

2026-2027

EMPLOYEE BENEFITS GUIDE

Free or discounted Primary Care is available for you and your family! Additional information can be found on page 3.

Allies offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



Allies

2026-2027 BENEFITS GUIDE

This guide includes only highlights of the benefit plans. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases.

If you would like a copy of the official plan documents, please contact Human Resources.

For more information, visit the Benefits Portal at alliesbenefits.com.

HAVE QUESTIONS?

If you have questions about your benefits, please contact the Benefits Member Advocacy Center (Benefits MAC) at **800.563.9929** (Monday-Friday, 8:30 am to 5:00 pm EST). Benefits MAC can also be reached by email at cssteam@connerstrong.com or online at connerstrong.com/memberadvocacy.

You may also visit the BenePortal alliesbenefits.com at any time to access additional plan information.

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Legal Notices: [CLICK HERE](#) or scan the QR code to access legal notices.





The Medical Center at Woods

Schedule an appointment TODAY!
215.750.4004

One of the most important benefits available to all Allies employees is our **Onsite Medical Center**. Our excellent clinicians are available to serve as your **primary care provider**, performing your annual check-ups or diagnosing and treating a variety of symptoms and medical conditions for which you might typically visit an Urgent Care facility.

The Medical Center is also able to treat your family members, regardless of if they are covered by our Homestead insurance. The Medical Center accepts **ALL** insurances!

The Medical Center is open from 7 am to 7 pm every weekday, except Wednesdays when hours are 8 am to 4 pm. Same day appointments are usually available. Medical staff are on call 24/7. Call **215.750.4004** to make an appointment or speak to our medical staff.

The Medical Center is a separate company from Allies and all healthcare services are **confidential**, as they are in any medical practice you use.



Below are some of the services you can receive at the onsite medical center at **no cost**:

- Blood work/testing
- Urgent care for:
 - Sprains/strains
 - Colds, flu, earache
 - Allergies
 - Rashes
 - Urinary tract infections
- Onsite instant x-rays
- Well exams and health screenings
- Gynecological care
- COVID-19, flu, strep testing
- Immunizations
- Blood sugar checks
- Smoking cessation

Please take advantage of the array of services that are offered!

Your privacy is as important to us as it is to you. Your confidential information will not be made available to employees of Allies, without your consent.

Enrollment & Eligibility

Who is Eligible to Elect Benefits?

If you are an Allies employee working at least 60 hours a pay period, you are eligible to enroll in the benefits described in this guide. You may enroll your eligible spouse and dependent children to age 26 for benefits coverage. Employees must be employed with Allies for 60 days to be eligible for benefits (benefits become effective the first of the month following 60 days).

Eligible dependents include:

- Legal spouse or domestic partner
- Dependent children up to age 26

Documentation is required for all dependents

You must provide documentation when requested to confirm the eligibility status of your dependents.

Spouses and Domestic Partners

All employees who wish to cover their Spouse or Domestic Partner on their medical plan will also have to complete the Spouse/Domestic Partner Working Affidavit.

This form can be found on the Allies Benefits Portal at alliesbenefits.com or by contacting the Benefits Office. This must be completed yearly and submitted to HR within 30 days of enrollment.

Failure to complete and submit the affidavit will result in the loss of coverage for your spouse or domestic partner.

Adding Newborns

A newborn child will be automatically covered for the first 30 days immediately following birth. **If the child is not enrolled within these 30 days, coverage will be terminated retroactively to date of birth.**

If you have a qualified life event during the year and wish to make a change in your coverage, you must do so online via Paycom by selecting "Benefits" then "Qualifying Life Event."

ID Cards

You will receive ID cards for your medical, prescription drug and vision coverages.

If you do not receive your new cards in a timely manner, or if there are errors on your card, please contact the Benefits Office or your plan's Member Services Department for assistance. You can also access an electronic copy of your ID card on the provider website.

Questions?

More info is available on the BenePortal. Scan the QR code to visit BenePortal.



Making Changes & Enrollment Decisions

Making Changes During the Year

Your elections will be in effect until June 30, 2027 unless you experience a status change defined by the IRS, such as:

- Change in legal marital status
- Change in number of tax dependents
- Termination of employment for you or your spouse
- Change in work schedule of either employee or spouse
- Dependent becomes ineligible due to age or termination of student status
- Change in residence or worksite for you or your dependents
- Entitlement to Medicare.

NOTE: Enrollment changes must be made within 30 days of the status change. Proof of status change will be required.

Before Enrolling, Consider...

It is important that you put careful thought into the annual enrollment process to make the proper choices based on your individual and family healthcare needs and financial standing.

Determine your healthcare needs up front.

- Evaluate your spouse's health plan to determine the best cost and coverage for you and your family.
- Consider if any of your dependents will remain on your plan in 2026-2027. Remember that adult children are able to be covered under their parent's health plan up to age 26.
- Do you cover a dependent child under age 19 under the Allies plan? If so, you may have alternative coverage options under Medicaid and the Children's Health Insurance Program (CHIP). Please refer to the legal notices on BenePortal for additional information.



