



2026 – 2027 BENEFITS OPEN ENROLLMENT

April 27 – May 8

AGENDA

- Welcome
- What's New / What's Changing
- Eligibility & Enrollment
- Review of 2026 Benefits
- How to Enroll
- Questions

Panelists:

Tyran Sullivan – HUB International

Liat Ingordo - HUB International

Madeline Baisley– Cigna

Mandy Eversole – Cigna

Luis Correa – Principal Financial Group



WHAT'S NEW / WHAT'S CHANGING



MEDICAL – Leading Edge / Anthem

- No plan changes
- Employee Contributions will remain the same

DENTAL & Vision – Cigna

- No plan changes
- Employee contributions will remain the same

Life, Disability & Voluntary Coverages – Principal

- No benefit changes or cost changes to Voluntary Life, Voluntary STD, Voluntary LTD, Accident and Critical Illness.

ELIGIBILITY

Who can enroll?

- Full-time Employees working at least 30 hours/week
- Legal spouse or domestic partner
- Children under the age of 26

When can you enroll?

- Within 30 days of your date of hire
- During annual open enrollment
- Within 30 days of a Qualifying Event



UNDERSTANDING TERMS IN YOUR PLANS

- **Deductible:** The annual amount you pay for your care before your insurer begins to pay.
- **Maximum Out of Pocket (medical):** The most **you pay** toward covered services during the year. Once you reach your maximum out of pocket, the insurance company is responsible for 100% of the costs (for covered services) until the new year begins.
- **Annual dollar maximum:** The most **your plan** will pay toward covered services during the year. Once you reach your plan's dollar maximum, you're responsible for 100% of the costs until the new plan year begins.
- **Coinsurance:** Your share of the cost of covered services, usually after you meet your deductible. The plan pays the rest. This is usually illustrated as a percentage (i.e. 20%).
- **Copay:** The amount you pay per visit before your plan begins to pay.
- **In-network:** Doctors, dentists, facilities and vision providers that have contracts with your insurance company to deliver services at a discounted rate.
- **Out-of-network:** A doctor, dentist, facility or vision provider that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.



MEDICAL COVERAGE

SEARCH FOR AN IN-NETWORK PROVIDER

- <https://www.anthem.com/find-care/>
- Basic search as a guest
- Click continue
- Put in desired search criteria – location, provider name or specialty, etc.

Basic search as a guest

Select the type of plan or network

Medical Plan or Network (may also include dental, vision, or pharmacy benefits) ▼

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

New Jersey ▼

Select how you get health insurance

Medical (Employer-Sponsored) ▼

Select a plan or network

National PPO (BlueCard PPO) ▼

MEDICAL PLAN COMPARISON

Key Medical Benefits	Anthem Silver Plan PPO HSA		Anthem Gold Plan PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network Name	National PPO (BlueCard PPO)		National PPO (BlueCard PPO)	
Deductible – calendar year (Individual/Family)	\$5,000 / \$7,500 <i>(embedded)</i>	\$6,000 / \$12,000 <i>(embedded)</i>	\$3,500 / \$7,000 <i>(embedded)</i>	\$6,000 / \$12,000 <i>(embedded)</i>
Member Coinsurance	20%	50%	15%	30%
Out-of-Pocket Maximum – calendar year (Individual/Family)	\$7,500 / \$12,000 <i>(embedded)</i>	\$10,000 / \$20,000 <i>(embedded)</i>	\$6,000 / \$12,000 <i>(embedded)</i>	\$10,000 / \$20,000 <i>(embedded)</i>
Covered Services				
Office Visit (Physician/Specialist)	20% after deductible	50% after deductible	\$25 / \$50 copay	30% after deductible
Routine Preventive Care	No Charge	Not Covered	No Charge	30% after deductible
Lab/X-ray	20% after deductible	50% after deductible	Office Setting - \$25 copay Facility setting – 15% after deductible	30% after deductible
MRI / MRA; CT / CTA / PET Scan	20% after deductible	50% after deductible	15% after deductible	30% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	15% after deductible	30% after deductible
Inpatient Hospital Stay	20% after deductible	50% after deductible	15% after deductible	30% after deductible
Emergency Room	20% after deductible		\$250 copay	
Urgent Care Facility	20% after deductible	50% after deductible	\$50 copay	30% after deductible
Prescription Drugs (Tier 1/Tier 2/Tier 3)				
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$70 After medical deductible		\$10 / \$25 / \$50	Not Covered
Mail Order (90-day supply)	\$25 / \$87.50 / \$175 After medical deductible		\$25 / \$50 / \$125	Not Covered
Specialty Medication	All Specialty Drugs are Excluded: Contact Payer Matrix for assistance at 1-877-305-6202			

VIRTUAL CARE



Receive virtual care and support 24/7 with Anthem's [Sydney Health App](#)

Have a video visit with a doctor on your mobile device or computer with a camera, 24/7

[Visit with a doctor for common health concerns](#)

Doctors are available at anytime, with no appointments or long wait times. They can help you with these types of conditions:

COVID-19	Minor rashes
Flu	Sore throat
Cold and Fever	Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed

Download the
Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code
to download the
Sydney Health app.

You can also set up an account
at [anthem.com/register](https://www.anthem.com/register)
to access most of the same
features from your computer.

