Benefits Guide

Professional / Travelers

2026

January 1–December 31, 2026

TOTALMED

Understanding Your Benefit Options!

TotalMed offers a comprehensive benefits program, thoughtfully designed with you and your family in mind. As a new hire and during Open Enrollment, you can make changes to your benefits package to ensure you and your family have the right coverage. This benefits guide is a key tool to help you learn about your benefit options. It provides helpful information and resources to support your decision-making. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year.
- Gather the necessary information you need to get started. If you are covering dependents, you will need their birth dates and Social Security numbers.
- Learn about programs to help ensure financial security for you and your family.

Getting the most value from your benefits depends on understanding the plans and how you choose to use them. This guide offers an overview of the benefits available. Read it carefully for important details about your benefit options.

If you have any questions regarding your benefits package, please contact us at **HRtrav@tnaa.com**.

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

What's Inside?

How to Enroll

Benefits Educators

TotalMed has partnered with Benefit Educators to support our enrollment efforts through personalized, one-on-one benefits education and enrollment assistance. Benefit-eligible employees will have the opportunity to speak with a benefit counselor for enrollment assistance and questions. We strongly encourage you to contact a Benefits Counselor! You may add, remove or change your benefit elections during Open Enrollment and during new hire and rehire enrollment in 2026.

Need Help to Enroll? Benefit Educators Can Help!

- Visit **tnaa-tmh.mybenefits.pro** to schedule a time to receive a callback (no waiting)
- Call (877) 418-3413, M-F 10 a.m.–7 p.m. EST.
- Email questions to **tnaa-tmh@enrollwithbe.com**

How Do I Enroll in Benefits?

Contact Benefits Educators for enrollment assistance or complete enrollment online. You must use a laptop or computer to complete enrollment online.

New Hires and Rehires

You have 30 days from your date of hire to enroll in benefits coverage. If you fail to enroll on time, you will not have benefits coverage for the coming year.

KEEP IN MIND: The next chance you will have to change your benefits is if you experience a qualifying life event OR during the annual Open Enrollment period for coverage effective January 1 of the following year.

You must use a laptop or computer to complete enrollment.

To enroll, log on to **https://ew31.ultipro.com**

- **Username:** You will receive an email from **HRIS@tnaa.com** with your username. Please check your junk or spam folder if you do not see it in your inbox.
- **Default password:** Your date of birth in this format: MMDDYYYY
- Navigate to Menu > Click on Person Icon > Myself > Life Event
- Select “I am a New or Rehired Employee”

Open Enrollment

During Open Enrollment, held in November, you have the opportunity to enroll or make changes to your benefits coverage for the next calendar year.

- To enroll, log on to **https://ew31.ultipro.com**
- Navigate to Menu > Person Icon > Myself > Open Enrollment > Start Enrollment Please review each benefit section carefully and elect to enroll or decline coverage

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

Benefit Basics

Employee Eligibility

You must be a full-time employee working 30 or more hours per week.

Eligible Dependents

- Your legally married spouse.
- Your domestic partner (DP) and/or their children.
- Your biological children, stepchildren, adopted children or children for whom you have legal custody up to age 26.
- Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Waiting Period

You are eligible for medical coverage and additional plans as of your date of hire.

What Happens to Your Benefits During a Gap Between Contracts?

- If you have a gap of 30 days or less between the end date of your contract and the start date of a new one, your benefits will continue as if there was no break. You will be responsible for any missed premiums upon your return.
- If there is a gap of more than 30 days between your last contract end date and the start date of a new contract, your benefits will end on your last contract end date and you will receive COBRA paperwork. You will have the option to continue coverage under COBRA during that gap if you choose. Coverage as a rehire will be available once your new contract begins.

Experiencing a Qualifying Life Event

Midyear Changes / Qualifying Life Events

You can only update your benefits during the plan year if you experience a qualifying life event. To request changes to your benefit elections, contact Human Resources within 30 days of the event. Be ready to provide documentation such as a marriage license, birth certificate or divorce decree. If you miss this deadline, you may need to wait until the next Open Enrollment period to make changes.

Qualifying Life Events

Below are examples of what the IRS considers qualifying life events. Please note, this is not an exhaustive list. Contact **HRTrav@tnaa.com** if you believe you're experiencing a qualifying life event.

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

Qualifying Life Event Enrollment via UltiPro

- To enroll, log on to **https://ew31.ultipro.com**
- Navigate to Menu > Person Icon > Myself > Life Event
- Select "I have a Qualifying Life Event"

Username: Full last name and first letter of first name (e.g., smithj)

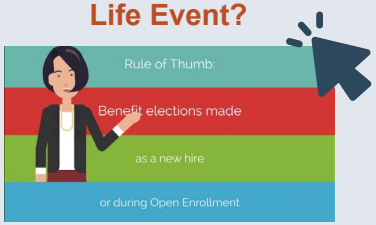
Default Password: Your date of birth in the format MMDDYYYY

Note: Enrollment must be completed on a computer (not mobile)

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

What Is a Qualifying Life Event?



Employee Assistance Program (EAP)

MetLife

Help When You Need it Most

The MetLife EAP can assist you and your household members in accessing professional support and guidance to make life easier. The program offers easy-to-use services to help manage everyday challenges—at no cost to you. All services are 100% confidential, and you can access them anytime, anywhere.

Expert Advice for Work, Life and Well-being

Experienced counselors, provided through LifeWorks, are available to support you with anything going on in your life, including (but not limited to):

- **Family:** Divorce, parenting, caregiving
- **Work:** Relocation, relationship-building, navigating changes
- **Money:** Budgeting, financial planning, retirement, real estate, taxes
- **Legal:** Family law, financial matters, real estate, estate planning
- **Identity Theft:** Prevention tips, financial counseling
- **Health:** Anxiety, depression, sleep, smoking
- **Everyday Life:** Moving, grief, military matters, pets

Who Is Covered?