Enrollment Instructions

PAYCOM

How to Enroll with Paycom

1. Go to paycom.com and hover over the **Login** button in the upper right of the page and then click **"Employee."**
2. Enter your username, password and first four digits of your Social Security Number, then click **"Log In."**
3. Locate the **"Benefits"** tile on the second row, then click **"2026 Benefits Enrollment."**
4. You will see a pop-up window with a few tips for enrollment. After reviewing those, click **"Start Enrollment."**

Note:

Don't forget to submit your life insurance beneficiary form (found on Symetra's website) to the benefits department in Human Resources. You can purchase additional coverage for yourself and life insurance for your Spouse and/or Child(ren) directly with the insurance company during open enrollment every year.

5. Finally, you can click **"Review"** to see all the benefits you've chosen and how much will come out of each paycheck. You can also make any changes by clicking on the pencil in that benefit's box.
6. Once you are completely done making your choices, click **"Finalize."** A pop-up window will ask you to confirm that you want to complete enrollment.
7. Click **"Sign and Submit"** to continue to the Benefit Confirmation screen. From here, you can print your open enrollment benefit choices for your records.

You **MUST** enroll through our online system, Paycom.

Enrollment Tip!

You can keep track of your choices as you go by checking the Progress Bar on the right hand side of your screen.

A green check (✓) means you have enrolled and a red "X" means you have declined.



Medical Plan Highlights

HOMESTEAD PLAN

Homestead Plan Highlights

- Low Employee Only Contribution
- Subsidized Family Contributions
- Minimal copays
- No referrals required to see providers

Finding Homestead Providers

You can continue to see your current provider, but if you need a new one visit my.homesteadplans.com or multiplan.com.

On the MultiPlan site, look for providers who participate in the **PHCS Practitioner Only Network**. Homestead also has an agreement with Penn Medicine and Atlantic Health System.

- To find a Penn Medicine provider or facility, including their multi-specialty outpatient medical facility in Yardley, PA, call [215.316.5150](tel:215.316.5150) or visit my.homesteadplans.com.
- To find an Atlantic Health System provider or facility, visit findadoctor.atlantichealth.org

Facilities or Hospitals

With the Homestead Plan, you have the ability to visit any facility or hospital without needing a referral and without out-of-network penalties.

Some services may require pre-authorization which your physician can obtain by contacting Healthcare Strategies (HCS) at [800.764.3433](tel:800.764.3433).



Homestead Member Concierge

Not able to find a specific provider? Concerned about an upcoming appointment or how to explain your benefits coverage? Homestead is here and ready to help and is with you every step of the way — just call [855.897.4816](tel:855.897.4816) Monday – Friday 8am – 6pm or email customerservice@homesteadplans.com.

Member Portal

Powered by TrueClaim

Your health at your fingertips. Quick and easy access to your health plan — anytime, from anywhere. With the TrueClaim app you can:

- **Get Your ID Card:** View, download, or print your digital ID card whenever you need it
- **Find a Provider:** Use the provider search tool to quickly find doctors, specialists, and facilities who accept the plan
- **View Claims and EOBs:** Track claims in real time and view your Explanation of Benefits (EOB) in just a few taps
- **Track Your Spending:** See how much you've paid toward your deductible and out-of-pocket maximum
- **Estimate the Cost of Care:** Know before you go and avoid surprises by using the cost estimator to see prices for common services and procedures

Get Connected To Your Benefits

Download the TrueClaim app from the App Store or Google Play or visit my.homesteadplans.com and register using the same email you use for benefits enrollment or receiving other HR-related communications.

If the system doesn't recognize your email, or you want to add access for a family member, email customerservice@homesteadplans.com.

Medical Benefits

DETAILS AT A GLANCE

Allies offers the below competitive and comprehensive health care plan option. For full plan details please contact Human Resources.