YOUR EMPLOYEE MESA PORTAL

- Leading Edge Administrators is a Third-Party Administrator (TPA) that administers claims on behalf of the plan sponsor. Leading Edge's member portal is called MESA
- When you register – your first name will include your middle initial or middle name (whichever is listed in ADP)
- Using the MESA portal - <https://mesa.leadingedgeadmin.com/>
 - View plan summaries
 - Review claims' history & deductible accumulators
 - View and download Explanations of Benefits (EOBs)
 - Request permanent and temporary ID cards

Concierge CARE - (844) 864 - 5011

- Available 9am – 6pm EST
- Helps you to find high-quality healthcare providers with your insurance network.
- Assists with claim denials and appeals
- Coordinates cost-effective medication solutions
- Answers questions on out-of-pocket costs and plan benefits
- Assistance with bill review, including balanced bills
- *If you need assistance with an ID card request or your medical ID number and are not able to access the MESA portal – contact the concierge team*

PRESCRIPTION DRUGS

Make the most of your new pharmacy benefits from Anthem

Your pharmacy coverage is important to your whole health. Use this benefits guide to help you be your healthiest and save money, too.

Get started by registering at [anthembluecross.com](https://www.anthembluecross.com)

Once you receive your new member ID card, register on [anthembluecross.com](https://www.anthembluecross.com) to see and manage your prescriptions all in one convenient place. Through the Anthem site, you'll be able to:

- Have prescription medications you take regularly delivered to your door with home delivery from CarelonRx Pharmacy.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time using online tools.
- Check your drug list (formulary) for a wide range of cost-effective medicines covered by your plan.
- Compare costs of medications between home delivery and retail pharmacies. You can also price generic medications using our Price a Medication tool.

Choose how to fill your prescriptions

Local pharmacies

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at [anthembluecross.com](https://www.anthembluecross.com).
2. Choose **Find a Pharmacy**.
3. Enter your ZIP code.

CarelonRx Pharmacy

For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Get started at [anthembluecross.com](https://www.anthembluecross.com). Shipping is always free.

PAYER MATRIX – SPECIALTY MEDICATIONS

(877) 305-6202

9AM – 7:30PM EST

About Us

Payer Matrix assists members in accessing programs for high-cost medications, reducing the overall prescription drug cost to the company and member. We leverage various forms of assistance programs, including manufacturer patient assistance, copay assistance, and other alternate sources to achieve these goals.

Program Criteria

Q: What are example criteria to qualify for these programs?

A: Each medication and program may have different requirements, but they may include: Income, Clinical Appropriateness (diagnosis/indication), Medical Necessity, Age Requirements.

Q: What if my income is too high to qualify? Do I still have to work with Payer Matrix and go through the program?

A: Payer Matrix is now the interface for all specialty medications. Coverage under the benefit is the same for all employees regardless of pay. Therefore, all employees seeking benefits must go through the same process.

Q: Do I have to provide financial information?

A: Financial information may be required at times as part of the application process if there is an income threshold requirement for the manufacturer. Not all manufacturers request financials on the application. Typically, the last two pay stubs for the member and spouse are required. Payer Matrix and the manufacturers do not share your information and communicate through a secure, encrypted electronic connection.



To receive maximum benefits, you must use a network provider. Precertification is required for all hospital admissions and specified outpatient procedures outlined in your SPD. In the event of an emergency, call within 48 hours of admission or the next business day. Failure to Precert may result in penalty.

Providers: Please file all claims with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare. Include the 3-digit prefix in addition to the ID number.

Possession of this card does not guarantee eligibility for benefits.

anthem.com

LEA Member Services Concierge

Member Services/Eligibility:*

1-844-864-5011

Pharmacy Member Services:

1-833-271-2374

Help for Pharmacists:

1-833-296-5039

Coverage While Traveling:

1-800-810-BLUE

Provider Eligibility/Benefits:

1-800-676-BLUE

Telemedicine:

livehealthonline.com

HealthLink Inc. Pre-Cert &

Case Management:*

1-877-284-0102

*Contracts directly with group

Services provided by Anthem HealthChoice Assurance Inc., Anthem HealthChoice HMO, Inc. and/or Anthem HP, LLC. Independent licensees of the Blue Cross Blue Shield Association. Anthem provides administrative services only and does not assume financial risk or obligation with respect to claims.

Self-Funded Coverage

UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB)



Leading Edge Administrators
4631 Woodland Center Blvd, Ste 310
Tampa FL 33614

Claim Summary

Claim Number	Patient Name	Total Charge	Ineligible Amount	Provider Discount	Covered By Plan	Deductible Amount	Patient Responsibility	Payment Amount
224-0000XXXXXX-00	Jane Doe	\$378.00	\$156.22	\$31.50	\$346.50	\$190.28	\$346.50	\$0.00
Totals		\$378.00	\$156.22	\$31.50	\$346.50	\$190.28	\$346.50	\$0.00

Claim #:	224-0000XXXXXX-00	Provider:	Provider Name	Enrollee ID:	Member ID
Patient:	Jane Doe	Enrollee:	Employer Name		

Dates of Service	Procedure	Charged Amount	Not Covered	Reason Code	Provider Discount	Allowable Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Payment Amount
01/11-01/11/2024	99479	\$378.00	\$156.22	SPP, 05	\$31.50	\$346.50	\$190.28	\$0.00	\$0.00	\$0.00
Column Totals		\$378.00	\$156.22		\$31.50	\$346.50	\$190.28	\$0.00	\$0.00	\$0.00

Patient's Responsibility:	\$346.50	Other Carrier Adjustment	\$0.00
		Total Payment Amount	\$0.00

Procedures

Code	Description
99479	SUBSEQUENT INTENSIVE CARE

Remarks

Code	Description
SPP	This service is subject to and has exceeded the maximum benefit allowable. If you have a balance billing issue, please contact Customer Service and they will work directly with providers on your behalf.
05	PPO Discount has been applied.

