



Greenwich Education Group



2026-2027



# TOTAL REWARDS GUIDE

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## Summary of Benefits and Coverage

This guide provides an overview of your benefit plan options. You are highly encouraged to review the detailed plan summaries, Summary of Benefits Coverage (SBC), Summary Plan Description (SPD) and carrier coverage booklets available on the [Benefits Resource Center on New Story Connect](#)

These documents provide important information about your plan coverage options in a standard format to help you compare costs and features across plans. If you are not able to access electronic versions of these documents, you can request a paper copy by contacting the New Story Benefits Team at 888- 879-8858 or emailing [HRsupport@newstory.com](mailto:HRsupport@newstory.com)



# Enrollment Basics

## STAY CONNECTED

You can find more information about your benefit plans by visiting the [Benefits Resource Center on New Story Connect](#). We also have links, videos, and QR Codes added throughout your Total Rewards guide—be sure to check these out for additional important details!



## Enroll via UKG Self-Service

- Go to **Life Events** in the left-hand toolbar.
- Have dependent and beneficiary data, such as SSN and date of birth ready.
- Don't forget to **SUBMIT** your enrollment and **PRINT** a copy of the confirmation for your records.

[\*\*UKG ENROLLMENT\*\*](#)

Our benefits package is a cornerstone of our total rewards approach. It's not just a collection of perks; it's an investment in your overall quality of life. Your physical, mental, and financial well-being is important to us. Our healthcare and supplementary offerings are designed to keep you and your family in the best of health.

## Benefit Eligibility

**Team members** scheduled for at least 30 hours per week.

**New Hires:** The effective date of coverage for new team members is the **first of the month following 30 days in an eligible class, unless otherwise specified.**

**Eligible dependents:** Includes team member's legal spouse/ domestic partner and children to age 26, plus disabled dependent children of any age who meet plan criteria.

## Enrollment Window

You need to enroll in your benefits **within 45 days of your hire date**. If you don't take action, you'll have to wait for the next Open Enrollment, unless you experience a **Qualified Life Event**.

## Qualified Life Events

- Life events include gaining or losing coverage, aging out as a dependent, death, divorce, marriage, or the birth/adoption of a child.
- Coverage from a qualified life event begins on the event date, but the election must be made within 30 days of the event date.
- If Medicaid or CHIP eligibility changes, you have 60 days to submit a request for enrollment changes.
- To qualify for special enrollment, you must notify the New Story Benefits Department and provide documentation within 30 days of the event.

## Dependent Verification

You may, at any time, be required to verify dependents added to your coverage. If it is determined that an ineligible dependent was added to coverage under New Story, claims may be denied and the member may incur direct financial responsibility.

# Plan Options



New Story offers a range of medical plans to accommodate different coverage needs and budgets, ensuring flexibility for employees.

## Which Plan is Right For Me?

**HDHP:** Features higher deductibles and lower paycheck contributions, requiring the deductible to be met before coverage kicks in. It includes out-of-network coverage, with lower costs for in-network services, and allows contributions to a Health Savings Account (HSA).

[Understanding Deductibles](#)

[Deductible Know Where to Go](#)

**VDHP:** The Value Driven Health Plan (VDHP) gives you freedom of choice regarding your providers and reduces your cost for services. Co-pays apply prior to having to meet the deductible for physician services and certain non-hospital related services.

This plan uses a different approach when pricing the cost of hospital and outpatient services compared to the other options. This plan is open access, so you can go to any provider you would like. While you can go to any provider, the plan does include access to the PHCS network of providers. The plan sets fair, transparent rates for services based on industry benchmarks, versus negotiating discounts off what providers want to charge. The end result is a price that is fair to both the provider and the member. It's important to research the cost of procedures in advance to avoid unexpected costs and reduce the risk of being balance billed. If you receive a balance bill or have questions, contact **MedWatch at 888-713-8808**.