Homestead Plan

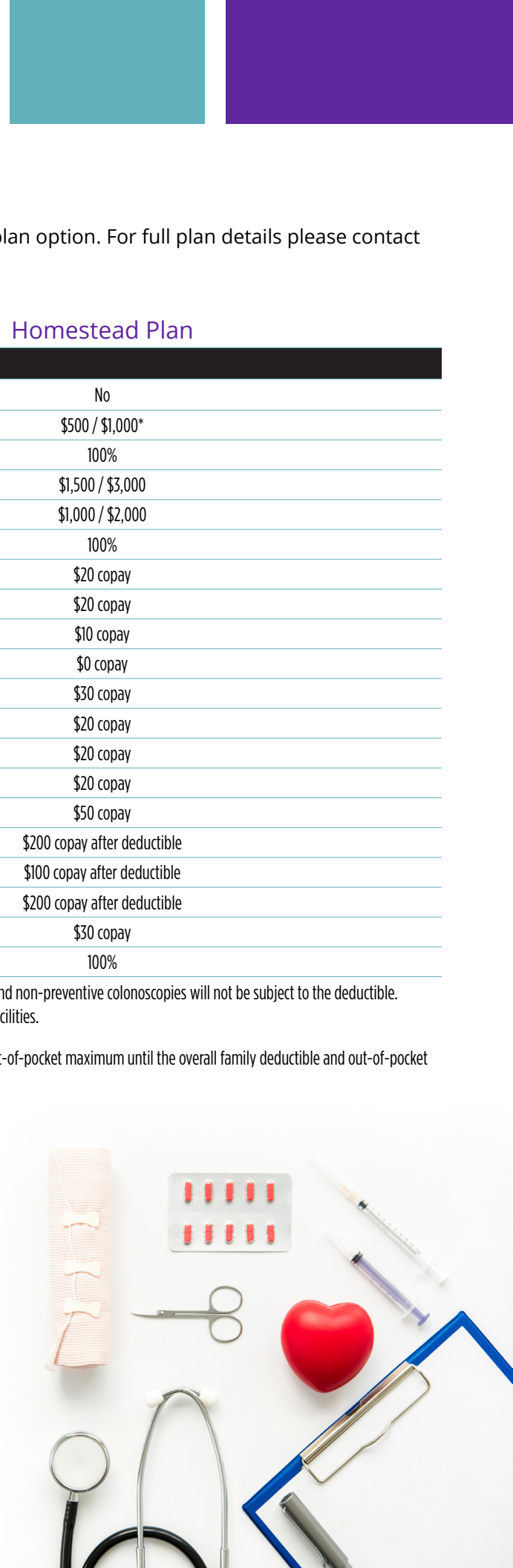
BENEFIT DESCRIPTION	
PCP Designation/Referrals Required	No
Deductible (Individual/Family)	\$500 / \$1,000*
Coinsurance	100%
Medical Out-of-Pocket Maximum (Individual/Family)	\$1,500 / \$3,000
Rx Out-of-Pocket Maximum (Individual/Family)	\$1,000 / \$2,000
Preventive Care Services	100%
Primary Care Physician Office Visit	\$20 copay
Mental Health Care Visit (Office or Outpatient Setting)	\$20 copay
Retail Clinics	\$10 copay
Teladoc	\$0 copay
Specialist Office Visit	\$30 copay
Physical/Speech/Occupational Therapy	\$20 copay
Outpatient Lab/Pathology	\$20 copay
Diagnostic Laboratory, X-Ray/Imaging	\$20 copay
MRI/MRA, CT Scans/PET	\$50 copay
Inpatient Hospital	\$200 copay after deductible
Outpatient Surgery	\$100 copay after deductible
Emergency Room (waived if admitted)	\$200 copay after deductible
Urgent Care Center	\$30 copay
Durable Medical Equipment	100%

* Deductible applies to inpatient hospital stays, outpatient surgeries and emergency room visits. Preventive and non-preventive colonoscopies will not be subject to the deductible. Outpatient facility copay will apply. Deductible waived at Penn Medicine and Atlantic Health hospitals and facilities.

Note: If you have any family members enrolled, each family member must meet their own deductible and out-of-pocket maximum until the overall family deductible and out-of-pocket maximum is met.

Per-Pay Medical/Prescription Drug Contributions

TIER	HOMESTEAD PLAN
Employee Only	\$64.56
Employee + Spouse	\$264.84
Employee + Children	\$218.78
Family	\$379.95



Telemedicine

TELADOC

With Teladoc, you have access to primary care doctors, anytime, anywhere.

Available to employees enrolled in the Homestead Medical plan.

Teladoc Benefits

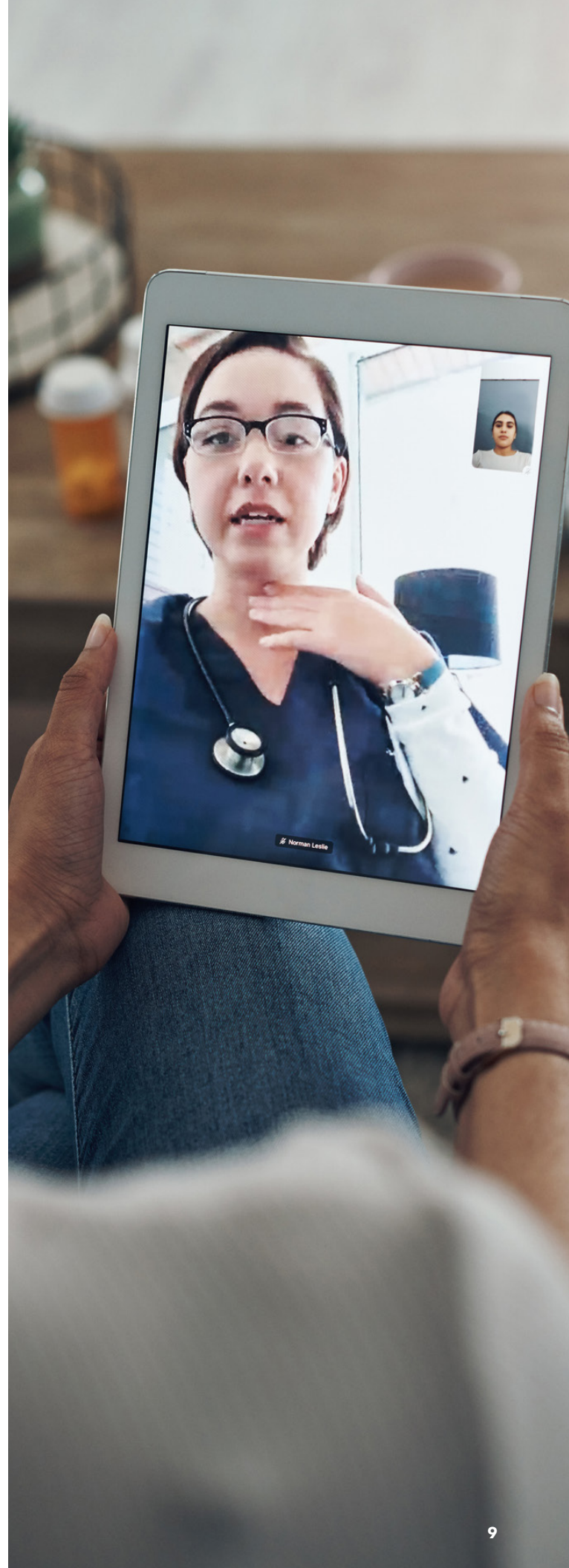
- You can talk to a doctor from wherever you are — day or night
- Skip the trip to the ER or urgent care
- \$0 copay