MetLife's EAP services are available to all eligible partners and employees, their spouses or domestic partners and dependent children.

Help at Your Fingertips

- **Mobile App:** Search "LifeWorks" in your app store (username: metlifeeap | password: eap)
- **Phone Support:** 1-888-319-7819
- **Online Support: metlifeeap.lifeworks.com** (username: metlifeeap | password: eap)
- **Live Support:** Up to five in person, phone or video counseling sessions per person, per year.

Anthem Live Health Online

Anthem

Access to 24/7 Virtual Mental and General Health Care

If you enroll in a medical plan, you can access Anthem's Life Health Online suite at $0 copay through the Sydney Health App.

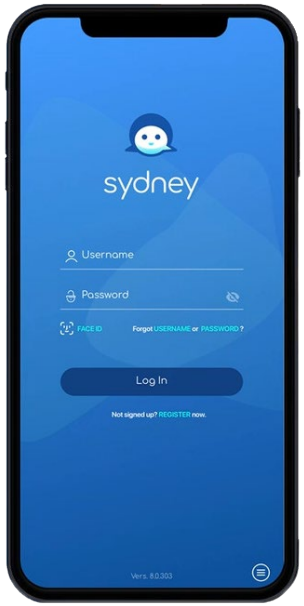
When you're not feeling well, you can easily get the support you need through Anthem Live Health Online. Whether you have a cold, feel anxious or need help managing your medication, doctors and mental health professionals are available to assist you in feeling your best. With Anthem Live Health Online, you can have a video visit with a board-certified doctor, psychiatrist, or licensed therapist from your smartphone, tablet or computer, whether at home or anywhere else.

The Sydney Health app is available for both Apple and Android phones.

Get started with Sydney Health
Download the app today!

GET IT ON Google Play

Download on the App Store



How the Medical Plans Work

Choosing the Right Benefits Plan

Trying to make sense of your medical plans? Here's a quick overview. The HDHP HSA options and the PPO plan offer the same coverage, provider network and services. However, these plans have different employee contributions, coinsurance and deductibles, and out-of-pocket maximums. Compare the plans here:

Features	HDHP HSA Options	PPO Plan
Company Contributes to Your Premiums	Yes	Yes
Network of Health Care Providers And Contracted Rates	Yes	Yes
Can Contribute Pre-Tax Dollars to Health Savings Account	Yes	No
Preventive Care	100% covered in network.	100% covered in network.
Deductible	Applies to all services/prescriptions except preventive services.	Applies to certain covered services.
Copays/Coinsurance	Yes, after deductible is met. Employee is responsible for coinsurance/copay.	Yes, employee is responsible for coinsurance/copay. Deductible may apply for certain services.
Out-of-Pocket Maximum	Plan pays 100% for covered services after you reach this amount.	Plan pays 100% for covered services after you reach this amount.

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

Enrollment Worksheet

Medical	Benefits Enrollment Worksheet - Weekly Premiums, 52 Pay Periods Annually			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
HDHP HSA Option 1	$80.92	$217.27	$172.04	$262.57
HDHP HSA Option 2	$53.78	$207.97	$140.70	$253.57
PPO 4000	$132.76	$284.75	$224.24	$406.04
Dental	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Dental Low	$5.31	$11.86	$19.50	$20.93
Dental High	$7.39	$17.83	$22.58	$28.64
Vision	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Vision	$1.40	$2.73	$3.18	$3.80
Short-Term Disability*	**Benefit Percentage**	**Weekly Benefit Maximum**	**Maximum Benefit Duration**	**Elimination Period**
Plan A	60% of weekly earnings	Up to $2,100	9 weeks	**Illness:** 30 days / **Injury:** 30 days
Plan B	60% of weekly earnings	Up to $2,100	11 weeks	**Illness:** 14 days / **Injury:** 14 days
Plan C	60% of weekly earnings	Up to $2,100	12 weeks	**Illness:** 7 days / **Injury:** 7 days
Long-Term Disability*	**Benefit Percentage**	**Monthly Benefit Maximum**	**Maximum Benefit Duration**	**Elimination Period**
Choice 1	60% of your monthly earnings	Up to $9,000	5 years	90 days
Choice 2	60% of your monthly earnings	Up to $9,000	Social Security normal retirement Age (SSNRA)	90 days
Voluntary Life and AD&D*	**Increments**	**Maximum**	**Salary Limitation**	**Guaranteed Issue**
Employee	$10,000	$500,000	5x	$300,000
Spouse	$5,000	$250,000	N/A	$50,000
Child(ren)	$2,000	$10,000	N/A	$10,000
Accident Insurance	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Low Plan	$1.75	$3.47	$4.16	$4.92
High Plan	$2.27	$4.49	$5.36	$6.35
Critical Illness*	**Increments**	**Maximum**	**Wellness Benefit Included**	
Coverage Levels	$10,000	$30,000	Yes	
Hospital Indemnity	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Low Plan	$2.37	$4.10	$3.71	$5.43
High Plan	$4.70	$8.11	$7.34	$10.76
Wagmo	**Value Plan**	**Classic Plan**	**Deluxe Plan**	
Per Pet (five pet maximum)	$5.08	$9.23	$13.38	
Legal and ID Theft Protection	**Individual**	**Household**		
Legal Shield	N/A	$4.37		
ID Shield	$2.07	$4.37		
Legal/ID Shield Combo	$6.44	$7.82		

*Rates are either determined by wages, age, or the amount of coverage elected. Weekly rates will populate within the Life Event or Open Enrollment module in UKG.