Section 1

Provides the dates of service and the specific procedure code used for billing.

Section 2

These figures outline the original amount charged for the service, what part is not covered by insurance, any discounts provided by the provider and the amount that is eligible for insurance coverage.

Section 3

This section outlines what you, as the member, are responsible for based on the terms of your insurance coverage.
*If the Patient Responsibility figure exceeds the totals shown in section 3, it may include additional charges due to balance billing. If this occurs, please contact your Concierge Customer Service at the number on the back of your ID Card.

Section 4

This section provides a brief description for each reason code listed.

Health Savings Account (HSA) Basics

Who is eligible for an HSA?

Per IRS, individuals are qualified for an HSA if they are:

- Covered by an HSA compatible high deductible health plan – **Compunnel's Silver plan only**
- Not covered by any other health plan
- Not claimed as a dependent on another person's tax return (excluding spouses per Internal Revenue Code)
- Not enrolled in Medicare or a Tricare program

HSA Administration

- Employee can open a new HSA account through employer or use an existing HSA account.
- Compunnel's current HSA Bank is **Health Equity**
- The minimum amount to be maintained in the Health Equity HSA account is \$2500, if any point of time the balance is below the minimum cap, the employee is charged \$3.95 to \$4 approximately monthly.
- Please reach out to hrbenefits@compunnel.com for more information HSA and enrolment.



HSA FEATURES



HSAs Fund Health Care Needs

The HSA fund can be used for future medical needs and toward the plan's annual deductible and out-of-pocket maximum.



HSAs are Flexible

You decide when to use your HSA funds to pay for qualified health related expenses. The HSA moves with you when you change medical plans, change employers or retire.



HSAs Can Cover You in Retirement

Your HSA funds can be used in retirement for eligible health related expenses, including Medicare expenses.



No “use it or lose it!”

That's right, unused funds roll over each year. Unused funds can also grow through interest and investment earnings and can be “banked” for future health related expenses.



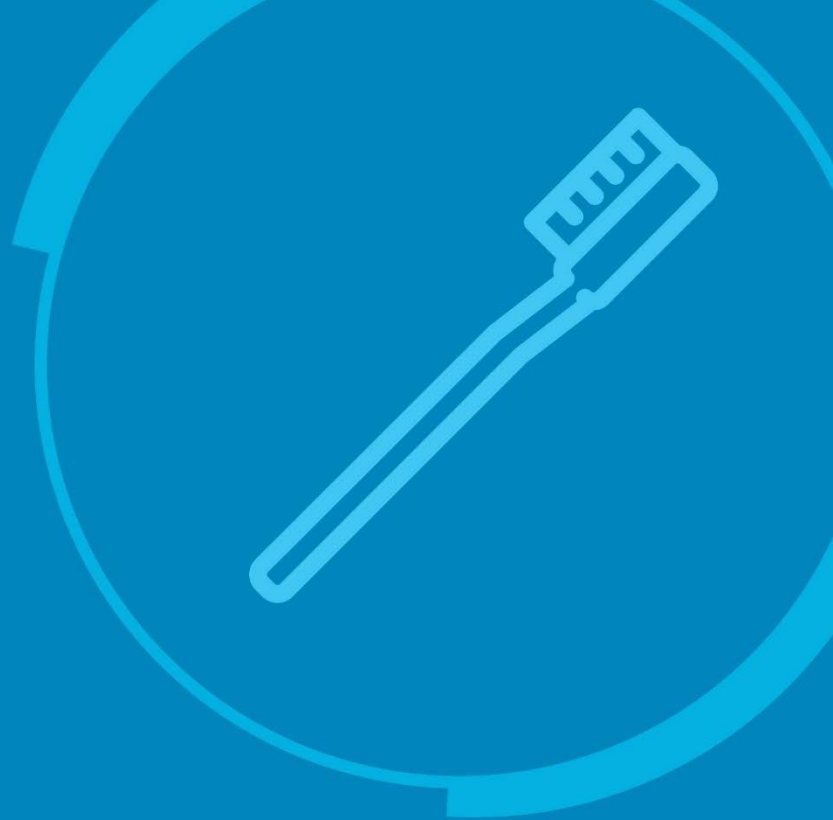
Triple Tax-Advantaged (for federal & most state taxes)

- No tax on contributions
- No tax on interest
- No tax when you withdraw money

IRS MAXIMUMS

HSA Contribution Regulations

Coverage Type	2026 Annual Limit
Employee Only	\$4,400
Employee + Dependent(s)	\$8,750
Catch-Up Plan (over age 55)	extra \$1,000



DENTAL COVERAGE

Understanding terms in your dental plan

Deductible:

There is *no* annual deductible amount you pay for dental care before your dental plan begins to pay.

Annual dollar maximum:

The most your plan will pay toward covered services during the plan year. Once you reach your plan's dollar maximum, you're responsible for 100% of the costs until the new plan year begins.

Coinsurance:

Your share of the cost of covered dental care services, usually after you meet your deductible. The plan pays the rest.

In-network:

Dentists and facilities that have contracts with Cigna to deliver services at a discounted rate.

Out-of-network:

A dentist or facility that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.