What can be treated with Teladoc?

- Cold & flu symptoms
- Allergies & sinus problems
- Asthma
- Acne
- Pink eye
- Ear infection
- Respiratory infection
- And more!

Feel better for free!

Call **800.835.2362**, visit teladoc.com, or download the mobile app to get started.



Retail Clinics & Urgent Care Centers

WHERE TO GO FOR CARE

Walk-In Retail Clinics

Retail clinics are convenient health care facilities located in pharmacies, grocery stores, and retailers like Target and Walmart. They typically offer extended hours—including evenings, weekends, and many holidays—and are staffed by licensed nurse practitioners and physician assistants who can diagnose, treat, and prescribe.

Most visits take just 15–25 minutes, and clinics serve patients from young children to older adults. Services include basic primary care, preventive care, and chronic condition management, making retail clinics an accessible and affordable option for quality care.

In the Homestead plan, there is no network and you are able to choose any retail clinic. **Allies encourages you to use The Medical Center at Woods as a first choice to save time and avoid copays.**

Walk-in Clinics Provide or Treat:

- Routine allergies
- Ear infections
- Strep throat
- Colds & flu
- Vaccinations
- Minor insect bites
- Poison ivy
- Sprains
- Diabetes screening
- Heart screenings
- School physicals
- Well-baby exams, and more

Reasons to Go Retail

Retail clinics offer a convenient and accessible option for everyday care. With no appointments needed, extended hours—including evenings and weekends—and locations nationwide (often inside stores like CVS and Walgreens), it's easy to get care when and where you need it. Just bring your member ID card and walk in.

Visits are typically quick, and you'll be seen by qualified nurse practitioners or physician assistants, with oversight from a doctor. If more advanced care is needed, they can also refer you to the appropriate provider or facility.

Have an Urgent Medical Need? Try an Urgent Care Center

Urgent care centers are a convenient, affordable alternative to the ER for non-life-threatening conditions. Staffed by doctors, they offer shorter wait times, extended evening and weekend hours, and no appointment is needed.

For serious or life-threatening symptoms—such as chest pain, difficulty breathing, or severe bleeding—go directly to the emergency room.



Prescription Benefits

US-RX CARE & SCRIPTSOURCING

If you are enrolled in the Allies medical plan, you are automatically enrolled in the below prescription plan.



Homestead Plan

RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)

Generic	\$5 copay
Preferred Brand Formulary Drugs	20% coinsurance (\$25 min/\$50 max)
Non-Preferred Brand Drugs & Specialty Drugs	30% coinsurance (\$55 min/\$80 max)

MAIL-ORDER PHARMACY (UP TO A 90-DAY SUPPLY)

Generic	2x retail copay
Preferred Brand Formulary Drugs	
Non-Preferred Brand Drugs	

Mandatory Generic Program

Allies employees and their dependents **must follow the mandatory generic program**. If a generic equivalent is available, it will be dispensed and you will pay the generic copay. If no generic is available, the brand drug will be provided at the brand copay. **If you choose a brand drug when a generic is available, you will pay the brand copay plus the cost difference.**

Generic drugs contain the same active ingredients, strength, and quality as brand-name medications, but at a lower cost.

Retail 90 Program/Mail Order (Optional)

You and your family members can conveniently get a 90-day supply of your maintenance medications at your pharmacy or through Prescription Mart, your mail-order pharmacy provider.

You must register prior to obtaining your medications by either going online at presmartinc.com or by mailing a completed form located on presmartinc.com, once there click on “Forms” located in the menu on the top right of the webpage and then navigating to “Patient Profile Form”. The mailing address is listed on the form and can also be found on the Benefits Resources page in the back of this guide.

To contact the pharmacy with questions, call **800.630.3206**.

Prescription Benefits

US-RX CARE & SCRIPTSOURCING

Specialty Rx

Specialty medications are high cost drugs used to treat complex conditions (such as HIV and multiple sclerosis). Depending on the medication, these will be obtained through ScriptSourcing.

ScriptSourcing is a third party vendor that integrates with US-Rx Care to assist members with obtaining their specialty medications.

ScriptSourcing will reach out to you to guide you through the process on how to obtain your medications.