Plan Features	\$1,750 HDHP	\$2,500 HDHP	\$4,000 HDHP	\$1,500 VDHP
Consider which plan features are most important to you.				
Save in a tax-free HSA with a company contribution, which you own and can invest for future medical costs.	☑	☑	☑	
Save on payroll premiums and build tax free savings in an HSA to help pay for care as you need it.		☑	☑	
Pay the lowest payroll premium.				☑
Visit both in-network and out-of-network doctors while managing out-of-pocket costs and a moderate deductible	☑	☑		
Expanded access for facility visits i.e. in-patient or out-patient hospitals, outpatient surgery centers, dialysis, etc.				☑
Combine deductible expenses of all family members to reach family deductible quicker. (aggregate deductible)	☑	☑		
Pricing transparency and cost comparison tools				☑
Have copays without paying a deductible for office visits.				☑
Be able to obtain prescription drug benefits without paying a deductible.				☑
Lower out-of-pocket maximums	☑	☑		
Lowest risk of balance billing	☑	☑	☑	
Access to care navigation service to locate high-quality low-cost providers.				☑

# Medical Plan Comparison



The chart below compares key coverage features and costs for in-network services for all medical plan options. The HDHP plans are administered by UMR. The VDHP plan is administered by Healthscope.

	\$1,750 HDHP	\$2,500 HDHP	\$4,000 HDHP	\$1,500 VDHP
	In- network†	In- network†	In- network†	Open Access
<b>Calendar Year deductible† – Deductible applies to all services unless otherwise noted</b>				
Deductible (resets Jan 1)	Single \$1,750/ Family \$3,500	Single \$2,500/ Family \$5,000	Individual \$4,000/ Family max \$8,000	Individual \$1,500/ Family max \$3,000
Deductible type	True family (aggregate)	True family (aggregate)	Embedded	Embedded
Provider Network	United Healthcare <a href="http://www.umar.com">www.umar.com</a>			<a href="#">PHCS</a>
HSA or FSA	Eligible for Company HSA contribution.			FSA Eligible
<b>Calendar Year Out- of- pocket maximum (resets Jan 1)</b>				
Individual/Family	\$5,250 / \$10,500	\$5,000 / \$10,000	\$7,500 / \$15,000	\$6,000 / \$12,000
OOP maximum type (co-pays + deductibles + co-insurance)	Embedded at the individual level	Embedded at the individual level	Embedded at the individual level	Embedded at the individual level
<b>Medical coverage</b>				
Doctor's office visits	20%	20%	20%	\$30 copay*
Preventive care	No charge*	No charge*	No charge*	No charge*
Specialist visits	20%	20%	20%	\$60 copay*
Teladoc (general medicine)**	\$0 copay*	\$0 copay*	\$0 copay*	\$0 copay*
Outpatient surgery	20%	20%	20%	20%
Inpatient hospital (per stay)	20%	20%	20%	20%
Labs and X-rays	20%	20%	20%	20%
Emergency room	20%	20%	20%	\$250 after ded.
Urgent Care	20%	20%	20%	\$75 copay*
<b>Retail prescription drugs (30 day supply)</b>	<b>HDHP Rx Maintenance Drug Deductible Waiver Available.</b> <a href="#">Click Here for Details</a>			
Tier 1	20%; \$50 max	20%; \$50 max	20%; \$50 max	\$10 copay*
Tier 2	20%; \$125 max	20%; \$125 max	20%; \$125 max	\$40 copay*
Tier 3	20%; \$150 max	20%; \$150 max	20%; \$150 max	\$75 copay*
<b>Mail- order prescription drugs (90 –day supply)</b>				
Tier 1	20%; \$125 max	20%; \$125 max	20%; \$125 max	\$20 copay*
Tier 2	20%; \$312.50 max	20%; \$312.50 max	20%; \$312.50 max	\$80 copay*
Tier 3	20%; \$375 max	20%; \$375 max	20%; \$375 max	\$150 copay*

\* Deductible does not apply

\*\* Virtual visits with doctors who are not Teladoc providers are covered as any other office visit.