Dental plan option



Dental Preferred Provider Organization (DPPPO)



Network: Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



Specialist: See a specialist without a referral



Deductible: An annual amount that may apply to covered services before your plan begins to pay.

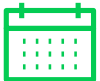


Coinsurance: This is the portion you will pay of your covered dental care costs.



Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum



Maximums: Once you reach the plan's calendar year dollar, your plan will no longer pay a portion of your costs during that plan year.



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Your coverage

Percentage of covered expenses you pay

	Total Cigna DPPO	Out-of-network ¹
Class I – Preventive care	100%	100%
Class II – Basic restorative ²	100%	100%
Class III – Major restorative ²	50%	50%
Class IV – Implants ²	50%	50%
	Individual	Family
Annual deductible	\$0	\$0
Calendar year maximum	\$1500	\$1500

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's Maximum Reimbursable Charge provisions. When going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.

2. All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.



Your access: Thousands of dentists, one directory



With the **Total Cigna DPPO network**, you have a choice of more than 151,000 dentists nationwide¹



All participating dentists are consolidated into one directory, which you can easily search online at **Cigna.com**[®]

1. 2023 year-end unique dentist count for Cigna Total DPPO Network. Subject to change.

Estimate dental care costs

Cigna Healthcare dental estimator tools¹ are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and verified patient reviews



The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists



Ready to start estimating dental care costs? Log on to **myCigna**[®] website or app² > Find Care & Costs

1. The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.

2. App/online store terms and mobile phone carrier/data charges apply.

Programs and services for better oral health



Cigna Dental Virtual Care¹

Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care
- Medications prescribed with guided follow-up care²
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required.



To access Cigna Dental Virtual Care, just log on to your **myCigna.com**[®] account and follow the prompts to the virtual care portal.

1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.

2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.

Cigna Oral Health Integration Program® (OHIP)



Save money with better oral care

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.¹

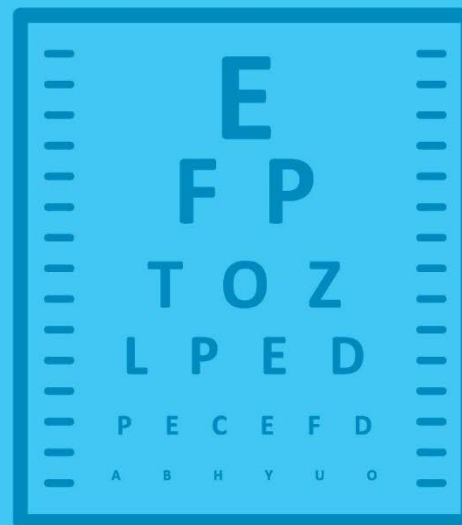


Qualifying conditions² include:

- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.

2. Not a full list of conditions.



VISION COVERAGE

Why vision health matters

You may go to the eye doctor to get glasses or contact lenses to help you see. But eye exams also give your doctor a view of your health in general.¹ They can reveal the first signs of chronic conditions, including:¹

- Diabetic retinopathy, a symptom of diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Rheumatoid arthritis
- Stroke
- Vitamin A deficiency

1. American Academy of Ophthalmology. "20 Surprising Health Problems an Eye Exam Can Catch." www.aaopt.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects. Page last reviewed: April 29, 2022.



Your vision network

With vision coverage, you have greater access at more locations. The vision network is the largest in the U.S.¹ and includes:



24,000 independent providers¹



11,000 retail providers, including LensCrafters®, Pearle Vision®, Target Optical®, Costco Optical®, Walmart Vision Center® and more¹



Access to online retailers that include LensCrafters.com®, Ray-Ban.com®, Glasses.com®, TargetOptical.com®, contactsdirect.com® and Oakley.com®



Online appointment scheduling²

1. The Cigna Healthcare Vision Network is serviced by EyeMed. Number of contracted providers as of July 2023, EyeMed internal reporting. Subject to change.
2. Online scheduling available with select providers.

Your vision benefits

Discounts and savings available:

- 40% off additional pair of glasses (frames and lenses)
- 20% off any item not covered by the plan, including non-prescription sunglasses (excludes professional services)
- Up to \$1,000 discount on LASIK services with select providers available through Healthy Rewards®¹
- Polycarbonate lenses covered in-full for children under 19

Once enrolled, visit myCigna.com® to:

- Search for in-network providers and schedule appointments online²
- Use a cost estimator tool to calculate your out-of-pocket costs for covered and non-covered services
- View plan benefits, claim details, and your digital ID card
- Learn about international travel benefits such as help finding a provider or replacing glasses/contact lenses
- Access special offers from major retail and online providers
- Review articles and interactive content about vision health and wellness

1. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services

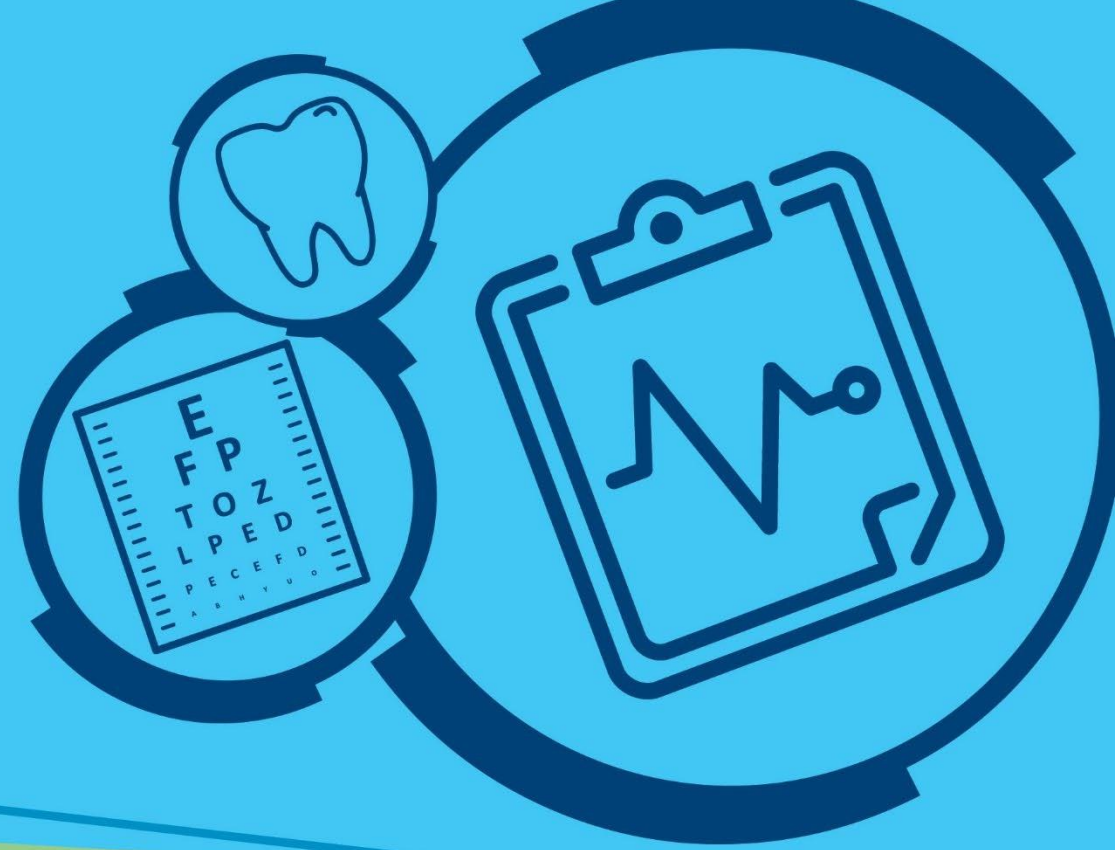
2. Online scheduling available with select providers.

Your vision benefits

	In-network ¹
Exam copay	\$10
Frames and lenses:	
Single vision lenses	\$25
Lined bifocals	\$25
Lined trifocals	\$25
Frames	\$130 Allowance
Polycarbonate lenses	\$40
Progressive lenses ²	\$0
Anti-reflective coating	\$45
UV coating	\$15
Elective contact lenses and professional services	\$130 Allowance

1. Plan benefits may be subject to frequency limitations. Please review your Benefit Summary for details, plan exclusions and limitations.
 2. Fee applicable to only those age 19 or older.





BENEFIT COSTS

MEDICAL, DENTAL, VISION

BENEFIT COSTS (MONTHLY)

Coverage Tier	MEDICAL	
	Silver Plan	Gold Plan
Employee Only	\$295	\$475
Employee Only (Pay Rate <= \$22)	\$99	\$475
Employee + Spouse	\$725	\$900
Employee + Child(ren)	\$650	\$800
Employee + Family	\$950	\$1,450

Coverage Tier	DENTAL
Employee Only	\$30
Employee + Spouse	\$80
Employee + Child(ren)	\$80
Employee + Family	\$80

Coverage Tier	VISION
Employee Only	\$8
Employee + Spouse	\$15
Employee + Child(ren)	\$15
Employee + Family	\$20



VOLUNTARY BENEFITS

LIFE, DISABILITY, CRITICAL ILLNESS, & ACCIDENT

PLEASE REACH OUT TO HR FOR BENEFITS COSTS & TO ENROLL IN THESE PLANS

Your benefits from Principal

- Critical Illness for you, your spouse and children
- Accident for you, your spouse and children
- Long-Term Disability for you
- Term life for you, your spouse, and children

Supplemental benefits from Principal

- **Critical Illness coverage** – Pays benefits to you based on a diagnosis of a serious illness.
- **Accident coverage** – Pays benefits to you based on an injury that happens in an accident.

What are supplemental benefits?

Supplemental benefits provide additional protection above and beyond your other benefits. They pay lump-sum, tax-free² cash benefits directly to employees, regardless of other insurance coverages or actual expenses.

Lump-sum
cash benefits

+

Directly to
employees

+

Use cash for
anything



It's simple, benefits are not based on services, tests or treatments and there is no coordination with any other in insurance benefits.

Critical Illness Insurance

Covered critical illnesses

1st occurrence and additional occurrences	1st occurrence only	1st occurrence only —child-specific
<ul style="list-style-type: none">• Carcinoma in situ 25%• Coronary artery disease 25%• Heart attack• Invasive cancer• Major organ failure• Stroke	<ul style="list-style-type: none">• Alzheimer's disease• Amyotrophic lateral sclerosis• Benign brain tumor• Coma• Loss of hearing, sight, speech• Multiple sclerosis• Occupational HIV/hepatitis• Paralysis• Parkinson's disease• Skin cancer \$250• Bipolar disorder I 25%• Schizophrenia 25%• Post-traumatic stress disorder 25%	<ul style="list-style-type: none">• Cerebral palsy• Cleft lip/palate• Cystic fibrosis• Down syndrome• Muscular dystrophy• Spina bifida

Benefits payable at 100% of the scheduled benefit amount unless indicated otherwise

Infectious disease benefit

Must be hospitalized for at least 3 days & benefits pay 25% of your benefit amount

- COVID-19
- Diphtheria
- Encephalitis
- Legionnaire's disease
- Lyme disease
- Malaria
- Meningitis
- Methicillin-resistant staphylococcus aureus (MRSA)
- Necrotizing fasciitis
- Osteomyelitis
- Poliomyelitis
- Rabies
- Sepsis
- Tetanus
- Tuberculosis

Benefits include a \$50 wellness/health screening benefit for each covered family member.

