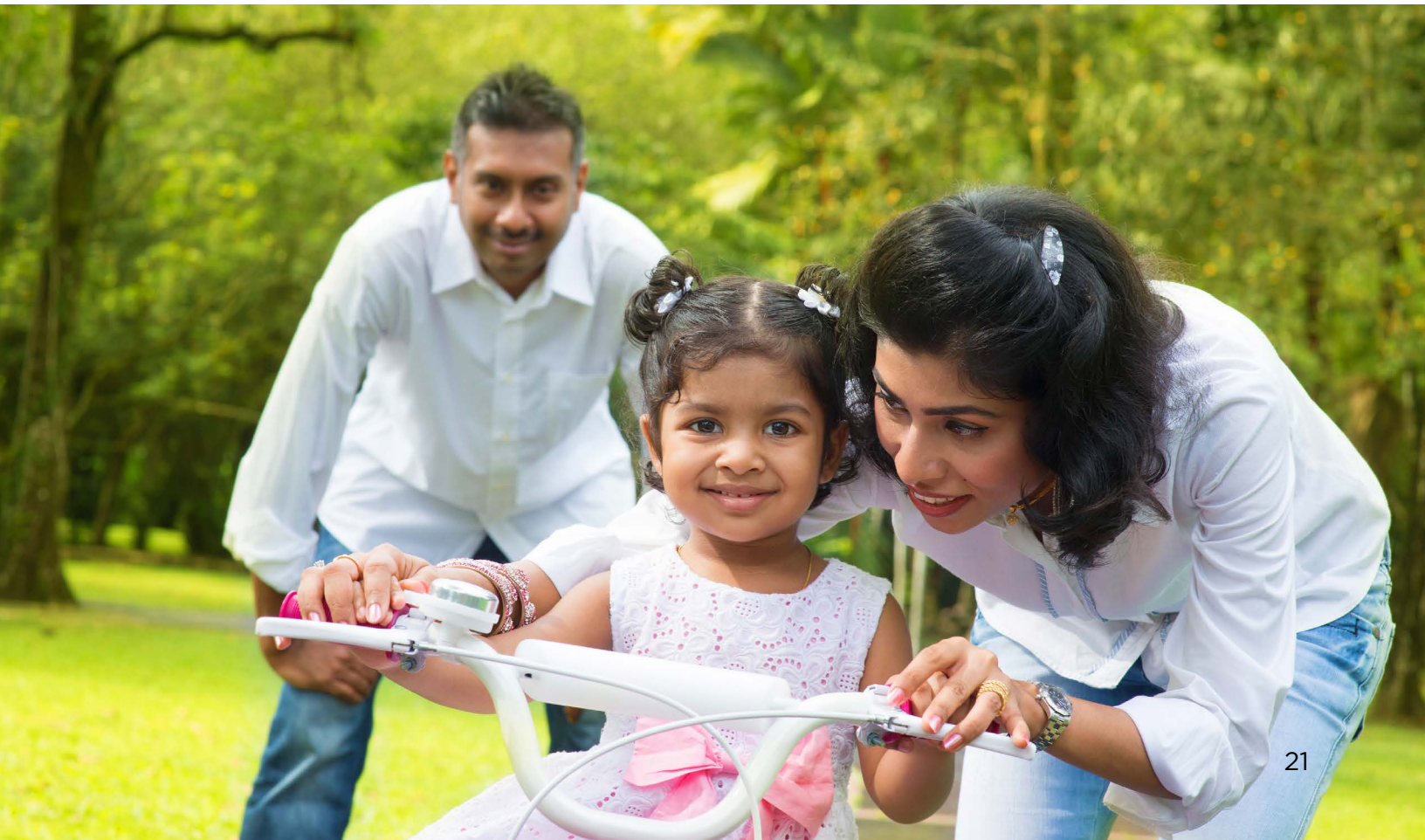
- 24/7/365 Video visits and care team messaging
- Primary care
- Behavioral health
- Multidisciplinary care team support
- Referral to virtual and in-person specialty care
- Chronic care management

Kaiser's Virtual Doctor

Get access to a 24/7 clinical concierge service that can help connect you with a licensed care provider, make appointments and offer personalized care guidance based on your needs. Learn where and how to get care to help save you time and money. To learn more and/or to schedule an appointment, visit kp.org/getcare and select your region. Here are the many ways you can get care using telehealth at Kaiser Permanente all at no cost to you:

- **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.*
- **E-visit** — Use the online questionnaire to get self-care advice in the moment. If needed, a doctor or nurse will reach out to provide personalized care advice.
- **Email** — Use the secure kp.org message center to get answers to non-urgent health questions from your care team, or to follow up on your care plan. You'll get a reply from your doctor or care team usually within two business days.
- **Chat** — Chat online with a care provider (available in Colorado, Georgia, Mid-Atlantic States and Washington).

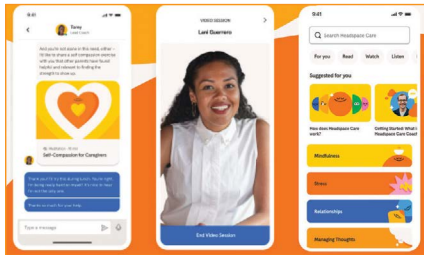
**When appropriate and available.*



LIVEWELL BENEFITS AND PROGRAMS



Headspace Care (Formerly Ginger) – Your On-Demand Coach



Get on-demand access to behavioral and emotional health coaching, video therapy and video psychiatry with Headspace Care. Text based coaching is available at no cost to you and those in your household 13 and older. Personal text based coaches can assist with setting and achieving goals, building self-esteem, forming and strengthening relationships and incorporating self-care in everyday life.

You also have the option to meet with a licensed therapist or psychiatrist via video – the first six visits are FREE per year, per household member, age 13 and older. Additional therapy or psychiatry visits needed will be covered at the same cost as a visit with an in-network provider (for Blue Shield members only). If you have other medical coverage, Headspace Care will advise of your costs based on your medical plan.



Access Headspace Care Today!

As a full-time regular team member, you're automatically enrolled in this program. **You do not need to be enrolled in any of Advantage's benefits to participate.** To get started you will need to download the Headspace Care app to set up your account. Once your account is set-up, go to your profile, and refer your dependent(s) so they can get started with Headspace Care. Scan this code starting Oct. 31, 2023.