Health and Welfare

Anthem

Medical Plan Options

The table summarizes the key features of the PPO medical plan. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits. For complete coverage details, please refer to the Summary Plan Description. **Wisconsin residents will use the Blue Preferred POS network. Residents outside Wisconsin will use the BlueAccess network. You become eligible on your date of hire. Benefits end on the last day of your contract.**

Key Medical Benefits	PPO 4000 Plan	
	In-Network	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$4,000 / $8,000	$8,000 / $16,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	$6,000 / $12,000	$12,000 / $24,000
Covered Services		
Office Visits (physician / specialist)	$45 / $65 copay	50% after deductible
Routine Preventive Care	No charge	50% after deductible
Outpatient Diagnostic (lab / X-ray)	No charge	50% after deductible
Complex Imaging	20% after deductible	50% after deductible
Emergency Room	$250 copay + 20%	
Urgent Care Facility	$100 copay	50% after deductible
Inpatient Hospital Stay	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30-day supply)	$20 / $40 / $70	N/A
Mail Order (90-day supply)	$50 / $100 / $175	50% coinsurance (retail) and Not covered (home delivery)

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Access Your Medical Plan

- **Phone:** 1-833-578-4439
- **Online: anthem.com**

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

Health and Welfare

Medical Plan Options

The table summarizes the key features of the high-deductible health plans (HDHPs). If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits. For complete coverage details, please refer to the Summary Plan Description. **Wisconsin residents will use the Blue Preferred POS network. Residents outside Wisconsin will use the BlueAccess network.**
You become eligible on your date of hire. Benefits end on your last day of contract.

Key Medical Benefits	HDHP HSA Option 1		HDHP HSA Option 2	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$6,500 / $13,000	$13,000 / $26,000	$6,500 / $13,000	$13,000 / $26,000
Individual with Garner (You Pay / Garner Pays)	**You pay first $2,000, GARNER then pays $3,500, You pay final $1,000**	N/A	**You pay first $3,000, GARNER then pays $1,500, You pay final $2,000**	N/A
Family with Garner (You Pay / Garner Pays)	**You pay first $4,000, GARNER then pays $7,000, You pay final $2,000**		**You pay first $6,000, GARNER then pays $3,000, You pay final $4,000**	
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	$7,500 / $15,000	$15,000 / $30,000	$7,500 / $15,000	$15,000 / $30,000
Individual with Garner	**With GARNER $4,000**	N/A	**With GARNER $6,000**	N/A
Family with Garner	**With GARNER $8,000**		**With GARNER $12,000**	
Covered Services				
Routine Preventive Care	No charge	40% after deductible	No charge	50% after deductible
Office Visits (physician / specialist)	20% after deductible	40% after deductible	$40 copay / $60 copay after deductible	50% after deductible
Inpatient Hospital Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency Room	20% after deductible		$250 copay, 30% after deductible	
Urgent Care Facility	20% after deductible	40% after deductible	$100 copay after deductible	50% after deductible
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5)				
Retail Pharmacy (30-day supply)	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Mail Order (90-day supply)	20% after deductible	40% after deductible (retail) and Not covered (home delivery)	30% after deductible	50% after deductible (retail) and Not covered (home delivery)

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Garner Health

Use Top Providers and Get Reimbursed

If you enroll in one of the high-deductible health plans (HDHPs), you gain an advantage that can save you money on out-of-pocket expenses.

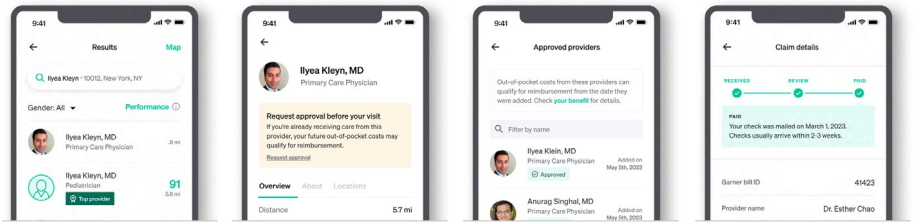
Garner Health is a health care benefit that helps you find the best medical providers in your area and reimburses you for qualifying out-of-pocket medical costs.

Garner Health analyzes the largest medical claims dataset in the U.S. to objectively assess doctor performance and identify the top 20% of doctors, ensuring you receive the best care available at a reasonable price. When you visit these Top Providers, a portion of your out-of-pocket medical costs may qualify for reimbursement if:

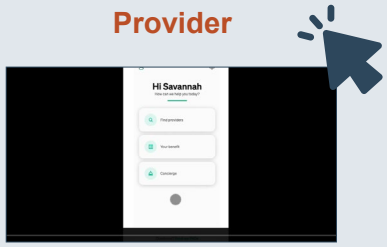
- You created a Garner Health account and added the provider to your list of approved providers before the date of service.
- Your provider is in-network, and your health insurance plan covered the cost.
- The type of cost qualifies for reimbursement under your Garner plan.
- You have incurred costs that exceed the minimum deductible when paired with an HSA.

How to Use Garner

First, create your account. Then, find the best doctors and get reimbursed for a portion of your out-of-pocket medical costs.



How to Find a Provider



Scan this QR to sign up for Garner Health

Getting Started

Find Doctors

Costs from doctors with a “Top Provider” badge qualify for reimbursement as long as the service is in-network and covered by your health insurance plan. Top Providers are automatically added to your list as soon as they are visible on your screen.

Add Doctors

If your current primary care provider, gynecologist, gerontologist, pediatrician, psychiatrist or psychologist isn’t a Top Provider, you may add them by clicking “Request approval.”