Family care benefit

- First occurrence of infertility for employee and covered spouse at 25% of the benefit payable.
- Complications of pregnancy for any covered individuals that present antepartum and up to 12 weeks postpartum at 25% of the benefit payable. Requires at least two consecutive days of hospitalization.

Your coverage options

	Minimum	Guaranteed	Maximum
For you	\$5,000	\$20,000	\$100,000
For your spouse	\$2,000	\$10,000	\$50,000

Your children are automatically covered for 25% of your benefit for no additional cost

- Your spouse benefit may be up to 50% of your benefit
- You must be actively working, and your dependents cannot be home- or hospital-confined
- 6 months prior / 6 months insured pre-existing condition limitation

Accident benefits



Accident highlights

Be financially prepared before accidents happen.

- Coverage is based on covered injuries received due to an accident
- 24-hour coverage for on or off-the-job injuries
- Pays up-front tax-free benefit
- Not dependent on services, tests, or treatments (no receipts needed)
- Get paid right away, use the cash however you choose
- Proof of good health is never required to enroll
- Portable coverage

Benefits include a \$50 wellness/health screening benefit for each covered family member.

Accident—covered injuries

Supplemental benefits

Injury	Benefit
Burns	Up to \$5,000
Comas	\$15,000
Concussions	\$500
Dental or eye injuries	\$500
Dislocations	Up to \$7,500
Fractures	Up to \$10,000
Injuries not specifically listed	\$100
Internal injuries	\$1,500
Knee cartilage / ruptured disc / tendon / ligament / rotator cuff injuries with surgical repair	\$1,500

Wellness benefit – Don't forget!!!



Critical Illness: \$50

Accident: \$50

Available for each covered family member!!!

Eligible tests & procedures

Bone marrow cancer screening (serum protein electrophoresis)	Double contract barium enema
Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, ultrasound)	Doppler screening for peripheral vascular disease (arteriosclerosis) or carotid doppler ultrasound
Cervical cancer screening (pap smear)	Human papillomavirus (HPV) vaccine
Colorectal cancer screening (CEA, colonoscopy, fecal occult blood test, sigmoidoscopy)	Cardiac stress test
Ovarian cancer screening (CA 125)	Sampling of blood or tissue to test for genetic susceptibility for risk of cancer
Prostate cancer screening (digital rectal exam, PSA blood test)	Ultrasound screening of the abdominal aorta for abdominal aortic aneurysm
Skin cancer screening	Adult and child immunization
Chest x-ray	Annual physical
Completion of a smoking cessation or weight loss program	Mental health assessment
Electrocardiogram (ECG) – resting or stress	Vision testing
Standard blood chemistry profile or lipid (cholesterol, triglycerides, HDL, LDL, fasting blood glucose hemoglobin A1c)	Genetic screening tests
Bone density screening	COVID testing
Breast thermography	

Disability benefits

(Paycheck Protection)



Your Voluntary Long-Term Disability coverage

- 60% of your monthly salary up to \$6,000/mo.
- Pays after 365 days of sickness or injury
- Pays up to SSNRA
- 12/12 pre-existing period

Life benefits



How much do you need?


**7–10 times your
annual salary**

**Personalize to
your own
situation**

➤ **Consider the following items:**

- **Final burial expenses** – funeral, burial, etc.
- **Long-term expenses** – mortgage/rent, car loans, student loans, credit card debt, childcare, college funding, and other debts
- **Living expenses** – taxes, internet, utilities, food, clothing, entertainment, and household supplies

Voluntary term life insurance you can purchase



	Minimum	*Guaranteed (During initial eligibility or qualifying life event only)	Periodic Increase (increase during annual open enrollment, with no medical questions)	Maximum
You	\$10,000	\$200,000	\$10,000 or \$20,000	\$500,000
Your spouse	\$ 5,000	\$ 50,000	\$ 5,000 or \$10,000	\$150,000
**Your children	\$ 5,000	\$ 20,000	\$5,000 or \$10,000 (<small>\$10,000 is the maximum benefit</small>)	\$ 20,000

Benefits reduce by 35% at age 65 and by an additional 15% at age 70.

- Employees must elect coverage to cover dependents; dependent coverage can't exceed **100%** of employee's coverage.
- Employees must be actively working & dependents must not be home/hospital confined on effective date.
- **Proof of insurability** is required for amounts over guaranteed amounts during initial eligibility and for late entrants or those wishing to increase coverage beyond two increments during annual open enrollment.

* Employees aged 70 or over are guaranteed \$10,000.

** Child benefit is \$1,000 until the age of 14 days

COMPUNNEL, INC.

Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

End of the rate guarantee period: 05/31/2027

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.65	\$0.70	\$0.94	\$1.38	\$2.01	\$3.15	\$4.81	\$6.59	\$6,500	\$7.78	\$5,000	\$9.83
\$20,000	\$1.30	\$1.40	\$1.88	\$2.76	\$4.02	\$6.30	\$9.62	\$13.18	\$13,000	\$15.58	\$10,000	\$19.66
\$30,000	\$1.95	\$2.10	\$2.82	\$4.14	\$6.03	\$9.45	\$14.43	\$19.77	\$19,500	\$23.36	\$15,000	\$29.49
\$40,000	\$2.60	\$2.80	\$3.76	\$5.52	\$8.04	\$12.60	\$19.24	\$26.36	\$26,000	\$31.15	\$20,000	\$39.32
\$50,000	\$3.25	\$3.50	\$4.70	\$6.90	\$10.05	\$15.75	\$24.05	\$32.95	\$32,500	\$38.94	\$25,000	\$49.15
\$60,000	\$3.90	\$4.20	\$5.64	\$8.28	\$12.06	\$18.90	\$28.86	\$39.54	\$39,000	\$46.72	\$30,000	\$58.98
\$70,000	\$4.55	\$4.90	\$6.58	\$9.66	\$14.07	\$22.05	\$33.67	\$46.13	\$45,500	\$54.51	\$35,000	\$68.81
\$80,000	\$5.20	\$5.60	\$7.52	\$11.04	\$16.08	\$25.20	\$38.48	\$52.72	\$52,000	\$62.29	\$40,000	\$78.64
\$90,000	\$5.85	\$6.30	\$8.46	\$12.42	\$18.09	\$28.35	\$43.29	\$59.31	\$58,500	\$70.09	\$45,000	\$88.47
\$100,000	\$6.50	\$7.00	\$9.40	\$13.80	\$20.10	\$31.50	\$48.10	\$65.90	\$65,000	\$77.87	\$50,000	\$98.30
\$110,000	\$7.15	\$7.70	\$10.34	\$15.18	\$22.11	\$34.65	\$52.91	\$72.49	\$71,500	\$85.65	\$55,000	\$108.13
\$120,000	\$7.80	\$8.40	\$11.28	\$16.56	\$24.12	\$37.80	\$57.72	\$79.08	\$78,000	\$93.45	\$60,000	\$117.96
\$130,000	\$8.45	\$9.10	\$12.22	\$17.94	\$26.13	\$40.95	\$62.53	\$85.67	\$84,500	\$101.23	\$65,000	\$127.79
\$140,000	\$9.10	\$9.80	\$13.16	\$19.32	\$28.14	\$44.10	\$67.34	\$92.26	\$91,000	\$109.02	\$70,000	\$137.62
\$150,000	\$9.75	\$10.50	\$14.10	\$20.70	\$30.15	\$47.25	\$72.15	\$98.85	\$97,500	\$116.81	\$75,000	\$147.45
\$160,000	\$10.40	\$11.20	\$15.04	\$22.08	\$32.16	\$50.40	\$76.96	\$105.44	\$104,000	\$124.59	\$80,000	\$157.28
\$170,000	\$11.05	\$11.90	\$15.98	\$23.46	\$34.17	\$53.55	\$81.77	\$112.03	\$110,500	\$132.38	\$85,000	\$167.11
\$180,000	\$11.70	\$12.60	\$16.92	\$24.84	\$36.18	\$56.70	\$86.58	\$118.62	\$117,000	\$140.16	\$90,000	\$176.94
\$190,000	\$12.35	\$13.30	\$17.86	\$26.22	\$38.19	\$59.85	\$91.39	\$125.21	\$123,500	\$147.96	\$95,000	\$186.77
\$200,000	\$13.00	\$14.00	\$18.80	\$27.60	\$40.20	\$63.00	\$96.20	\$131.80	\$130,000	\$155.74	\$100,000	\$196.60
\$210,000	\$13.65	\$14.70	\$19.74	\$28.98	\$42.21	\$66.15	\$101.01	\$138.39	\$136,500	\$163.52	\$105,000	\$206.43
\$220,000	\$14.30	\$15.40	\$20.68	\$30.36	\$44.22	\$69.30	\$105.82	\$144.98	\$143,000	\$171.32	\$110,000	\$216.26
\$230,000	\$14.95	\$16.10	\$21.62	\$31.74	\$46.23	\$72.45	\$110.63	\$151.57	\$149,500	\$179.10	\$115,000	\$226.09
\$240,000	\$15.60	\$16.80	\$22.56	\$33.12	\$48.24	\$75.60	\$115.44	\$158.16	\$156,000	\$186.89	\$120,000	\$235.92
\$250,000	\$16.25	\$17.50	\$23.50	\$34.50	\$50.25	\$78.75	\$120.25	\$164.75	\$162,500	\$194.68	\$125,000	\$245.75
\$260,000	\$16.90	\$18.20	\$24.44	\$35.88	\$52.26	\$81.90	\$125.06	\$171.34	\$169,000	\$202.46	\$130,000	\$255.58
\$270,000	\$17.55	\$18.90	\$25.38	\$37.26	\$54.27	\$85.05	\$129.87	\$177.93	\$175,500	\$210.25	\$135,000	\$265.41
\$280,000	\$18.20	\$19.60	\$26.32	\$38.64	\$56.28	\$88.20	\$134.68	\$184.52	\$182,000	\$218.03	\$140,000	\$275.24

Footnotes

Additional life benefits

Accelerated benefits if you become terminally ill

(Tax consequences may result. Eligibility for public assistance may be affected. Consult your tax advisor.)