The Positive Impacts of Headspace Care's Emotional Support

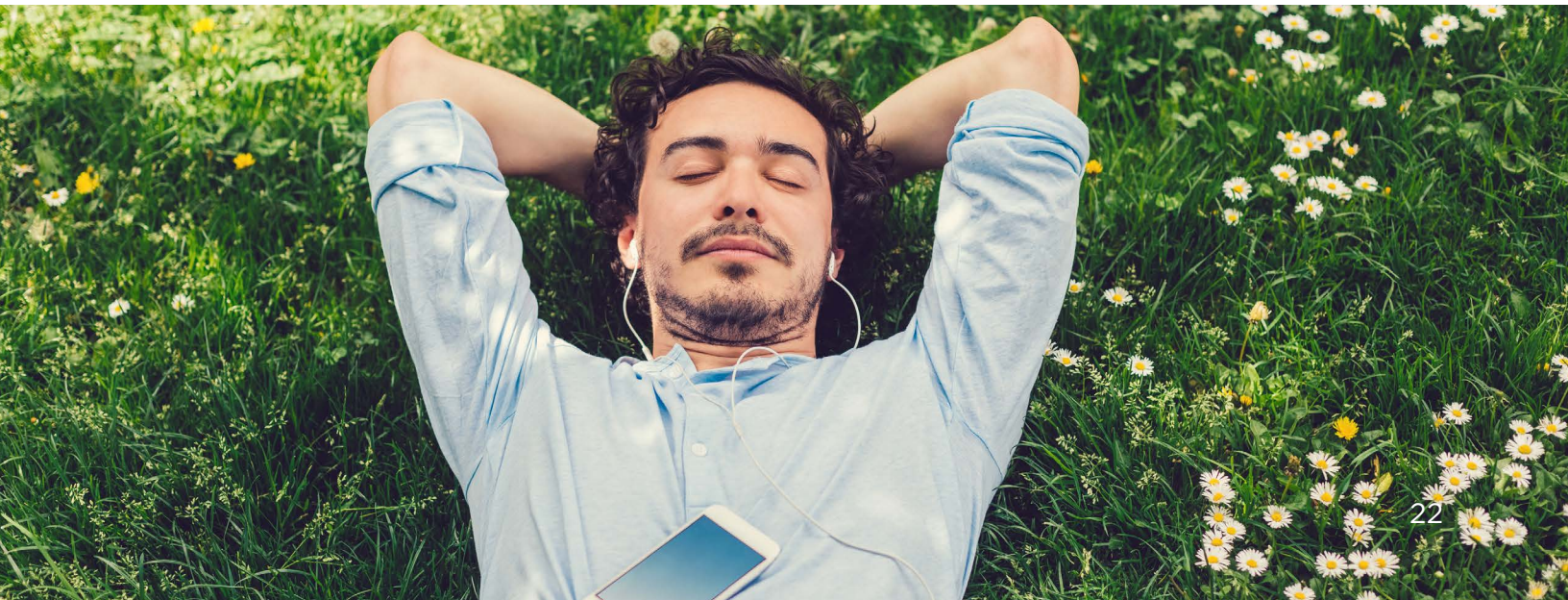
Advantage members shared their thoughts about the Headspace Care App features and coaches:

“Headspace Care is extremely helpful, I love having this resource!”

“My coach has been very helpful without being too pushy, which for me, works best. His questions are very on point, and his responses are accurate. He knows how to get me to open up.”

“My Headspace Care coach has been fantastic, and my coaching sessions effective. I achieved my initial goals, but I know that my coach or someone in my coaching team will be here if I need additional support down the road.”

“My therapist is kind, offers support, and is patient with me.”



Life Assistance Program

Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

With this program, you have access to:

- 24/7 over-the-phone support from trained advocates who can help you assess your needs and develop a solution. They can also direct you to community resources and online tools.
- Three FREE face-to-face sessions with a behavioral counselor are available to you and your household members. To access this service, call 800-344-9752 to request a referral.
- Monthly educational webinars on a variety of relevant topics such as managing your life, work, money and health.
- Legal consultation and referrals for life issues.* Receive a free 30-minute consultation with a network attorney and up to a 25% discount on select fees.
- Financial consultations. Receive a free 30-minute consultation and a 25% discount on tax planning and preparation.

Access the New York Life/ComPsych Life Assistance Program by calling 800-344-9752 or visiting guidanceresources.com (organization web ID: NYLGBS).

**Legal consultations and discounts are excluded for employment-related issues.*

Carrum Health Surgical Centers of Excellence (COEs) and Cancer Care Support

When it comes to your health, you want the experts on your side — especially if you need surgery or cancer care. This can be a very confusing, stressful, and financially challenging time for your family. That's why Advantage Solutions provides the Carrum Health benefit for Blue Shield members. Carrum Health makes it easier for you to get the highest level of care at little to no cost to you.

Carrum partners with top hospitals or Centers of Excellence to give patients access to the best doctors to help support better surgical and cancer care. Carrum Health's network has more experience and achieves better outcomes.

Carrum's Patient Care Coordinators will support you from start to finish, arrange care between all parties including COE, carriers, partners, and post-surgical providers for the following procedures:

- Bariatric care
- Cardiovascular care
- Musculoskeletal and sports medicine
- Oncology treatment and guidance

Carrum supports pre-planned surgery and cancer care, not emergencies. Travel and lodging expenses will be covered by Advantage and are subject to certain requirements and guidelines.

Important! Blue Shield members must go through the plan's Carrum Health benefit for total and partial hip and knee replacements, certain spine procedures, and bariatric weight loss surgery. **Your surgery will not be covered by Advantage Solutions if you get one of these surgeries outside of Carrum.**

Get Started with Carrum Health

Carrum Health benefits are available to team members and their dependents (18+) enrolled in an Advantage Solutions Blue Shield medical plan. Starting in 2024, those eligible will be automatically enrolled with Carrum. Watch for your new Carrum Health medical ID cards.

Once you register online with Carrum Health, your personal care specialist and surgical team will help you with all the planning and paperwork, so you can focus on your health. They will be with you throughout the journey to:

- Find the right surgeon and schedule your appointments
- Get answers to questions and see how much you'll save
- Coordinate post-op care

Sign up to learn more at carrum.me/advantagesolutions.



Carrum Health (Continued)

High Quality Care at Minimal Cost to You

Carrum Health carefully studies hospitals and surgeons across the country and handpicks the top 10%. As a result, the professionals in Carrum Health's network have more experience, achieve better outcomes, and have exceptional bedside manner, compared to others in their field.

When you receive care through Carrum Health, most medical costs related to your surgery will be 100% covered:

- EPO and Enhanced EPO members: 100%
- CDHP members: 100% after deductible

Note: Individuals enrolled in a Blue Shield CDHP must first meet their full deductible, but coinsurance will be waived. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income.

Cancer Care Support

Carrum Health provides you with a thoughtfully designed cancer care solution to help members access premier treatment and guidance. Members diagnosed with cancer will have a dedicated care navigator to coordinate care, answer questions, provide mental health support, and connect you with experts.

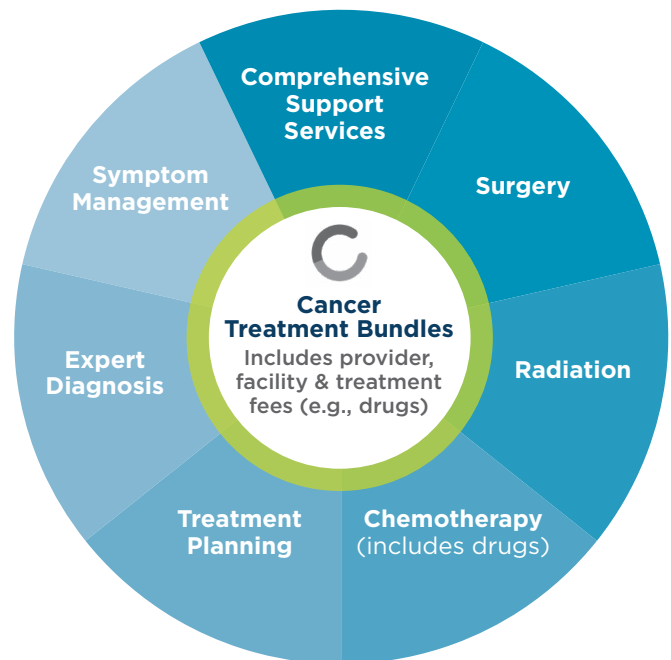
Cancer treatment bundles include surgery, chemotherapy, radiation, drugs and other support services such as follow-up support for life after cancer treatment.

Cancer Support Guidance includes:

- **Expert advisory review** of diagnosis and treatment plan by interdisciplinary cancer specialists.
- **Ongoing virtual support** from expert cancer team for two years.
- **Peer-to-peer consults** between specialized COE oncologists and local oncologists delivering innovative, evidence-based care.
- **Dedicated Carrum Health Care Navigator** facilitating patient benefit navigation, financial obligations (if any) and care coordination.