† See carrier booklet for more information on HDHP out-of-network coverage.



# Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-free account for eligible health expenses. If you have a HDHP plan and choose to save in an HSA, the Company will also contribute to your account.

## How does an HSA work?

**Build tax-free savings for health care.** You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses.

**Use it like a bank account.** Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family. Use the HSA debit card or reimburse yourself (up to your available balance). Remember, you can only access the funds currently in your HSA. No need to submit receipts but keep them for your records. Funds will be loaded to a debit card. You must also elect to save in an HSA to be eligible for a company contribution.

**Receive company contributions.** The Company will contribute:

- \$15.38/pay if electing employee-only medical coverage.
- \$30.77/pay if covering dependents.



## Advantages of an HSA


**Keep your money.** Your HSA funds are yours to keep and can roll over from year to year, even into retirement or when you leave the company.

**Earn interest and invest for the future.** Once your HSA reaches a minimum balance, you can invest in no-load mutual funds.

**Never pay taxes.** Contributions are made before taxes, and withdrawals for eligible expenses are tax-free, with interest and earnings growing tax-free as well.

## HSA eligibility

- Must be enrolled in a high-deductible health plan
- Cannot be covered by any non-HDHP medical plan, including a spouse's plan.
- Cannot have a traditional health care FSA.
- Cannot be enrolled in Medicare, Medicaid, Tricare, or be a dependent on someone else's tax return.
- Cannot be a veteran who received non-preventive care from the VA in the last three months.

2026 HSA Contribution Limits	
 <b>\$4,400</b> Individual plan	 <b>\$8,750</b> Family plan
Members 55+ can contribute an extra \$1,000.	

Please note: Annual limits include employee and company contributions.

HSA Contribution Limits are based on calendar-year accumulation. The limits are adjusted January 1<sup>st</sup> of each year and you may update your contributions at any time.



[HSA Details](#)



SCAN ME

# Flexible Spending Accounts (FSAs)

## How does an FSA work

Tax-advantaged FSAs are an effective way to save money. You select a yearly "goal" amount, which is funded immediately to a debit card. Contributions are tax-deductible from your paycheck, and eligible healthcare and dependent care withdrawals are tax-free. When enrolled in a Health Care or Limited Purpose FSA, you get a debit card for eligible expenses, but you may need to submit receipts for some transactions.

## Health Care FSA

### VDHP Participants

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Annual contribution limit is **\$3,400** for July 2026-June 2027.

### Limited Purpose – HDHP Participants

**Note:** If you enroll in a HDHP and have an HSA, you cannot open a Health Care FSA, but you can open a Limited Purpose FSA for qualified dental and vision expenses.

- Annual contribution limit is **\$3,400** for July 2026-June 2027.

## Budget Carefully

Keep in mind, FSAs are "use-it-or-lose-it" accounts. You will forfeit any amount above \$680 left in the account at the end of the plan year.

## What is an eligible expense?

- **Health Care FSA** – Plan deductibles, copays and coinsurance, and other healthcare expenses. To learn more, see IRS Publication 502 at [www.irs.gov](http://www.irs.gov).
- **Dependent Care FSA** – Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at [www.irs.gov](http://www.irs.gov).

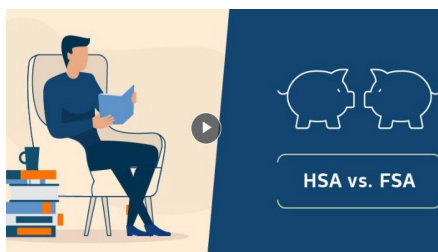
HSA vs. Health Care FSA: What's the Difference	HSA	FSA
Available if you enroll in a	HDHP	VDHP
Eligible for company contributions	Yes	No
Change your contribution amount anytime	Yes	No
Access your entire annual contribution amount from the beginning of the plan year	No	Yes
Access only funds that have been deposited	Yes	No
"Use it or lose it" at year-end	No	Yes
Money is always yours to keep	Yes	No