If you choose not to participate in this program, your out-of-pocket cost could increase by as much as 100% of the medication cost.

CopayAssist Program

If you are taking certain high-cost and specialty medications, you may be eligible for the CopayAssist Program. If you are eligible, you will be contacted by US-Rx Care to enroll you in the program. If you choose not to enroll, your out-of-pocket cost could increase by as much as 100% of the cost.

US-Rx Care Member Portal

Search for lowest-cost pharmacies on your US-Rx Care member portal by going to usrxcare.com/member and typing in your zip code. You can also view your out-of-pocket cost for any medication, your pharmacy claims history and drug information by registering/logging into your US-Rx Care member portal at usrxcare.com/member.



Dental Benefits

DELTA DENTAL

NOTE: New enrollees will not receive a printed ID card. To view, download, and print an ID card, please visit deltadentalins.com.

	Delta PPO	DeltaCare DHMO
	PPO/PREMIER NETWORK	DELTACARE USA NETWORK
Annual Deductible (Individual/Family)	\$50 / \$150	None
Annual Benefit Maximum*	\$1,500	None
Benefit Basis	Delta Dental's prevailing fee**	N/A
Lifetime Ortho Maximum	\$1,000	None
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a contract year)	100% no deductible	\$0 - \$50
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Posterior Composites, TMJ/Mouth Guards	80%	\$0 - \$365
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%	\$10 - \$365
Orthodontia Benefits (children age 19 and below)	50%	\$1,150 - \$2,100

* Does not apply to Preventive & Diagnostic Services

** Benefit basis used as reimbursement for out-of-network services (premier network level).

This includes only highlights of the Allies plan. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. If you would like a copy of the official plan documents, please contact Human Resources.

Delta PPO Plan

You have the flexibility to receive treatment from any dentist you choose, either in or out-of-network. Please note out-of-network providers will be paid at the Delta Dental usual & customary allowance. You will be responsible for paying the difference between the out-of-network dentists actual charge and the plan allowance, which may result in higher out-of-pocket costs. To find an in-network dentist, log onto deltadentalins.com and select PPO Network (PPO).

DeltaCare DHMO Plan

You and each of your covered dependents are required to choose a participating Primary Care Dentist (PCD) to coordinate your care. If you require specialty care, your PCD can refer you to a network specialist for covered services, however, you may visit a participating orthodontist without a referral. To find an in-network dentist, log onto deltadentalins.com and select the DeltaCare USA (DHMO) network.

2026/2027 Per-Pay Dental Contributions

TIER	PPO PLAN	DHMO PLAN
Employee Only	\$5.44	\$1.86
Employee + Spouse	\$17.26	\$8.03
Employee + Children	\$20.33	\$9.14
Family	\$33.75	\$14.32



Vision Benefits

NATIONAL VISION ADMINISTRATORS (NVA)

Eligible employees and their eligible family members may enroll in the NVA Vision plan. With NVA, you will get quality care that focuses on your eyes and overall wellness. Vision coverage is fully employee paid.

NVA Vision Plan

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	Up to \$40 reimbursement
Retinal Screening	Up to \$39 copay	N/A
Frames	\$150 allowance; 20% discount on amount over allowance	Up to \$105 reimbursement
Lenses		
• Single Vision	\$20 copay	Up to \$30 reimbursement
• Lined Bifocal	\$20 copay	Up to \$50 reimbursement
• Lined Trifocal/Lenticular	\$20 copay	Up to \$70 reimbursement
Lens Enhancements		
• Standard Progressive	\$70 copay	Up to \$50 reimbursement
• Premium Progressive	\$100 copay	Up to \$50 reimbursement
• UV Treatment/Tint/Scratch-Resistant Coating	\$12 copay / \$10 copay / \$10 copay	N/A
• Standard Polycarbonate	\$25 copay (Single vision); \$30 copay (Bifocal/Trifocal lenses)	N/A
Contact Lenses (In lieu of eyeglasses)	\$150 allowance; 15% discount on amount over allowance	Up to \$105 reimbursement
Contact Lens Exam (fitting and evaluation)	\$20 copay	
• Daily wear	\$20 copay	N/A
• Extended wear	\$30 copay	
• Specialty contact fitting	\$50 copay	
Frequency		
• Vision exam	12 months	12 months
• Lenses	12 months	12 months
• Frames	12 months	12 months

To get the most out of your benefits and to reduce your out-of-pocket costs, make sure you visit an in-network provider or retailer. For a complete list of in-network providers near you, go to e-nva.com or call **800.672.7723**.

You will also receive a Welcome Packet from NVA which will contain two ID cards, a listing of 10-12 providers near your home zip code, a benefit summary, information on contact lens mail order, and information on LASIK surgery discounts.

2026/2027 Per-Pay Vision Contributions

TIER	NVA VISION PLAN
Employee Only	\$2.26
Employee + Spouse	\$4.29
Employee + Children	\$4.52
Family	\$6.64

Flexible Spending Accounts (FSA)

FLORES

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For 2026 the annual maximum amount you may contribute is **\$3,400** per plan year.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

For a full list of eligible expenses, visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

Healthcare FSA Rollover

Flexible Spending Accounts operate under a use-it-or-lose-it rule, meaning that money not used by the end of the plan year (June 30, 2027) does not roll over and must be forfeited per IRS regulations. Allies allows up to **\$680** or unused Healthcare FSA funds to carryover into the following plan year (following the conclusion of the 90-day run out period). Amounts over **\$680** will be forfeited.