Check Your List

Ensure your doctor is added to this list before you see them. Out-of-pocket medical costs from your approved providers will qualify for reimbursement after they are added to your list.

Get Reimbursed

Submit documentation from your insurance company. Click “Manage Claims” on the home screen of the app to submit your claims. Track each claim on the “Claim details” page.

Questions?

- Message the Concierge through the **Garner Health App**
- Online at **getgarner.com**
- Email **concierge@getgarner.com**

Health Savings Account (HSA)

If you enroll in a high-deductible health plan (HDHP), you can also open a health savings account (HSA) to help pay for current and future eligible health care expenses.

How Does an HSA Work?

- You must be enrolled in an HDHP to participate.
- An HSA allows you to pay lower federal income taxes by making tax-free deposits each year.
- Deposits to your HSA are yours to withdraw at any time to pay for medical expenses not covered by your HDHP.
- Your contribution may not exceed the annual IRS limits listed below.
- Funds roll over from year to year.
- You can change your contribution level at any time during the year.
- Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate, plus 20% if you are under age 65.
- To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs, nor be claimed as a dependent on someone else's tax return.
- When you reach age 65, there's no longer a penalty for withdrawing HSA funds to use for non-medical expenses, but you will owe income tax on the withdrawals.

HSA Contribution Limit	2026
Employee Only	$4,400
Family (Employee + 1 or More)	$8,750
Catch-up (Age 55+)	$1,000

VOYA FINANCIAL

Managing Your HSA

Opening and managing your HSA with Voya is quick and simple. You'll receive information on investment options, payment methods, and ongoing support to help you build and oversee your savings. For convenience, you can open a Voya HSA online.

Access Your HSA

- Online at **myhealthaccountsolutions.voya.com**
- Phone 1-833-232-4673
  Monday-Friday, 8 a.m. to 8 p.m. EST

Questions?

- Email **HASInfo@voya.com**

What Is a Health Savings Account?

Meet David

Choosing the Right Benefits Plan

David is a 42-year-old registered nurse enrolling in benefits coverage for himself only. He's in good health and typically only visits his doctor once a year for routine preventive care. Because of his low health care usage, David is looking for a plan that balances strong coverage with affordable costs—allowing him to maintain peace of mind while maximizing his take-home pay.

Please note: This example reflects coverage for in-network services.

	David contributes to an HSA to help cover eligible expenses before tax.	David has a $6,500 deductible. If he registers with Garner Health and submits EOBs for reimbursement, his out-of-pocket deductible is just $3,000.	David pays 20% of the approved charges after deductible. The plan pays 80%.	The plan pays 100% of approved charges after David reaches his out-of-pocket maximum, which is $4,000 if he uses Garner Health and submits EOBs for reimbursement.
HDHP HSA Plan Option 1	**Funds** / **Deductible**		**Coinsurance**	**Out-of-Pocket Maximum**
	David has a $4,000 deductible for a single plan.	David pays 20% of approved charges after deductible (except for prescriptions, urgent care, and office visits which are copays) The plan pays 80%.	The plan pays 100% after David reaches his out-of-pocket maximum of $6,000.	
PPO 4000 Plan	**Deductible** / **Copay/Coinsurance**		**Out-of-Pocket Maximum**	
	David contributes to an HSA to help cover eligible expenses before tax.	David has a $6,500 deductible. If he registers with Garner Health and submits EOBs for reimbursement, his out-of-pocket deductible is just $5,000.	David pays 30% of approved charges after deductible or a copay depending on the covered services. The plan pays 70%.	The plan pays 100% of approved charges after David reaches his out-of-pocket maximum, which is $6,000 if he uses Garner Health and submits EOBs for reimbursement.
HDHP HSA Plan Option 2	**Deductible** / **Funds**		**Copay/Coinsurance**	**Out-of-Pocket Maximum**

Anthem Well-Being Rewards

Focus on wellness and complete activities and earn rewards up to $200.

The Well-Being Solutions Program

The Well-Being Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities in this chart, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to $200.

Achieve Your Health Goals With Well-Being Coach

The Well-Being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness and sleep. To access your Well-Being Coach for personalized digital and phone support, go to the Sydney Health app or **anthem.com**.

Activity Type	Activities	Amount
Digital and wellness activities Rewards are added to your account as you complete activities on the SydneySM Health app or on anthem.com.	Log on to your Anthem account	Up to $20 ($5 per quarter)
	Connect a fitness or lifestyle device	$5
	Complete a health assessment and receive tailored health recommendations	$20
	Complete action plans around eating healthy, weight management and physical activity	Up to $25 ($5 per action plan)
	Track your steps	Up to $60 ($2 per 50,000 steps tracked)
	Complete Well-Being Coach digital daily check-ins	Up to $20 ($4 per milestone)
	Update your contact information	$15
	Select a primary care provider in Sydney Health	$10
	Participate in Emotional Well-Being Resources program	$5
	Log daily nutrition (at least 45 days per quarter)	Up to $12 ($3 per quarter)
	Use any EAP service	$5
Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor	$25
	Get an annual cholesterol test (men ages 35 and older, women ages 40 and older, or upon doctor recommendation)	$20
	Have a colorectal cancer screening (ages 45 and older or upon doctor recommendation)	$25
	Have a routine mammogram (women ages 40 to 74 or upon doctor recommendation)	$25
	Have an annual eye exam	$25
	Get an annual flu shot	$20
	Get an A1C lab test	$10
Condition management Rewards are added to your account as you meet benchmarks or complete a program.	Condition Care: Work one on one with your health coach and earn rewards for participating in and completing the program	Up to $50 ($20/$30)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities	Up to $40 ($10 per milestone)
	Well-Being Coach: Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward	$25
	Well-Being Coach:Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward	$25
	Get a diabetic foot exam	$25
	Get an LDL or lipid diabetic lab test	$10
	Get a microalbumin and eGFR diabetic lab test	$10

Using the Sydney Health App

You can start earning rewards by downloading the Sydney Health app to your mobile device or logging on to anthem.com.