Treatment programs ensure that members with cancer get access to appropriate care, as backed by two-year progression coverage for treatment side effects and complications.

With Carrum Health, Advantage will cover most if not all out-of-pocket costs for surgery, chemotherapy, and radiation. Members enrolled in a CDHP will need to meet their deductible before 100% of expenses are covered.



Blue Shield Blue Distinction Centers (COEs)

These Centers of Excellence (COE) have a proven track record of delivering quality outcomes at a lower total cost. You must use a COE for specific conditions, such as transplants. A travel benefit is available for anyone who lives 75 miles or more away from a COE. Contact Accolade at 866-336-0786 to find the closest COE.

Important! Blue Shield members are required to use Carrum Health for total and partial hip and knee replacements, certain spine procedures, and bariatric weight loss surgery. Otherwise, those surgeries will not be covered. See page 23 to learn more.

SWORD Musculoskeletal (MSK) Physical Therapy Support

SWORD is a virtual physical therapy program to help you treat preventative, chronic and post-surgical pain, available at **no cost** to full-time team members and your eligible family members (13+) enrolled in a Blue Shield health plan.

Pain can happen anywhere in the body. Whether you're feeling it in your back, neck, shoulder, elbow, wrist, hip, knee, ankle or pelvic area, SWORD can help you. By participating in the SWORD program, you'll receive the SWORD Digital Therapist[®] kit, which includes a tablet, motion sensors, and a personalized exercise program, designed by your dedicated physical therapist who's there to support you every step of the way. Best of all, you can do these exercises from the comfort of your home. Once you finish your program and have achieved your goals, you move into maintenance mode. You get to keep your SWORD Digital Therapist[®] kit, and a SWORD exercise program you can use a few times a week to stay limber and strong. Sessions are usually 20-30 minutes and we recommend you complete sessions three to five days per week.

Ready to Enroll?

To get started, visit join.swordhealth.com/advantagesolutions/register or download the SWORD Health app on your mobile device. If you have any questions about the program, please email help@swordhealth.com.

Care@Work

Finding the right ongoing care for your family can be hard, especially when you may be balancing the demands of distance learning plus work. That's why Advantage provides access to Care@Work by care.com, the world's largest online community for finding care.

You have access to:

- **FREE Care.com Membership:** Premium, unlimited access to advantagesolutions.care.com to find caregivers, tutors, senior caregivers, pet walkers and sitters, housecleaners, errand runners as well as access to other families looking for shared-care arrangements (nanny share or learning pod).
- **Tuition Discount Program:** Receive a recurring discount off full-time or part-time tuition at participating child care centers.

You are automatically enrolled in this benefit if you are a full-time benefits eligible team member, however you will need to register at care.com. You will use your Employee ID to register and scan this code to download the Care@Work mobile app to quickly access care on the go!



Advantage members shared their thoughts about SWORD Musculoskeletal Physical Therapy Support.

"I am absolutely positive there will be a time when I will need SWORD again. I'm so amazed by what has changed for me. I thought I had to put up with my aches & pains as apart of getting older. I recommend this program to everyone I know."

"My neck moves more smoothly and with less grinding. I have less pain when I look down or turn my head."

"I play Pickle Ball and my knees typically hurt after 2 hours of playing, but now, my knees feel good after playing!"

Active&Fit Direct Program

Active&Fit Direct is a flexible and comprehensive low-cost fitness program offered through American Specialty Health Fitness, Inc.

If you enroll, your program membership includes: a fitness center membership for just \$28/month with a \$25 enrollment fee, plus any applicable taxes — no long-term contracts; your choice of 16,000+ fitness centers participating in the Active&Fit Direct network nationwide; flexibility to switch fitness centers at any time; a handy online searchable directory to find fitness centers; activity tracking through the Active&Fit Direct Connected! tool, which aggregates data from 250+ wearable fitness devices, apps, and exercise equipment; and online classes to help you get started or to step up your routine. Access 200 digital workouts at no cost, or become a member and access all 4,000+ workout videos.

To get started, visit [Active&Fit Direct](#).

Burnalong and Burnalong+ Health — Wellness Classes and Support

Burnalong offers 35,000 live and on-demand online classes in over 60 health and wellness categories to help you and your family achieve nutrition, financial wellness, mental health, and other goals. There's something for everyone!

- Cooking classes
- How to manage chronic medical conditions, such as arthritis, diabetes, and Parkinson's disease
- Personalized wellness programs
- Sleep tips
- Yoga, mindfulness, and relaxation techniques
- Youth and senior fitness

Burnalong is available to use anytime and anywhere you have an internet connection — on your phone, tablet, laptop, and smart TV. It gives you tools to track your wellness habits, make healthy changes, and achieve your goals.

Upgrade to Burnalong+

You can choose to upgrade your free online membership to include **Burnalong+** in-person health and wellness resources at more than 10,000 gym locations — including group exercise classes and training equipment at top fitness locations and sports facilities nationwide.

- You can visit multiple gym locations, anywhere you are, any time with one low subscription price of \$29.
- This flexible benefit is offered at a low monthly cost, with no commitment, and no annual fee — it's month-to-month, allowing for cancellation and joining at any time.

Get Social Motivation with Burnalong

Advantage provides Burnalong membership at no cost to you and up to four family members or friends. Invite them to join you on your wellness journey!



Activate your account today by scanning this code or visiting join.burnalong.com/advantagesolutions.

DENTAL

You have the choice of three dental plans through Cigna. The Dental HMO covers providers in the Cigna DHMO network. Out-of-network services are not covered. The two Dental PPOs provide both in- and out-of-network benefits. Find network providers at cigna.com.

Dental Plans at a Glance

Coverage Feature	DHMO Plan ¹	DPPO Basic Plan		DPPO Enhanced Plan	
	In-Network Only	In-Network	Out-of-Network ²	In-Network	Out-of-Network ²
Annual Deductible	Not applicable	\$50/individual \$150/family	\$50/individual \$150/family	\$50/individual \$150/family	\$50/individual \$150/family
Annual Maximum	Unlimited	\$1,000		\$2,000	
Diagnostic and Preventive	\$0-\$240 copay; then plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Service	\$10-\$300 copay; then plan pays 100%	Plan pays 50%	Plan pays 50%	Plan pays 80%	Plan pays 80%
Major Services	\$5-\$650 copay; then plan pays 100%	Plan pays 30%	Plan pays 30%	Plan pays 50%	Plan pays 50%
Orthodontic	\$1,800 or \$2,400 copay; then plan pays 100%	Plan pays 50% (children only; covered up to age 19)		Plan pays 50% (adults & children)	
Orthodontia Lifetime Maximum	Unlimited	\$1,000		\$2,000	

¹ Varies by service; see contract for fee schedule.

² Plan pays out-of-network services at 70% of reasonable and customary (R&C) charges; you pay amounts above R&C.

Note: If you have already enrolled in the DHMO, you will need to pick a primary care provider. If you do not have a primary care provider, Cigna will assign one for you. DHMO availability is based on your home ZIP code. You must live within a 25-mile radius of a Cigna DHMO provider.

Cigna Dental Rates

Pre-tax cost per pay period. The premium rates listed below will be deducted from each of your bi-weekly paychecks. In other words, your monthly premium is the rate listed below multiplied by two. If there are three pay dates in a month, no benefits deductions will be taken from the third paycheck. Please note: If you're on a leave of absence, you're still responsible for paying your premiums.