Rollover amounts do not prohibit a participant from electing the maximum contribution for the next plan year, however, elections should be made judiciously since any amount exceeding the rollover maximum will be forfeited.

Dependent Care FSA

The Dependent Care FSA allows you to use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is **\$7,500** (or **\$3,750** if married and filing separately) per plan year.

The Dependent Care FSA can be used for:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

For a full list of eligible expenses, visit [irs.gov/publications/p503](https://www.irs.gov/publications/p503).

For all FSAs, you will be receiving a debit card from Flores with your funds loaded.



To view your Flexible Spending Accounts, visit www.flores247.com.

Commuter Benefits

FLORES

Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

Making Contributions

You are able to make changes to your pre-tax election amount on a month to month basis.

Once you make your election, you will receive a debit card that can be used to pay for work-related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

For 2026, you may contribute up to \$340 per month for both transportation and parking.

Eligible Expenses

Whether you have public transportation, parking, or park & ride expenses, you can save on just about any way you get to work:

- Bus, light rail, regional rail (train), streetcar, trolley subway or ferry, vanpool
- Parking at or near work
- Parking at or near public transportation for your commute to/from work
- Uber/Lyft are **NOT** eligible expenses

To view your Commuter Benefits, visit www.flores247.com.



Wellness Programs

Allies supports a culture of wellness. The Allies medical benefit programs offer support and guidance as you strive to live the kind of life that improves your chances of staying well.

Covered Women's Health Services

The Allies medical and prescription drug program covers women's health services. All of the following women's health services are considered preventive and will generally be covered at 100% with no cost-share:

- Well-women visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Screening for human papillomavirus (HPV)
- Counseling for sexually transmitted infections
- Counseling and Screening for human immunodeficiency virus (HIV)
- Screening and Counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Contraceptive methods and counseling

Preventive Care Paid at 100%

The Allies medical program covers certain preventive health services at no cost for the Allies medical plan. Preventive services including colorectal cancer screenings, high blood pressure screenings, annual physicals, immunizations, flu vaccinations, mammograms, pap smears and osteoporosis screenings, all of which are covered at 100%, with no out of pocket cost to you.

Utilizing guidelines recommended by the U.S. Preventive Services Task Force, Centers of Disease Control and Center for Medicare and Medicaid, all services rendered must be age and gender appropriate.



Value-Added Services

CONNER STRONG & BUCKELEW

Benefits Member Advocacy Center

Allies is proud to offer its employees a comprehensive suite of affordable benefits.

Through our relationship with Conner Strong & Buckelew, we are providing you and your family access to the Benefits Member Advocacy Center (MAC). This is a team of experienced benefits professionals that you and your family can reach out to with any questions related to your benefits.

You can contact the Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm ET
- Via web: connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com

BenefitPerks Rewards Program

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Start saving today by registering online at connerstrong.corestream.com.

GoodRx

GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find out how GoodRx can save on your prescription drugs by visiting goodrx.com.

HUSK Wellness Program

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace. HUSK features include:

- Savings on gym and fitness center memberships
- Evidence-based health and nutrition programs led by registered dietitians
- Deals on home gym equipment and wearable technology
- On-demand virtual exercise classes
- Access to licensed therapists for mental health struggles

Learn more by calling **800.294.1500** or visit marketplace.huskwellness.com/connerstrong.



Life & Disability Benefits

SYMETRA

Group Life/AD&D Insurance

Life Insurance benefits are paid to a beneficiary(ies) you designate in the event of your death. AD&D benefits are paid to your beneficiary(ies) upon your accidental death or to you for a covered loss (such as the loss of a limb, eyesight or hearing). **This plan is 100% paid by Allies.**

GROUP LIFE AND AD&D	
Eligibility	Employees working or schedule to work at least 30 hours per week upon the date of your insurance eligibility
Benefit Amount - Life Insurance - AD&D	2x Annual Base Salary up to \$650,000 2x Annual Base Salary up to \$650,000
Age Reduction Rules	Benefit reduces by 35% at age 65; 50% at age 70
Taxation of Benefits	None

Long-Term Disability (LTD)

For enduring, serious non-work related illnesses or injuries that prevent you from working longer than 180 days. **This plan is 100% paid by Allies.**

LONG-TERM DISABILITY	
Eligible Employees	Employees working or scheduled to work at least 30 hours per week upon the date of your insurance eligibility
Elimination Period	180 days
Benefit Duration	Benefit duration to age 65 with graded ADEA
Benefit Multiple	60% of base monthly salary up to \$10,000 per month
Pre-Existing Conditions	3 months prior/12 months after
Taxation of Benefits	None

Voluntary Life/AD&D Insurance

Supplemental Life Insurance benefits that are paid to a designated beneficiary(ies) you designate in the event of death. Individual Term Life and AD&D is a sensible and affordable way to provide your family and loved ones with the money they may need in the event of an untimely death or accident. **This plan is voluntary which means it is 100% employee paid.**