Dental

MetLife

You become eligible on your date of hire. Benefits end on the last day of your contract.

The following is a high-level overview of the coverage available from our health insurance partner, MetLife. The table summarizes the key features of the dental plans. The copay and coinsurance amounts listed reflect the member's responsibility. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Dental Benefits	Dental High Plan		Dental Low Plan	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$50 / $150		$75 / $225	
Benefit Maximum (per calendar year; preventive, basic and major services combined)				
Per Individual	$2,000		$1,000	
Covered Services				
Preventive Services (oral exam, teeth cleaning, bitewing X-rays, fluoride treatments)	No charge		No charge	
Basic Services (restorations, emergency treatment to relieve pain, fillings, general services, simple extractions, oral surgery)	20% after deductible		20% after deductible	
Major Services (periodontics, endodontic, inlays, onlays, crowns, bridges, dentures)	50% after deductible		50% after deductible	
Orthodontia (Child Only)	50%		N/A	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

MetLife

You become eligible on your date of hire. Benefits end on the last day of your contract.

The following is a high-level overview of the coverage available from our health insurance partner, MetLife. The table summarizes the key features of the vision plan. The copay and coinsurance amounts listed reflect the member's responsibility. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Vision Benefits	In-Network With Superior	Out-of-Network Reimbursement
Exam (Once Every 12 Months)	$10	$45 allowance
Materials Copay	$25	$25
Lenses (Once Every 12 Months)	$25	
Single Vision		$30 allowance
Bifocal		$50 allowance
Trifocal		$65 allowance
Lenticular		$100 allowance
Frames (Once Every 12 Months)	$150	$70 allowance
Contact Lenses (Once Every 12 Months; in Lieu Of Glasses)		$105 allowance

Access Your Plans

- **Dental: 1-800-438-6388**
- **Vision: 1-800-438-6388**
- **Online: metlife.com/mybenefits**

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

Voluntary Short-Term Disability

MetLife

You are eligible for voluntary short-term disability beginning on your date of hire. Benefits end on your last day of contract.

Short-term disability provides partial income replacement if you are unable to work due to illness or injury.

Your weekly cost will be calculated based on the plan you elect, your age and your weekly earnings. When electing coverage through **https://ew31.ultipro.com**, your cost will automatically be calculated for you based on your plan choice.

These plans have a pre-existing condition limitation—any condition you have been treated for in the three months prior to your effective date will not be covered during the first 12 months of coverage.

Plan A	
Benefit Percentage	60% of your weekly earnings
Weekly Benefit Maximum	Up to $2,100
Maximum Benefit Duration	9 weeks
Elimination Period	**Illness:** 30 days / **Injury:** 30 days
Plan B	
Benefit Percentage	60% of your weekly earnings
Weekly Benefit Maximum	Up to $2,100
Maximum Benefit Duration	11 weeks
Elimination Period	**Illness:** 14 days / **Injury:** 14 days
Plan C	
Benefit Percentage	60% of your weekly earnings
Weekly Benefit Maximum	Up to $2,100
Maximum Benefit Duration	12 weeks
Elimination Period	**Illness:** 7 days / **Injury:** 7 days

Voluntary Long-Term Disability

MetLife

You are eligible for voluntary long-term disability beginning on your date of hire. Benefits end on your last day of contract.

Long-term disability provides continued benefits if you remain disabled for an extended period of time.

Your weekly cost will be calculated based on the plan you elect, your age and your monthly earnings. When electing coverage through **https://ew31.ultipro.com**, your cost will automatically be calculated for you based on your plan choice.

These plans have a pre-existing condition limitation—any condition you have been treated for in the three months prior to your effective date will not be covered during the first 12 months of coverage.

Choice 1	
Benefit Percentage	60% of your monthly earnings to a monthly maximum of $9,000
Monthly Benefit Maximum	Up to $9,000
Maximum Benefit Duration	5 years
Elimination Period	90 days
Choice 2	
Benefit Percentage	60% of your monthly earnings to a monthly maximum of $9,000
Monthly Benefit Maximum	Up to $9,000
Maximum Benefit Duration	Social Security normal retirement age (SSNRA)
Elimination Period	90 days

To File a Claim

Phone: 1-833-622-0135

Online: mybenefits.metlife.com

Supplemental Life and AD&D Insurance

MetLife

You are eligible for supplemental life and AD&D insurance beginning on your date of hire. Benefits end on your last day of contract.

You may wish to purchase supplemental life and accidental death and dismemberment (AD&D) insurance through MetLife for yourself, your spouse or domestic partner and your dependent children. The average cost is based on your age and the amount of coverage you elect. **Dependent coverage is available only when you elect coverage for yourself.**

Supplemental Life and AD&D Insurance

- **Employee:** You may purchase supplemental life and/or AD&D insurance in increments of $10,000 up to $500,000 or five times your annual salary, whichever is less. The Guaranteed Issue amount is $300,000 if you elect coverage when you are first eligible.
- **Spouse or Domestic Partner:** If you purchase supplemental life and/or AD&D insurance for yourself, you may also purchase coverage for your spouse in $5,000 increments up to $250,000, not to exceed 100% of the employee amount. The Guaranteed Issue amount for your spouse is $50,000 if you elect coverage when you first become eligible.
- **Child(ren):** If you purchase supplemental life and/or AD&D insurance for yourself, you may also purchase coverage in $2,000 increments up to $10,000 for your dependent child(ren) up to age 26.