Coverage Tier	DHMO	DPPO Basic	DPPO Enhanced
Employee	\$10.19	\$10.60	\$18.64
Employee + Spouse/ Domestic Partner	\$18.45	\$30.36	\$53.40
Employee + Child(ren)	\$19.51	\$30.78	\$54.12
Employee + Family	\$30.02	\$46.96	\$82.59

Premiums start with the first paycheck after the benefit effective date. If you complete your enrollment after the benefit effective date, you'll have additional catch-up deductions taken from subsequent paychecks to pay for the premiums back to the benefit effective date.

Note: Only CIGNA HMO members will receive a physical dental insurance card. For CIGNA PPO plans, your dentist can verify your eligibility by simply letting them know you are a CIGNA member and providing your personal info. For all plans, you may also access a digital ID card at myCigna.com or through the **myCigna App**.

VISION

You have the choice of two vision plans through VSP, with the opportunity to enhance your plan at the time you receive vision care. The Company is proud to offer this industry leading coverage. Go to vsp.com, create an account, and search by ZIP code to find an in-network provider.

VSP Premier Edge™ Program

You can maximize your savings just by choosing a VSP Premier Edge™ Program location:

- Your annual eye exam and retinal imaging will be covered at no charge to you.
- Receive an extra \$50 frame allowance at a VSP Premier Edge™ location, including private practice doctors and Visionworks®.
- Get additional eyewear protection benefits from the unexpected — whether it's accidentally broken or damaged glasses, a prescription change or a style change if you don't love the glasses you chose.

Find Premier Edge Program locations near you at vsp.com.

Vision Plans at a Glance

Coverage Feature	VSP Basic Plan		VSP Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam (every 12 months)	\$10 copay Premier Locations: no charge	\$10 copay; then up to \$45 reimbursed	No charge	Up to \$45 reimbursed
Frame	\$25 copay, then up to \$150 allowance every other calendar year Featured Frame Brands allowance at a VSP Premier Edge™ location or Visionworks®: extra \$50 frame allowance 20% savings on the amount over allowance	\$25 copay, then up to \$70 reimbursed	\$25 copay, then up to \$170 allowance every calendar year Featured Frame Brands allowance at a VSP Premier Edge™ location or Visionworks®: extra \$50 frame allowance 20% savings on the amount over allowance	\$25 copay, then up to \$70 reimbursed
Lenses (once every year)	\$25 copay		\$25 copay	
Single		\$25 copay; then up to \$30 reimbursed		\$25 copay; then up to \$50 reimbursed
Lined Bifocal		\$25 copay; then up to \$50 reimbursed		\$25 copay; then up to \$75 reimbursed
Line Trifocal		\$25 copay; then up to \$65 reimbursed		\$25 copay; then up to \$100 reimbursed
Elective Contacts Fitting and Evaluation	Up to \$60 copay for exam, \$150 allowance for contacts (instead of glasses)	Up to \$105 reimbursed	Up to \$60 copay for exam, \$170 allowance for contacts (instead of glasses)	Up to \$105 reimbursed
Lenses Enhancements (once every year)		Up to \$65 reimbursed		Up to \$65 reimbursed
Standard Lenses	\$0		\$0	
Premium Lenses	\$95 – \$105		\$95 – \$105	
Custom Lenses	\$150 – \$175		\$150 – \$175	

Easy Options Through VSP

Through the Enhanced Plan, you can choose to increase your allowance for one of the items below at no extra cost:

- Frames: \$270
- Elective contacts: \$220 (up to \$60 exam copay applies)
- Premium or custom progressive lenses, light-reactive lenses, or anti-glare coating are fully covered.

LightCare Program

When you choose a VSP network provider, you can use your frame and lens benefits for non-prescription sunglasses or non-prescription blue-light-filtering glasses.

- **Enhanced Plan:** \$270 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contact. \$25 copay.
- **Basic Plan:** \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. \$25 copay.

Note: You will not receive a physical vision insurance card but may access a digital ID card at vsp.com or by downloading the **VSP Vision Care App**. Your optometrist may also verify your eligibility by simply letting them know you are a VSP member and providing your personal information.

Added Perks With VSP

In addition to your physical vision coverage, VSP also offers TruHearing®. TruHearing makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members. You can save up to 60% on a pair of hearing aids and your dependents and extended family members are eligible, too. In addition, you receive:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

To get started with TruHearing, contact 877-396-7194 and mention VSP.

VSP Vision Rates

Pre-tax cost per pay period. The premium rates listed below will be deducted from each of your bi-weekly paychecks. In other words, your monthly premium is the rate listed below multiplied by two. If there are three pay dates in a month, no benefits deductions will be taken from the third paycheck. Please note: If you're on a leave of absence, you're still responsible for paying your premiums.

Coverage Tier	VSP Basic Plan	VSP Enhanced Plan
Employee	\$3.36	\$6.77
Employee + Spouse/Domestic Partner	\$5.22	\$10.48
Employee + Child(ren)	\$5.34	\$10.70
Employee + Family	\$8.62	\$17.27

Premiums start with the first paycheck after the benefit effective date. If you complete your enrollment after the benefit effective date, you'll have additional catch-up deductions taken from subsequent paychecks to pay for the premiums back to the benefit effective date.



PAYTIENT HEALTH PAYMENT ACCOUNT (HPA)

Use your Paytient HPA to pay for out-of-pocket health costs for the whole family, including your pets. This benefit is available to all U.S. full-time regular team members — even those who aren't enrolled in Advantage-sponsored health care plans.

Your medical, mental health, pharmacy, dental, vision, and veterinary care out-of-pocket costs are all eligible for Paytient. It's another way we're removing financial barriers for your family's health care needs.

- Starting January 1, 2024, you will be automatically enrolled with Paytient.
- With a Paytient HPA, you will receive a Visa card and a revolving line of credit up to \$1,000 to pay for your, your family's, and your pet's health care.
- After each transaction, you choose an interest-free payment plan up to 36 months that fits your budget. You then pay back your elected payment plan through payroll deductions.
- There are no hidden fees, interest fees, or credit checks.

How the HPA Works

After you download the Paytient mobile app and create your HPA, you will receive a \$1,000 line of credit on a Visa card. Use it to pay for your family's and your pet's health care costs.

Here's an example:

- ✓ You pay a \$150 medical bill with your HPA Visa card.
- ✓ Use the HPA mobile app to split that charge into ten payments of \$15, or five payments of \$30.
- ✓ Payments will be automatically deducted from your paycheck on the payback schedule you select. There are no interest fees.



Activate Your HPA Card

Scan this code to download the Paytient mobile app or visit my.paytient.com to activate your HPA.

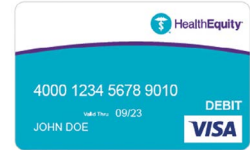


FLEXIBLE SPENDING ACCOUNTS (FSAs)

Set aside before-tax dollars through convenient payroll deductions to pay for eligible health care and dependent care expenses. Enrollment is required each year.

How FSAs Work:

You can elect to make contributions from your paycheck on a pre-tax basis. Your contributions aren't subject to federal income tax, Social Security tax, and in most cases, state income tax. This reduces your taxable income, which means you pay less in taxes.



You're not taxed on any reimbursements you receive from your FSA. If you want to participate in the FSA, **you must enroll each year** and elect the amount you would like to contribute for the plan year.