Waiver of premium if you become disabled

Ability to take your coverage with you, if you leave your company

Accidental Death & Dismemberment coverage

Value Added Services for Principal members

Employee Assistance Program through ComPsych

- 24/7 phone consultation with licensed mental health professionals
- In person or virtual visits
- Work life services
- For more information, please call (844) 869-2365 or visit <https://Principal.com>

Will & Legal Document Center

- Draft legal documents
- Create a personal organizer
- View estate planning information
- Access identity theft prevention and victim action kit
- For more information, or to use these services, please call (800) 546-3718 or visit www.aragwills.com/principal

Travel Assistance

- Emergency medical transportation when medically required
- Assistance with lost or stolen travel documents such as visas and passports
- Pre-trip planning information such as exchange rates and embassy locations
- For more information, or to use these services, please call (888) 647-2611 or visit www.principal.com/travelassistance

Additional Discounts:

Laser vision correction – principallasik.com or (888) 647-7937

Hearing aid program – www.starhearing.com/partners/principallife or (877) 890-4964

Teeth Whitening – Gloscience.com/principal use discount code “Principal”

Oral Care Products – myzsonic.com/principal use coupon code “Principal”

Thank you!

Oregon Policy Form Numbers: Dental GC 7100-1 (0415); Short-term disability GC 4000-2 (0415); Long-term disability GC 3000-2 (1114); Group basic life GC 6000 (06/04); Voluntary term life GC 6000 (VTL) (06/04); Managed care vision GC 9000 (1013);

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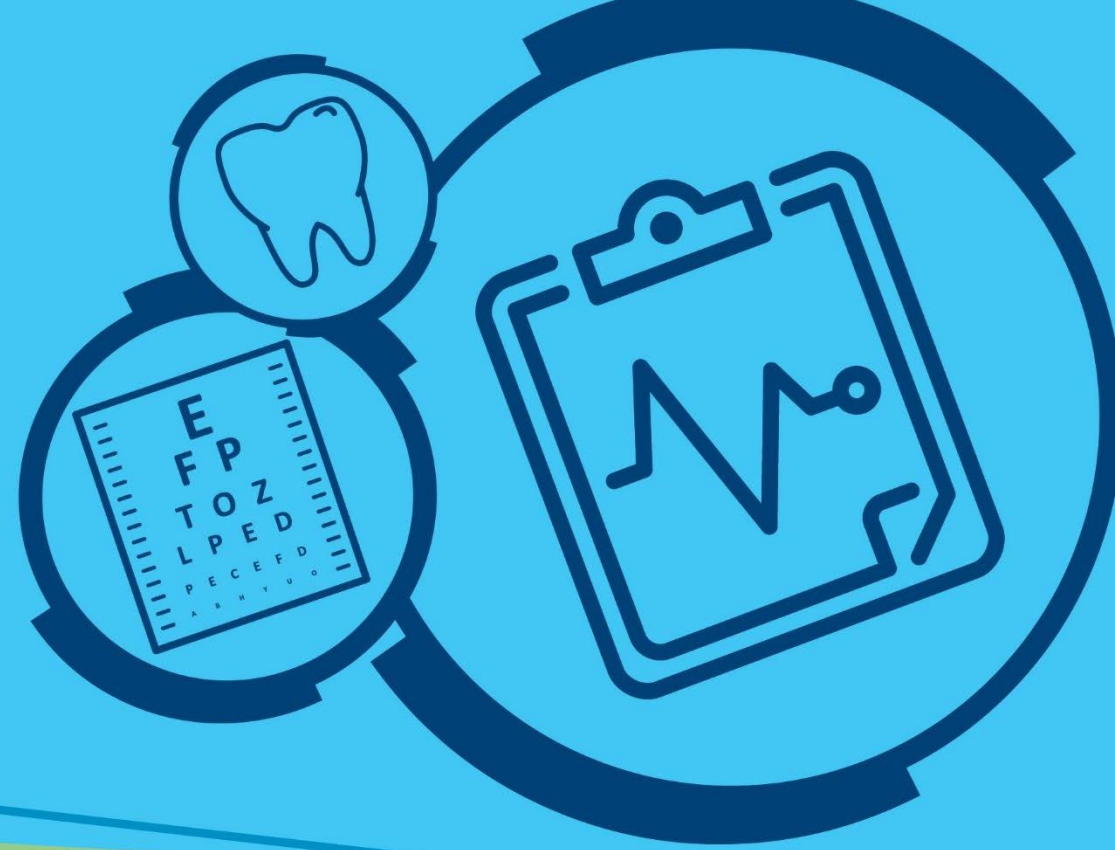
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NEXT STEPS...

OPEN ENROLLMENT

- **Passive Open Enrollment** – if you do not take any action, your 2025 plan selections will roll over to 2026.
 - i.e. if you have the silver plan in 2025, you will be enrolled in the silver plan in 2026, unless you actively make a change in ADP.
- Any changes you make during our annual open enrollment window will be effective **May 1, 2026**.
- You will be required to wait until the next open enrollment (2027) to make changes to your elections unless you experience a qualifying life event.
 - i.e. marriage, divorce, birth of a child, adoption, loss of coverage

HOW TO ENROLL



Elections should be made in ADP
www.WorkforceNow.ADP.com



**DEADLINE IS
FRIDAY MAY 8TH**





QUESTIONS