VOLUNTARY LIFE AND AD&D	
Eligibility	Available to elect annually at open enrollment
Employee Coverage	The lesser of 5x annual salary or \$500,000 in increments of \$5,000. Guaranteed issue amount is \$150,000
Spouse Coverage	If the employee elects coverage, amounts from \$5,000 to \$250,000 in increments of \$5,000. Guaranteed issue amount is \$50,000. Not to exceed 100% of employee amount.
Child(ren) Coverage	Flat amount of \$10,000
Guaranteed Issue	Applies to any employees who enroll within 31 days of becoming eligible
Age Reductions - Employee - Spouse - Child(ren)	Benefit reduces by 65% at age 70; 50% at age 75 Spouse will reduce by same percentage and at the same time EEs like insurance reduces Coverage terminates at age 26



Voluntary Benefits

SYMETRA

NOTE: These benefits are available to elect at each open enrollment.

Accident Insurance

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. Also, if you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

Key Advantages of this Plan

- This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too. The application is easy to fill out and includes common screenings, such as:
 - Certain blood tests
 - Pap smear
 - Skin cancer screening
 - Lipid panels
 - Cardiac exercise stress test
 - Electrocardiogram (ECG)
 - Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations

Critical Illness Insurance

Critical Illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date. Covered illnesses include but are not limited to cancer, heart attack, stroke, and paralysis. This insurance can help cover out-of-pocket medical and non-medical expenses. It does not have to be used to pay for treatment.

Key Advantages of this Plan

- Benefits are payable directly to you to be spent any way you choose. You can elect the following amounts for you and your dependents
 - **Employee:** \$5,000, \$15,000, \$20,000, or \$30,000
 - **Spouse:** \$2,500, \$5,000, or \$15,000 (not to exceed 50% of employee coverage)
 - **Child(ren):** \$2,500 or \$5,000 (not to exceed 50% of employee coverage)
- \$50 wellness screening
- Pays in addition to any other coverage you may have
- Flexible coverage options to meet your individual needs
- Fast and accurate claims service
- Coverage is fully portable — if you change jobs you can take your coverage with you



Voluntary Benefits

SYMETRA

NOTE: This benefit is available to elect at each open enrollment.

Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection. With hospital indemnity insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

It can be used for expenses, such as: Copays, deductibles, and coinsurance. You can use it towards unexpected costs such as; child care, help around the house, follow up services.

Your two plan options are outlined below.

Hospital Indemnity Plan

BENEFIT CATEGORY	PLAN 1	PLAN 2
Hospital Confinement	\$500 first day, \$100 day 2+	\$1,000 first day, \$200 day 2+
Intensive Care Unit	\$500 first day, \$200 day 2+	\$1,000 first day, \$400 day 2+
Substance Abuse Facility	\$100 per day (30 days PP, PCY)	\$200 per day (30 days PP, PCY)
Mental Health Facility	\$100 per day (30 days PP, PCY)	\$200 per day (30 days PP, PCY)
Nursing Facility Only available following IP stay of at least 3 consecutive days	\$100 per day (30 days PP, PCY)	\$200 per day (30 days PP, PCY)
Pregnancy Limitation	None	None
Portability	Yes	Yes
MONTHLY PREMIUMS		
Employee	\$7.54	\$15.09
Employee + Spouse	\$17.65	\$35.30
Employee + Children	\$16.07	\$32.12
Family	\$21.80	\$43.60



Legal Services & Identity Theft

COUNTRYWIDE

Prepaid Legal Services

Allies is pleased to offer a voluntary group legal services plan through Countrywide, available to eligible full-time and part-time employees. This plan provides access to a range of legal services when you need them, at an affordable cost.

Since this is an optional benefit, employees are responsible for 100% of the premium. Coverage is available for **\$6.36** per pay period.

Countrywide's Personal Legal Protector plan includes services such as:

- Identity theft assistance
- Unlimited telephone consultations with legal advice
- Preparation of simple wills
- Assistance with small claims matters
- Review of contracts and legal documents
- Living wills and medical powers of attorney
- Legal letters and phone calls on your behalf
- Discounted rates for additional services

Identity Theft Protection

Allies also offers Identity Theft Insurance through Countrywide and the cost is **\$5.06** per pay period. Designed to be both affordable and beneficial, this plan offers a variety of features that help you stay on top of your credit history to prevent identity theft. This plan can also help you reconstruct your credit in the event that you do fall victim to an identity crime.



Pet Insurance

NATIONWIDE

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible — without worrying about the cost. With two-budget friendly plans, there's never been a better time to sign up for My Pet Protection Choice.

Additional Benefits

- **VetHelpLine:** Unlimited 24/7 access to licensed veterinary professionals via video chat for emergency care, health advice and continued care at no additional cost.
- **PetRxExpress:** Discounts on pet prescriptions at over 4,700 participating pharmacies, with automatic claim submission for added convenience.

How to Enroll and Pay for Coverage

To purchase pet insurance, you need to contact Nationwide directly to enroll and set up payment. To enroll your pets, call **877.738.7874** or visit partnersolutions.nationwide.com/pet/woods.