The Company offers three FSAs for the calendar year (January 1–December 31, 2024):

Coverage Feature	Health Care FSA	Limited Purpose FSA (only available to CDHP and CDHP + HPN participants)	Dependent Care FSA
Account Feature	Allows you to pay for eligible medical, prescription, dental and vision expenses.	Allows you to pay for eligible dental and vision expenses.	Allows you to pay for eligible out-of-pocket expenses for child or elder care.
You Can Contribute	\$120 to \$3,050 on a pre-tax basis (Note: You can access your entire annual election from the first day of the plan year.)	\$120 to \$3,050 per year on a pre-tax basis (Note: You can access your entire annual election from the first day of the plan year.)	Married filing joint return or single: \$120 to \$5,000 per year Married filing separately: \$120 to \$2,500 per year per parent
Eligible Expenses	Copays, coinsurance, deductibles, prescriptions, hearing aids and more. Review eligible expenses at healthequity.com/fsa-qme .	Deductibles and coinsurance for dental and vision care expenses. Review eligible expenses at healthequity.com/lpfsa-qme .	Child day care, before/after school programs, pre-school and nursery school, and day camps for your dependent child(ren) under age 13. Review eligible expenses at healthequity.com/dcfsa-qme .



Important Considerations for Your 2024 Flexible Spending Account

Here are some things to consider when enrolling in your FSA:

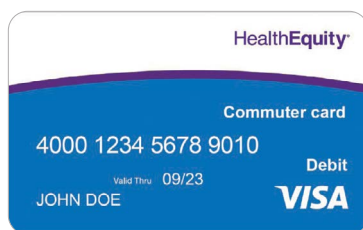
Timing for Expenses	Must be incurred between January 1 and December 31, 2024 or during the timeframe your benefit began and ended. Submit for 2024 reimbursement no later than March 31, 2025. If terming within the year, you have 90 days to submit your expenses.
Contribution Amounts	Can't be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
Who's Covered	Health Care FSA funds can be used for you, your spouse and your tax dependents only. You can submit expenses for eligible family members even if they're not enrolled in the Company's medical coverage. You can't obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents.
Using your FSA	All FSAs are "use it or lose it" benefits, so any unspent money is forfeited at the end of the year. Be sure to plan carefully.
Receipts	Keep your receipts. If audited by the IRS, you'll need to provide proof that your expenses were considered eligible for IRS purposes.
Enrolled in a CDHP or CDHP + HPN?	You can only participate in the Limited Purpose FSA, which covers out-of-pocket dental and vision expenses only. You'll use your HSA to pay for out-of-pocket medical expenses.
Shop for FSA Eligible-Expenses	Review eligible expenses at healthequity.com/fsa-qme and purchase eligible items, such as sunscreen, cold medicine and more at the FSA store or any store where FSA-eligible items are offered!

Commuter Benefits

You are eligible to enroll in tax-advantaged commuter benefits to help you cover the costs of mass transit or parking. You set aside pre-tax money from your paycheck into an account managed by HealthEquity and you use your Commuter Benefit debit card to pay for eligible parking and mass transit expenses.

You can set aside between \$10 - \$280 per month for transit or parking (not both).

- Eligible expenses for a transit account include:
 - Train, subway and bus passes
 - Van pools
- Parking is the only eligible expense for a parking account.



FINANCIAL BENEFITS

401(k) Savings Plan

The Company-sponsored 401(k) Savings Plan gives you the opportunity to save for a more comfortable retirement through payroll deductions.

You are eligible to enroll in the 401(k) plan on the first day of the first payroll of the month following the completion of 1,000 hours of service within one year with the Company.

Note: You can make changes to your contributions at any time during the year by logging in to your 401(k) account at principal.com or contacting Principal at 800-547-7754.

Pre-Tax Contributions	Your contributions will be deducted from your paycheck before taxes are taken out. You will not have to pay taxes on this money — or on your account's investment earnings — until you withdraw your funds at retirement.
Post-Tax (Roth) Contributions	Your contributions will be deducted from your paycheck after taxes are taken out, so you will not get the immediate tax savings you get with the traditional 401(k) plan. However, when you take your money out at retirement, it will be tax-free — both your original contributions and the investment earnings that may have accumulated over the years.
Company Matching Contributions	To help your retirement savings grow faster, the Company will match 50% of the first 6% of your salary that you contribute to the plan paid annually, as long as you are an active team member on December 31. The company match is discretionary.

Contribution Amounts

Both pre-tax contributions and Roth after-tax contributions you make count toward the IRS maximum of \$23,000 in 2024. You can contribute 1% to 75% of your income.

If you are age 50 or older, you may make additional catch-up contributions — up to \$7,500 in 2024.

Investment Elections

The plan offers you a variety of investment options to choose from. It's important to carefully consider your investment goals, retirement timeframe, and risk tolerance when deciding how to invest your plan contributions.

Vesting

“Vesting” means ownership of a benefit. You are always 100% vested in the current value of your own contributions to the 401(k) plan — this money belongs to you no matter what. You become vested in the matching contributions based on how long you work for the Company:

- 2 years → 25% vested
- 3 years → 50% vested
- 4 years → 75% vested
- 5 years → 100% vested

Company-Paid Life, Accidental Death & Dismemberment (AD&D) and Disability Insurance

Basic Life and AD&D Insurance

The Company provides basic life and AD&D insurance at no cost to you.

Company-Paid Life and AD&D Insurance	
Benefit Amount	1x your annual salary or \$250,000, whichever is less (salary is determined as of January 1)
Maximum Benefit	\$250,000
When Benefit is Awarded	Following your death or covered injury Awarded to you or your beneficiary, depending on the incident
Coverage Includes	Will preparation and additional AD&D benefits for seatbelt/airbag, education, repatriation and public transportation

A few important things to think about regarding your Life and AD&D coverage:

You can purchase additional voluntary coverage for yourself and your dependents to help protect your family's financial security.

- **Taxes:** Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2. For example, if you are 45 and your annual salary is \$60,000, you will see \$0.75 per pay period added to your income. If your annual salary exceeds \$50,000 and you don't want the imputed income added, you should elect the \$50,000 option.
- **Beneficiary:** Make sure to have your beneficiary information entered and up to date in MyOracle. You can change beneficiaries at any time.
- **Benefit Reduction:** Benefits will reduce by 35% of the original amount at age 70 (team member and spouse/domestic partner); team member benefits terminate at retirement; spouse/domestic partner benefits terminate at team member's retirement.

Short-Term Disability (STD) Insurance

We are pleased to offer eligible team members short-term disability coverage, paid for by the Company, to protect your income in the event you are unable to work due to an illness or injury. You can also purchase additional short-term disability coverage as well as long-term coverage to help you further protect your income.

Company-Paid Short-Term Disability	
Benefit Amount	Plan pays 50% of your weekly base salary
Maximum Benefit	\$1,850 weekly
Benefit Begins	Seven (7) days following the event
Maximum Payment Period	25 weeks ¹

¹ Maximum payment period is based on the first day you are disabled, not on the day benefits begin.

Business Travel Accident Insurance

This company-sponsored plan provides a variety of benefits to assist you while you're traveling for business.

Benefits include assistance with returning to the U.S. in the case of an emergency or help if you've lost your passport. It also pays a benefit if you were to pass away while on company business. For more details on coverage, a travel ID card and resources visit the **MY BENEFITS** portal.

Important:

Disability payments coordinate with income from other sources (e.g., Social Security) and benefits may be reduced due to other income including retirement income and other disability benefits. If you are in a state that has a disability plan, the Company's STD will be reduced. You will only receive the minimum disability benefit of \$25 per week. Please review the plan documents on **MY BENEFITS** for more information on benefit reductions, conditions, limitations and exclusions.

Voluntary Coverage

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you. The Company offers basic life, accidental death & disability (AD&D) and short-term disability coverage for all eligible team members, but some may want to consider the additional financial protection offered by voluntary coverage.