Supplemental Life and AD&D Enrollment

- If you are in your initial eligibility period, you can elect up to the Guaranteed Issue amount without being subject to a Statement of Health (SOH).
- If you are not in your initial eligibility period or if you elect amounts greater than the Guaranteed Issue amount, **you will be required to complete an SOH health questionnaire** and submit it to our carrier, MetLife. Any coverage subject to SOH would become effective the first of the month following approval from MetLife. You will be receiving an email from MetLife to complete the online SOH form. It is your responsibility to open the link included in the email, complete the online form and submit to MetLife for approval.

Note: "Guaranteed Issue" refers to a feature of an insurance policy in which that policy is offered to any eligible applicant without regard to health status. The term "Guaranteed Issue Amount" is the highest amount of insurance coverage a carrier promises to sell you, regardless of health status.

Filing a Claim?

- **Life Claims**: 1-800-638-6420 (opt. 2) or **lifeclaimssubmit@metlife.com**
- **Disability Claims**: 1-833-622-0135 **metlife.com/mybenefits** or fax to 1-800-230-9531

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

Additional Voluntary Benefits

MetLife

You are eligible for voluntary benefits beginning on your date of hire. Benefits end on your last day of contract.

Our benefit plans are here to help you and your family live well and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through MetLife are designed to complement your health care coverage and allow you to customize your benefits to your and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse or domestic partner and dependents. The average cost is based on your age and the amount of coverage you elect.

Accident Insurance

Accident insurance helps reduce the financial burden of an accidental injury by providing a specified dollar amount to cover unexpected out-of-pocket expenses for your treatment.

Covered Benefit	High Plan	Low Plan
Hospital Admission	$1,500	$1,000
Daily Hospital Confinement	$300	$200
Ambulance-Ground	$400	$300
Emergency Room	$200	$150
Urgent Care	$100	$75

Critical Illness

With critical illness insurance, you will receive a lump-sum benefit if you are diagnosed with a covered condition, which you can use however you like, including to help pay for treatment, prescriptions, travel, increased living expenses and more. If you purchase critical illness coverage for yourself, you may also purchase coverage for your dependents. The average cost is based on your age and the amount of coverage you select.

Covered Benefit	Option 1	Option 2	Option 3
Employee Face Amount	$10,000	$20,000	$30,000
Spouse Face Amount	50% of Employee Face Amount		
Child(ren) Face Amount	25% of Employee Face Amount		
Pre-Existing Condition	None	None	None

Hospital Indemnity Insurance

Hospital Indemnity plans can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance, and other out-of-pocket expenses due to a covered sickness or injury related to hospitalization.

Covered Benefit	High Plan	Low Plan
Hospital/ICU Admission	$2,000	$1,000
Daily Hospital Confinement	$200	$100
Pre-Existing Condition	None	None

Learn More About Voluntary Benefits

- **Phone: 1-800-438-6388**
- **Online: metlife.com/mybenefits**

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

Retirement Plan

Your retirement plan isn't just a generic or glorified savings plan for your day-to-day expenses. It's a long-term personal plan for growing your savings for your future. TotalMed, in partnership with Voya, offers a retirement plan to enable you to invest in your future via the convenience of regular, tax-deferred or after-tax payroll contributions.

Eligibility

You can start participating in the company retirement plan as soon as you are hired and are at least 18 years of age. Your contributions are 100% vested from day one, and once you're eligible for the TotalMed matching contributions, those are fully vested as well. To receive the employer match, you must stay with TotalMed for at least 1 year and work 1,000 hours during that time.

Safe Harbor Matching Contributions

Employer Contributions: The company will make a matching contribution on your behalf once you are eligible and will match 100% of the first 3% you contribute and 50% on the next 2% deferred. That means if you contribute 5% to your retirement account, the company will match 4%.

Vesting: You are always fully vested in your Elective Deferral Account, Rollover Contribution Account, Qualified Non-Elective Contribution Account and Safe Harbor Matching Contribution Account.

401(k) 2026 Limits

- $24,500 for under 50
- Additional $8,000 catch-up for individuals over 50

Financial Planning

Creative Planning is TotalMed's 401(k) investment advisor and fiduciary. They provide a team of experienced advisors who are fully licensed to offer investment recommendations and financial advice.

Creative Planning researches, selects and continuously monitors all of the investment options for our 401(k) plan participants on an ongoing basis.

If you would like to review your retirement plan with our Creative Planning advisor, scan the QR code below, **click here** or email **Stephanie.Goins@CreativePlanning.com**.

Access Your 401(k)

- **Phone: 1-800-584-6001**
- **Online:** voyaretirementplans.com

Questions?

Reach out to HRTrav@tnaa.com.

Pet Wellness

WAGMO

Wagmo provides pet care benefits that go beyond traditional pet insurance by reimbursing employees for routine and preventive care not typically covered by insurance.

With seamless enrollment, 24/7 telehealth access and no restrictions on age, breed or pre-existing conditions, Wagmo offers a valuable pet benefit to care for your cats or dogs. Choose the plan that best fits your furry friend's needs and enjoy peace of mind with routine care coverage.

Below is a comparison of the three Wagmo Wellness plans, outlining the services included and the total value each plan provides.