How to Use Your Pet Insurance Plan

1. Visit any vet, anywhere
2. Submit claim
3. Get reimbursed for eligible expenses



Employee Assistance Program (EAP)

GUIDANCE RESOURCES

Allies offers all eligible employees an Employee Assistance Program administered through Symetra called GuidanceResources.

Services Included

- **EAP:** Five (5) telephonic counseling sessions per issue with experienced clinicians available 24/7
- **Legal Resources:** Unlimited phone access to legal professionals is included, along with a no-cost initial consultation with a local attorney. Additional discounts and services are also available.
- **Financial Resources:** Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- **Work/Life Resources:** Information and referrals on child care, elder care, adoption, relocation, and other personal convenience matters.
- **GuidanceResources Online:** Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs, and more.
- **Health Risk Assessments:** Online access to a health risk assessment survey and a variety of health management tools and information.

Help When You Need It

GuidanceResources provides confidential support and resources whenever and wherever you need them. Whether you're looking for someone to talk to or helpful tools to navigate life's challenges, support is always within reach.

- **Call:** [888.327.9573](tel:888.327.9573)
- **Online:** guidanceresources.com
 - **Web ID:** [Symetra](#)
- **App:** [GuidanceResources Now](#)

Beneficiary Support *Empathy*

Through Symetra beneficiaries have access to additional support services through Empathy. Empathy combines emotional and grief resources with digital tools to help families navigate the loss of a loved one. These resources include:

- Personalized care plans
- Grief support resources
- A dedicated care team
- Funeral planning assistance
- Identity theft prevention
- An award-winning intuitive app



Medicare Assistance

SARATOGA MEDICARE ADVISORS

Are you or your dependents approaching or at Medicare eligible age (65 years or older)? If so, take advantage of our partnership with Saratoga Medicare Advisors.

This free service can help you understand your options and make informed decisions when it comes to Medicare coverage. Saratoga's service will walk you through each of your options and ensure you and your family are making the best Medicare decision for your situation.

After contacting Saratoga, within 24 hours they will reach out and arrange a conference call or in-person meeting to gather information about your unique situation and explain the cost and process for selecting Medicare Supplement (Medigap), Medicare Advantage, Dental, and Vision coverage. Saratoga will also receive your prescriptions and assist you with securing a drug plan that best suits your needs.

To learn more about this free service, please contact:

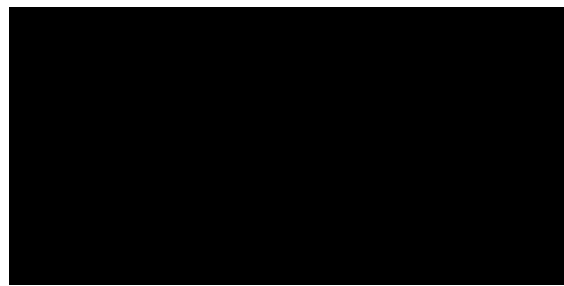
Bill Webb by phone at **856.263.3152** or by email at **bwebb@saratogabenefits.com**.



Carrier Contacts

ALLIES

RESOURCE	CONTACT	WEBSITE/EMAIL	CLAIMS ADDRESS
Medical Homestead	Member Concierge: 855-897-4816 Suprise Bills: 844-307-6755 Pre-Authorization: 800-764-3433	www.woodsindex.com hs-plans.com/woods www.homesteadproviders.com customerservice@homesteadplans.com	Homestead P.O. Box 21307, Eagan, MN 55121
Telemedicine Teladoc	800-835-2362	www.teladoc.com	N/A
Prescription US-Rx Care & ScriptSourcing	Member Services: 877-200-5533 Prescription Mart Pharmacy: 800-630-3206	www.usrxcare.com/member	Prescription Mart P.O. Box 12607, Beaumont, TX 77726
Flexible Spending Accounts (FSA) & Commuter Benefits Flores	800-532-3327	www.flores247.com	N/A
Dental Delta Dental	800-932-0783	www.deltadentalins.com	Delta Dental of PA P.O. Box 2105, Mechanicsburg, PA 17055
Vision National Vision Administrators (NVA)	800-672-7723	www.e-nva.com	N/A
Group Life and Long-Term Disability Symetra	877-377-6773	www.symetra.com	Life & Disability Claims Department PO Box 1230-06083 Enfield, CT 06083
Accident/Critical Illness/Hospital Indemnity Symetra	800-497-3699	www.symetra.com	Voluntary Benefits Claims Department PO Box 3245 Milwaukee, WI 53201
Prepaid Legal Services Countrywide	800-550-5297	www.countrywideppls.com	N/A
EAP GuidanceResources	888-327-9573	www.guidanceresources.com Web ID: Symetra	N/A
Pet Insurance Nationwide	877-738-7874	partnersolutions.nationwide.com/pet/woods	N/A
Medicare Assistance Saratoga Medicare Advisors	Bill Webb 856-263-3152	bwebb@saratogabenefits.com saratogamedicareadvisors.com	N/A
Benefits Member Advocacy Center (MAC)	800-563-9929	cssteam@connerstrong.com connerstrong.com/memberadvocacy	N/A
Allies Benefits Contact Jeanette Fraulo	609-689-0136 ext. 1965	N/A	N/A



Allies reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact the Benefits Office.