Voluntary Life Insurance and AD&D Benefits

New York Life voluntary life insurance provides your family with additional financial resources if you should pass away prematurely. It can help your family:

- Cover final expenses
- Cover your family's living expenses
- Pay off your mortgage and other debts
- Take care of your children's education

Life insurance is an important part of your family's financial plan, especially during a time that could be difficult enough without added financial stress.

You can purchase:	
Employee Coverage	Increments of \$10,000 up to \$1 million OR 5x your annual salary (rounded to the next increment of \$10,000), whichever is less. If age 70 or over, increments of \$6,500 up to 65% of 5x annual salary.
Spouse/Domestic Partner Coverage	Increments of \$10,000 up to \$250,000; not to exceed the amount of your team member coverage. If spouse/partner is age 70 or over, increments of \$6,500 or up to \$162,500, not to exceed the amount of your team member coverage.
Child(ren) Coverage	\$10,000 for each child from 14 days of age and older. Children under 14 days of age receive \$1,000 of coverage. You will pay one low premium to cover all of your eligible children, no matter how many you have.

Important note: No Evidence of Insurability (medical questionnaire) required when first eligible for team member coverage amounts up to \$500,000 or 4x your annual salary, (up to 65% of 4x annual salary if age 70 or over), whichever is less; and up to \$80,000 for spouse/domestic partner coverage, (up to \$52,000 if spouse is age 70 or over).

Voluntary Life and AD&D Insurance Rates

Age	Employee (after-tax per-pay-period rate per \$1,000)	Spouse/Domestic Partner (after-tax per-pay-period rate per \$1,000)
Under 30	\$0.082	\$0.080
30-34	\$0.102	\$0.100
35-39	\$0.119	\$0.110
40-44	\$0.138	\$0.127
45-49	\$0.197	\$0.175
50-54	\$0.323	\$0.292
55-59	\$0.576	\$0.457
60-64	\$0.711	\$0.709
65-69	\$1.292	\$1.290
70 and older	\$2.082	\$2.080

Note: Age determined on policy anniversary as of January 1 or team member hire/rehire date. Spouse/domestic partner rate based on spouse's/domestic partner's age. You will pay \$0.75 per pay period (after-tax) to cover all of your eligible children.

Evidence of Insurability (EOI)

If you enroll outside of your newly eligible window, or if you elect coverage over the guaranteed issue amount, you may be required to submit an EOI form to provide additional health information. New York Life will send the appropriate paperwork to your email on file in Oracle. The requested amounts will be on hold or suspended until New York Life approves your coverage. If approved, coverage will start the first of the following month or as approved by New York Life.

Estimate Your Costs

To estimate your monthly cost for voluntary life and AD&D, it is as easy as choosing your desired coverage, dividing by 1,000, and then multiplying by your rate. To find the per-pay-period cost, divide the sum by two.

Voluntary Disability Benefits

Disability insurance pays a portion of your salary if you're unable to work due to a covered disability. When considering this coverage, think about how long you can personally go without receiving a paycheck.

In Addition to Your Company-Paid STD Coverage, You Can Purchase:

	Voluntary Short-Term Disability	Voluntary Long-Term Disability
Benefit Amount	Plan pays 66.67% of your weekly base salary	Plan pays 60% of your monthly base salary
Maximum Benefit	\$2,500 week	\$10,000 monthly
Benefit Begins	Seven (7) days following the event	180 days following the event
Maximum Payment Period	25 weeks ¹	Age 65 or Social Security normal retirement age, whichever is later ²

¹ Maximum payment period is based on the first day you are disabled, not on the day benefits begin

² The age at which disability begins may affect duration of benefits

Voluntary Short-Term Disability Insurance

Per \$10 weekly benefit: \$0.265. Benefit maximum is \$2,500 per week.

Voluntary Long-Term Disability Insurance

Age	Per-Pay-Period Rate per \$100 of Coverage
18-24	\$0.045
25-29	\$0.065
30-34	\$0.110
35-39	\$0.175
40-44	\$0.270
45-49	\$0.365
50-54	\$0.470
55-59	\$0.550
60-64	\$0.470
65-69	\$0.360
70-99	\$0.240

Note: Age determined on policy anniversary as of January 1.

Important:

Disability payments coordinate with income from other sources (e.g., Social Security) and benefits may be reduced due to other income including retirement income and other disability benefits. If you are in a state that has a disability plan, the Company's voluntary STD will be reduced. You will only receive the minimum disability benefit of \$25 per week. Please review the plan documents on **MY BENEFITS** for more information on benefit reductions, conditions, limitations and exclusions.

Estimate Your Cost

To estimate your per-pay-period cost for voluntary short-term and long-term disability, follow these steps:

STD

- 1 Calculate your weekly earnings (annual base salary divided by 52), maximum covered is \$2,500 monthly
- 2 Multiply by 0.6667 (66 2/3% benefit)
- 3 Divide by 10 (per \$10 of weekly benefit)
- 4 Multiply by \$0.265
- 5 Divide by 2 to get your per paycheck cost

LTD

- 1 Calculate your monthly earnings (annual base salary divided by 12), maximum covered payroll is \$16,666.67
- 2 Divide by 100 (per \$100 of covered payroll)
- 3 Multiply by your rate

ADDITIONAL SUPPLEMENTAL MEDICAL BENEFITS

Accident Insurance

Accidents happen, but you can help protect yourself from accident-related costs. Accident Insurance pays a set benefit amount directly to you to help pay for medical expenses, such as your deductible or coinsurance, or for ongoing living expenses such as your mortgage, rent or groceries.

You have the choice between two plans (Low or High).

How Accident Insurance Works

You receive a benefit up to a specific amount for accidental injuries, such as:

- Burns
- Eye injuries
- Lacerations
- Fractures (broken bones)
- Concussions
- Dislocations
- Hospital admissions and surgery related to an accident

The actual benefit amounts depend on the type of injury and the medical services you or your covered dependent needs. A complete list of covered injuries is available at metlife.com.

The Accident Insurance plan includes an annual health screening benefit of **\$100 per covered participant, spouse/domestic partner and dependent child.**

Accident Insurance Rates

The following table shows your price per pay period.

Coverage Tier	Accident Insurance Low Plan	Accident Insurance High Plan
Employee	\$3.11	\$4.58
Employee + Spouse/ Domestic Partner	\$6.10	\$9.00
Employee + Child(ren)	\$6.74	\$9.93
Employee + Family	\$8.28	\$12.32

Learn More About Additional Benefits

Learn more about all your additional benefit options. Log on to the **Advantage Connects site > Human Resources > Additional Benefits (US).**



Critical Illness Insurance

If you experience a serious illness, Critical Illness Insurance can provide financial support to help you through a difficult time.

Covered critical illnesses include:

- Cancer
- End-stage renal (kidney) failure
- Major organ failure
- Coma
- Heart attack
- Stroke
- Coronary artery bypass

You may purchase \$10,000, \$15,000 or \$20,000 of coverage for yourself as well as the eligible members of your family. Your cost will depend on your coverage amount, tobacco status and family members covered.

How Critical Illness Insurance Works

Benefits are paid directly to you, and the money is yours to spend in any way you choose. For a complete list of covered illnesses, visit metlife.com.

The Critical Illness Insurance plan pays a **\$100* annual health screening benefit per covered participant, spouse/domestic partner and dependent child, and a \$200** mammogram benefit.**

**Health Screening Benefits are not available in all states. Review the Critical Illness Insurance Exclusions and Limitations document available on MY BENEFITS at advantagebenefits.net for more information.*

*** Mammogram benefit is \$70 in Montana and not available in all states.*

Hospital Indemnity Insurance

A hospital stay can be expensive. Be ready for costs not covered by your medical plan with Hospital Indemnity Insurance.