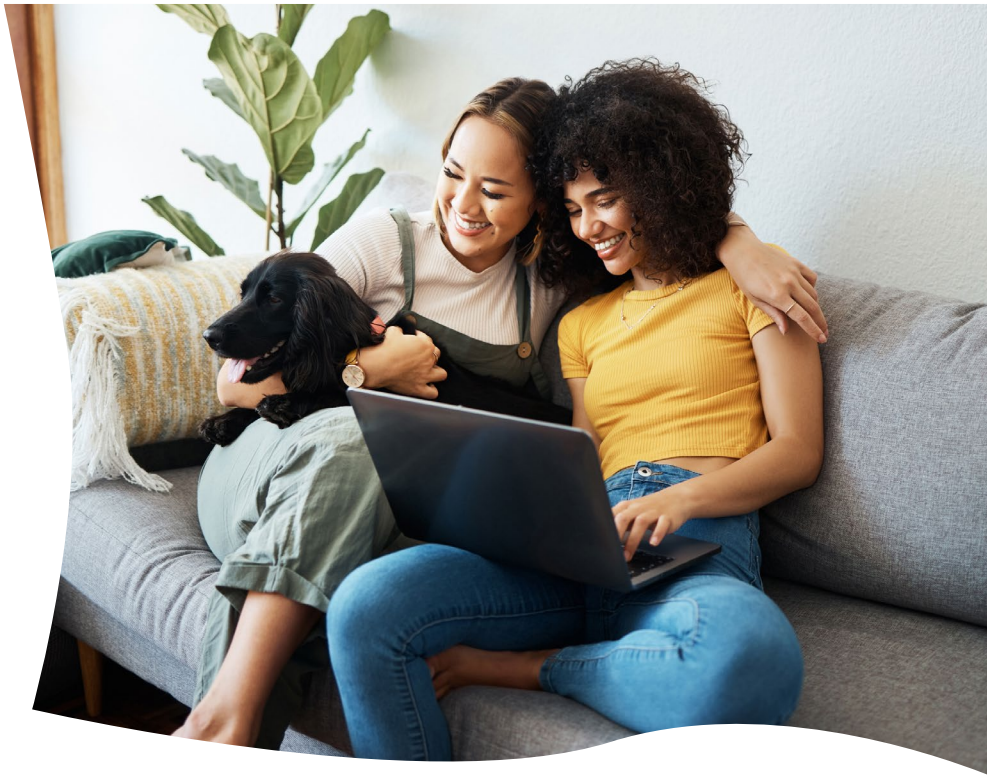
Feature	Value Plan	Classic Plan	Deluxe Plan
Routine Exams	1 per year	1 per year	2 per year
Vaccinations	2 per year	3 per year	4 per year
Routine Bloodwork	1 per year	1 per year	1 per year
Fecal Test	1 per year	1 per year	1 per year
Urinalysis	-	1 per year	1 per year
Flea/Tick/Heartworm	-	$100 per year	$200 per year
Grooming	-	$100 per year	$200 per year
Dental	-	-	$100 per year
Pet Training Sessions	-	-	3 per year
Virtual Vet Chats	Unlimited	Unlimited	Unlimited
Virtual Vet Videos	Unlimited	Unlimited	Unlimited
Total Value	Up to $800	Up to $1,100	Up to $1,700

Legal and ID Theft Protection

LegalShield

Legal and ID Shield provides legal service and identity theft protection to employees. The plans offer:

- Full identity restoration
- $5 million service guarantee
- Social media monitoring
- Privacy and security monitoring
- Consultation

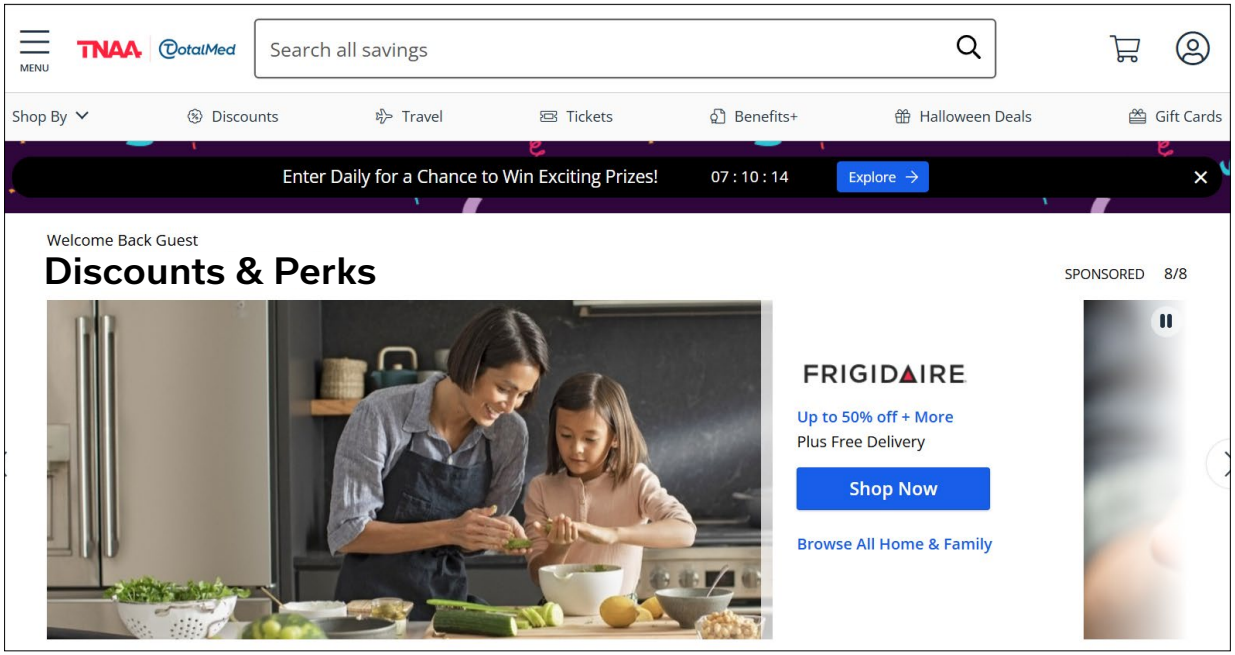


BenefitHub

Access discounts from more than 200,000 local and national companies, including apparel, auto, beauty, education, electronics, financial, flowers, gifts, pets, sports, travel, wellness and more. You can save on items including:

- Travel
- Automobiles
- Apparel
- Tickets
- Electronics
- Local deals
- Beauty and spa
- Restaurants
- Sports and outdoors

To get started, go to **tnaatmh1.benefithub.com** and create an account.