How Hospital Indemnity Insurance Works

You receive a \$1,000 benefit if you're admitted to the hospital, as well as a \$100 benefit for each day of a hospital stay (up to 31 days). Coverage includes benefits for:

- Unlimited hospital admissions for both accident and sickness
- Intensive care unit
- Pregnancy and delivery, including a \$25 benefit for newborn nursery care
- Accident-related inpatient rehabilitation (up to 15 days; not to exceed 30 days per calendar year)
- Other hospital stays

Benefits are paid directly to you. A complete list of covered hospital-related expenses is available at metlife.com.

The Hospital Indemnity Insurance plan includes an annual health screening benefit of **\$50 per covered participant, spouse/domestic partner and dependent child.**

Hospital Indemnity Insurance Rates

The following table shows your price per pay period.

Coverage Tier	Hospital Indemnity Insurance
Employee	\$8.71
Employee + Spouse/Domestic Partner	\$18.88
Employee + Child(ren)	\$14.80
Employee + Family	\$26.20

Learn More About Additional Benefits

To learn more about Accident, Critical Illness and Hospital Indemnity coverage, call our additional benefits administrator, Corestream at 949-774-4671.

For questions about your wellness benefit or to file a claim, call MetLife at 800-438-6388.

ADDITIONAL BENEFITS

The Company gives you the option to enroll in additional benefits. These benefits are offered at competitive group rates, which could save you money compared with purchasing them on your own.

Check out the options below and enroll in the coverage that meets your needs and lifestyle. Learn more by logging on to the **Advantage Connects site > Human Resources > Additional Benefits (US)**.

Benefit	Carrier	Plan Details
Auto & Home Insurance Program	Liberty Mutual, Farmers and Travelers	Save on auto and home insurance by choosing plans that fit your lifestyle and wallet: <ul style="list-style-type: none"> • Protect your personal property, compare insurance policy costs and save money on your premiums • Get multi-policy discounts, special savings and portable plans
Universal Life Insurance with Long-Term Care (LTC) Benefit	Trustmark	Purchase two layers of financial protection for you and your family: <ul style="list-style-type: none"> • Universal Life gives your loved ones another source of income when a covered person passes away. • LTC coverage pays benefits when a covered person can't perform everyday activities, such as bathing, dressing or eating. This type of care is generally not covered by health insurance, Medicare or Medicaid. • You lock in your rate at the time of purchase based on your age, and you keep that same price even if you change jobs or retire. The younger you are when you buy LTC insurance, the lower your cost of coverage will be.
Legal Service	MetLife Legal	You have two options for MetLife Legal Assistance Plan coverage: <p>Core Legal Assistance — For only \$9.25 per pay period, MetLife Legal Assistance Plan offers you access to attorneys for common legal services, such as:</p> <ul style="list-style-type: none"> • Will preparation • Estate planning • Family law • Divorce • And more <p>You, your spouse/domestic partner and your dependents will have access to a nationwide network of 18,000 experienced attorneys.</p> <p>Parent Plus Buy-Up Plan — For only \$12.25 per pay period, the Buy-Up option offers the same legal services as the Core benefits option, with additional access for your parents and parents-in-law. Up to eight (8) parents for limited services.</p> <p>Common legal services for parents include:</p> <ul style="list-style-type: none"> • Mortgages • Estate planning and wills • Affidavits • Review of any personal legal document • Elder-care issues
Identity Theft Protection	Allstate Identity Protection	Identity theft protection services from Allstate for you: <ul style="list-style-type: none"> • Financial account and credit monitoring • 24/7 alerts and fraud recovery • Up to \$2 million identity theft expense coverage <p>Your identity will be monitored to uncover fraud at its inception. You'll be offered an annual credit report, monthly credit scores, and monitoring of your credit file. Your cost for this coverage is only \$4.98 per pay period for yourself or \$8.98 for your entire family.</p>
Pet Insurance	Nationwide	Your pet's health is important to you, but the cost of helping them if something goes wrong is hard to think about. Consider pet insurance, which provides coverage for veterinary care, regardless of size or breed. Employees can elect either My Pet Protection or My Pet Protection with Wellness. <ul style="list-style-type: none"> • Pet Protection includes coverage for accidents, illnesses, hereditary and congenital conditions, cancer, behavioral treatment, Rx therapeutic diets, supplements, and more. • Pet Protection with Wellness includes preventive care, including eligible exams, vaccinations, flea prevention, spay or neuter, teeth cleaning, and more. <p>Log on to the Advantage Connects site > Human Resources > Additional Benefits (US) or call our additional benefits administrator, Corestream, at 949-774-4671 for more information, including costs.</p>
Personal Loans	Salary Finance	Take control of debt and improve credit scores with affordable loans from \$250 to \$20,000 — and make automatic repayments through payroll deductions: <ul style="list-style-type: none"> • Easy online loan applications and financial education resources • Loans with 6 to 24-month repayment terms and funds within the next business day
Purchase Financing Benefits	Purchasing Power	Save money by buying items from top brands and paying for them over time through payroll deductions: <ul style="list-style-type: none"> • No credit checks, hidden fees or interest • Choose from thousands of brand-name products — your order ships right away • Pay over 12 months with fixed payments right from your paycheck

PerkSpot

PerkSpot, our online discount program, can save you money with thousands of exclusive discounts from your favorite brands and 30,000 national and local offers. PerkSpot is designed for access at work, home or on the go! Go to asbenefits.perkspot.com/login to start saving today.

Your Mobile and Online Resources

With your benefits coverage, you have access to a number of resources, right at your fingertips! Below is a list of the mobile resources available to you. Take a moment to **download the free apps through the App Store (iOS) or Google Play (Android)**.

Mobile Resource	Description
Paytient	Download the Paytient mobile app and create your HPA to pay for health care and veterinary out-of-pocket costs. Use the app to choose your interest-free payment plan and keep track of your repayments.
Accolade	The Accolade Web Portal and Mobile App let you see all of your benefit programs in one place. See page 6 for more information..
Carrum Health	From surgery to cancer care, the Carrum App and online resources make it easier and less expensive for Blue Shield members to get the best possible care and support throughout their journey.
Express Scripts	The Express Scripts mobile app is designed to provide a personalized mobile experience to help you make informed decisions that can improve your care and save you money. Use the app to access your virtual member ID card, check order status, refill or switch a prescription to mail order, set dosage reminders and find the lowest price medication.
Rx Savings Solutions	If you enroll in a Blue Shield medical plan, activate your online Rx Savings Solutions account to see which lower-cost prescriptions are available, compare prices and switch to lower-cost drugs. Any medications you fill will be automatically listed so everything's in one place.
Headspace Care	Headspace Care offers confidential, around-the-clock emotional support through text-based coaching and guided self-care through your smartphone.
GoodRx	Use GoodRx to search for prescriptions and compare prices. You can also access free coupons that can help you save over 80% on some prescriptions.
HealthEquity	Download the HealthEquity mobile app to access your accounts, initiate claim payments, send payments and reimbursements, manage your debit card transactions and more — all on the go!
Kaiser Mobile App	The Kaiser mobile app gives you easy access to plan and contact information from your smartphone. Once you've registered on kp.org , download the app by searching Kaiser Permanente app within the app store on your device. You can also activate the app using your kp.org user ID and password.
Teladoc	Sign into your Blue Shield account or download the Blue Shield app to request virtual appointment with a Teladoc doctor or mental health professional. Copays vary depending on your medical plan.
myCigna Dental	Download the myCigna mobile app for an easier way to search for in-network providers, procedures and cost estimates. You can also view your claims and manage your profile.
VSP	Manage your eye care needs at any time, from anywhere, with VSP Vision Care On The Go. Find a doctor, check your coverage, access your vision card and shop for eyewear 24/7.
MY BENEFITS	Additional information about your available benefits can always be found on MY BENEFITS at advantagebenefits.net . Access the site from your computer or on the go. For easy access on your mobile device, make sure to bookmark the site.
Upwise Financial app through MetLife	A FREE Financial wellness app that makes it possible for you to feel good about your money! Upwise app from MetLife helps you get the most out of your money and makes managing your financial life more enjoyable and rewarding — one step at a time. The Upwise app is available to all Advantage team members and family members. Use Advantage Solutions as the company name for registration. The app uses the same encryption as many banking institutions. Rest assured your personal information is safe and confidential!

IMPORTANT CONTACTS

When you have questions about a specific benefit plan or coverage details, contact the individual provider listed below. You can also contact the Advantage Associate Service Center with general benefit questions.

Benefit	Provider	Phone number	Website/Email	
Associate Service Center	Advantage	888-900-4276	helpdesk.asmnet.com asc-form.zendesk.com (for team members on a leave of absence)	
Medical Plans	Blue Shield and Accolade	866-336-0786	member.accolade.com myoptions.blueshieldca.com/advantagesolutions	
	Accolade Care	866-336-0786	member.accolade.com	
	Carrum Health	888-855-7806	carrum.me/advantagesolutions	
	Teladoc	800-Teladoc (835-2362)	blueshieldca.com/Teladoc	
	Omada Diabetes via Express Scripts	866-834-0495	omadahealth.com/express-scripts3	
	Kaiser	California Northern California: 650-358-7015 Southern California: 833-574-2273 Colorado 303-338-3800 800-632-9700 Georgia 404-365-0966 Hawaii Oahu: 808-432-2000 Maui: 808-243-6000	Hawaii Island: 808-334-4400 Kauai: 808-246-5600 Maryland/ Virginia/D.C. 800-777-7904 Oregon/SW Washington Portland: 503-813-2000 All other areas: 800-813-2000 Washington 800-297-6877	my.kp.org/advantagesolutions
	Triple S	800-981-3241	salud.grupotriples.com	
401(k) Retirement Plan	Principal	800-547-7754	principal.com/welcome	
Behavioral and Emotional Health Coach	Headspace Care (formerly Ginger)	N/A	help.headspace.com	
Business Travel Accident	AIG	In the U.S. or Canada: 877-244-6871 International: 715-346-0859 (call collect)	aig.com/us/travelguardassistance	
Care@Work Caregiver Benefit	Care.com	855-781-1303	advantagesolutions.care.com	
COBRA	HealthEquity	888-678-4881	healthequity.com	
Commuter Benefits	HealthEquity	877-924-3967	healthequity.com/learn	
Dental Plan	Cigna	800-244-6224	cigna.com	
Flexible Spending Accounts	HealthEquity	866-346-5800	healthequity.com	
Health Savings Account				

Benefit	Provider	Phone number	Website/Email
Health/Wellness Classes	Burnalong	N/A	join.burnalong.com/advantagesolutions
Life Assistance Program	New York Life/ ComPsych Life	800-344-9752	guidanceresources.com (organization web ID: NYLGBS)
Life, AD&D and Disability Insurance	New York Life	800-362-4462	www.mynylgbs.com
Health Payment Account	Paytient	866-345-9591	my.paytient.com
Prescription Drugs	Express Scripts	866-834-0495	express-scripts.com
Rx Savings Solutions		800-268-4476	rxss.com
Medicare Support	SmartConnect	855-322-1173	gps.smartmatch.com/advantagesolutions
SWORD Physical Therapy	SWORD Health	888-492-1860	join.swordhealth.com/advantagesolutions/register
Vision Plan	VSP	800-877-7195	vsp.com
Additional Benefits — Powered by Corestream. Log on to the Advantage Connects site > Human Resources > Additional Benefits (US).			
Auto & Home Insurance Program	Liberty Mutual, Farmers and Travelers	949-774-4671, Corestream	Log on to the Advantage Connects site > Human Resources > Additional Benefits (US)
Identity Theft Protection	Allstate Identity Protection	949-774-4671, Corestream	Log on to the Advantage Connects site > Human Resources > Additional Benefits (US)
Legal Services	MetLife Legal	949-774-4671, Corestream	Log on to the Advantage Connects site > Human Resources > Additional Benefits (US)
Online Discounts	PerkSpot	866-606-6057	asbenefits.perkspot.com/login
Personal Loans	Salary Finance	949-774-4671, Corestream	Log on to the Advantage Connects site > Human Resources > Additional Benefits (US)
Pet Insurance	Nationwide	949-774-4671, Corestream	Log on to the Advantage Connects site > Human Resources > Additional Benefits (US)
Purchase Financing Benefits	Purchasing Power	949-774-4671, Corestream	Log on to the Advantage Connects site > Human Resources > Additional Benefits (US)
Universal Life Insurance with Long-Term Care Benefit	Trustmark	949-774-4671, Corestream	Log on to the Advantage Connects site > Human Resources > Additional Benefits (US)
Additional Insurance: Accident, Critical Illness and Hospital Indemnity	MetLife	949-774-4671, Corestream	Log on to the Advantage Connects site > Human Resources > Additional Benefits (US)

Note: While we have made every effort to make sure that this Benefits Guide is comprehensive, it can't provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or Summary Plan Descriptions (SPDs), which are posted on MY BENEFITS at advantagebenefits.net. The SPDs determine how all benefits are paid. In the event of any discrepancy, the plan documents will prevail.

GROUP NUMBERS

Your providers may ask you for a group number when you access care. The helpful sheet below provides important group numbers based on your business unit. Please note, not all of your benefits have group numbers — only those listed here.

Benefit	Plan/Provider/Location	Group Number
		Advantage and CDS
Medical	Blue Shield — Full Network and High Performance Network (HPN)	
	Check the front of your card for your unique Subscriber ID, which will be used to register your member account online.	EPO: W8002375 HPN: W8002377
	Kaiser HMO	
	Southern California	131356
	Northern California	36162
	Northwest (Oregon and SW Washington)	14290
	Washington	1920900 (Advantage) 1920902 (CDS)
	Hawaii	5722
	Colorado	47089
	Georgia	10538
	Mid-Atlantic (MD, VA, D.C.)	29788
	Kaiser Virtual First Plan	
	Southern California	131356
	Northern California	36162
	Northwest (Oregon and SW Washington)	14290
	Washington	2292300 (Advantage) 2292302 (CDS)
	Colorado	47089
	Georgia	10538
	Mid-Atlantic (MD, VA, D.C.)	29788
	Triple S	
	Triple S	SP0007212
	401(k) Retirement Plan	Principal
Business Travel Accident	AIG	9159454
COBRA	HealthEquity	27944
Commuter Benefits	HealthEquity	27944
Dental	Cigna	3332321
Life, AD&D and Disability	New York Life	FLX980467
	New York Life AD&D	OK980479
	New York Life Long-Term Disability	LK980268
	New York Life Short-Term Disability	VDT980198
	New York Life New York DBL	075673
	New York Life Hawaii	TDI980162
Prescription Drugs	Express Scripts	ASM00Rx
Vision	VSP Base Plan	12156733-2001 (Advantage) 12156733-2015 (CDS)
	VSP Enhanced Plan	12156733-2003 (Advantage) 12156733-2017 (CDS)
Additional Insurance	Accident	103240
	Critical Illness	
	Hospital Indemnity	