Questions?

Call 1-866-664-4621 or email customercare@benefithub.com.

COBRA Benefits

When your employment ends, you may be concerned about continuing your health insurance. The information below explains how COBRA coverage works, outlines important deadlines and outlines the steps you need to take.

What Is COBRA?

COBRA (Consolidated Omnibus Budget Reconciliation Act) allows you to continue your existing health insurance coverage after your employment ends. COBRA is not a new insurance plan—you'll keep the same provider, insurance cards and policy details. However, you will be responsible for paying the full premium amount, including the portion your employer previously covered.

When Do I Need to Decide?

You have 60 days from the date your COBRA Notice of Eligibility is mailed to elect COBRA coverage.

COBRA Notice of Eligibility

- Your notice will be generated after your employment officially ends. It cannot be issued in advance.
- A printed copy will be mailed to your permanent address on file via USPS.
- A digital copy will also be sent to your email address on record.

How to Enroll in COBRA

- Your COBRA packet will include full instructions for electing coverage and submitting payments.
- COBRA is administered by CAS (Consolidated Admin Services).
- You will submit your election forms and make monthly premium payments directly to CAS.

Leaves of Absence

Leaves of Absence

The information below is a summary of the most requested types of leave of absence that the company provides. Direct all questions and requests for leave of absence to Human Resources at **HRtrav@tnaa.com**.

Family Medical Leave Act (FMLA)

We recognize that there are times when an employee may need to be absent from work due to qualifying events under the Family and Medical Leave Act (FMLA). Accordingly, TotalMed will provide eligible employees up to a combined total of 12 weeks of unpaid FMLA leave per year for the following reasons and any other leave authorized by the FMLA:

- **Parental Leave:** For the birth of a child; placement of an adopted or foster child
- **Personal Medical Leave:** When you are unable to work due to your own serious health condition
- **Family Care Leave:** To care for a spouse, child or parent with a serious health condition
- **Military Exigency Leave:** When your spouse, parent or child (of any age) experiences a qualifying exigency from military service
- **Military Care Leave:** To care for your spouse, parent, child (of any age) or next of kin who requires care due to an injury or illness incurred while on active duty or was exacerbated while on active duty

FMLA Eligibility

If you have been with the company for at least 12 months (either consecutively or non-consecutively) and have completed at least 1,250 hours of service in a 12-month period before your leave date, you are eligible. Employees who work in small locations with fewer than 50 employees within 75 miles are not eligible for leave.

Requesting FMLA Leave

To request FMLA, you must provide Human Resources with verbal or written notice of the need for leave. Please refer to your Employee Handbook for procedures on requesting FMLA.

Workers' Compensation

Workers' compensation is a no-fault system designed to provide benefits to all employees for work-related injuries. The workers' compensation system covers medical treatment and expenses, occupational disability leave, rehabilitation services, as well as payment for lost wages due to work-related injuries.

In the event of a work-related injury or illness, you must follow the steps below:

- Report the event to your onsite manager immediately.
- Report the event to the Workers Compensation division at TotalMed as soon as possible, but at least within 24 hours of the event happening:
- **Email:** **jobinjuries@tnaa.com**
- **Phone:** 1-800-240-2526 ext. 9107
- **After hours:** 1-800-240-2526

Questions?

Reach out to **HRtrav@tnaa.com**.

Important Notices

Click each link to access the notices listed below:

- CHIPRA
- Annual Notice of Women's Health and Cancer Rights Act
- Notice of Marketplace Coverage Options
- Notice of Special Enrollment Rights
- General COBRA Notice
- Illinois Essential Health Benefit
- San Francisco Healthcare Option

Contacts

Plan	Carrier	Phone Number	Group # / Name	Website/Email
Employee Assistance Program (EAP)	MetLife	1-888-319-7819	TNAA-TMH	metlifeeap.lifeworks.com username: metlifeeap/password: eap
Enrollment Assistance	Benefit Educators	1-877-418-3413	TNAA-TMH	tnaa-tmh@enrollwithbe.com
Medical	Anthem BCBS	1-833-578-4439	L06688	anthem.com
Health Reimbursement	Garner Health	1-866-761-9586	TNAA-TMH	Getgarner.com concierge@getgarner.com
Dental	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Vision	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Health Savings Account (HSA)	Voya	1-833-232-4673	TNAA-TMH	myhealthaccountsolutions.voya.com
Supplemental Life/ADD	MetLife	1-800-638-6420 (opt 2)	253531	lifeclaimssubmit@metlife.com
Short-and Long-Term Disability	MetLife	1-833-622-0135	253531	metlife.com/mybenefits
Accident Insurance	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Hospital Indemnity Insurance	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Critical Illness Insurance	MetLife	1-800-438-6388	253531	metlife.com/mybenefits
Retirement Plan	Voya	1-800-584-6001	551952	voyaretirementplans.com
Pet Wellness	Wagmo	1-855-836-8785	TNAA-TMH	wagmo.io
Legal and ID Theft Protection	Legal Shield	1-800-654-7757	TNAA-TMH	legalshield.com
Discount Marketplace	BenefitsHUB	1-866-664-4621	TNAA-TMH	tnaatmh1.benefithub.com

Questions?

Reach out to **tnaa-tmh@enrollwithbe.com**.

HUB