## Dependent Care FSA

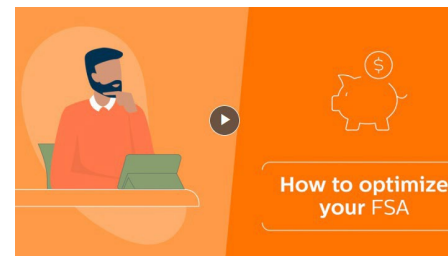
Use pre-tax dollars for eligible dependent care expenses like child or eldercare. In 2026, you can save up to \$7,500 (\$3,750 if married filing separately). Remember, the Dependent Care FSA is "use-it-or-lose-it," so unused funds will be forfeited at the end of the plan year.

## Commuter & Parking Benefits

This program allows you to save before-tax dollars to pay for eligible monthly transit costs related to your work commute. It's easy and flexible. Before-tax deductions are allowed up to the IRS limit of \$340 per month for parking or transit.



Check out this video to learn more about HSAs vs FSAs

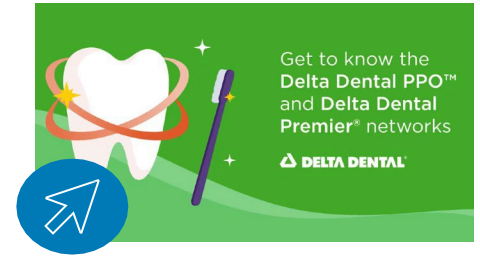


Check out this video to learn more about Optimizing Your FSA

# Dental & Vision Benefits

## Dental Benefits

Maintaining healthy teeth and gums is essential for overall wellness. Regular dental checkups and proper oral hygiene are crucial. Consider exploring the dental plans provided by the Delta Dental PPO Network to enhance your oral health.



	Basic	Enhanced
Calendar-year deductible (employee only / family)	\$50 / \$150	\$50 / \$150
Calendar-year maximum	\$1,000	\$1,500
Preventive & diagnostic services – exams, cleanings, x-rays, and sealants	100%	100%
Basic services – fillings, denture repairs	80% after deductible	80% after deductible
Major services – crowns, cast restorations	50% after deductible	60% after deductible
Orthodontia	Not covered	50% for adults and children
Orthodontia Lifetime Maximum	Not covered	\$1,500

## Vision Benefits

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents. See below for more information on the VSP Choice benefit.

Service	VSP Choice Plan Benefit	Frequency
Exam	\$10 copay	Every calendar year
Frames	\$130 allowance, plus 20% amount above the allowance	Every other calendar year
Lenses	\$130 allowance	Every calendar year
Lens Enhancements	Included	Every calendar year
Contact lenses (instead of glasses)	\$130 allowance	Every calendar year





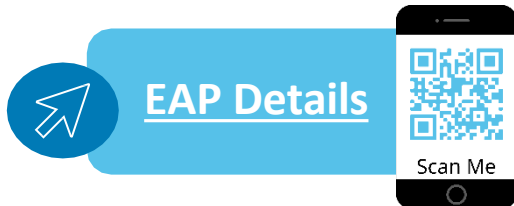
# Employee Assistance Program (EAP)

The AllOne Health Employee Assistance Program (EAP) is available at no cost to all employees and their families from the date of hire. It offers support for various work and personal life issues. Benefits include:

- 24/7 access to consultations with a behavioral health clinician for various concerns.
- Up to 8 confidential in-person/virtual/telephonic consultations per year for issues like marital problems, depression, anxiety, and stress per topic.
- Up to 6 life coaching sessions per calendar year.
- Call 800-451-1834 or log on to [allonehealth.com/portal](https://allonehealth.com/portal) (access code 9J9CR) to access services.

Learn more about these benefits, AI tools, and the mindfulness support app available here:

[Mental Health Resources](#).



1

## Reach out to us.

800-451-1834

[allonehealth.com/portal](https://allonehealth.com/portal)  
AllOne Health app

2

## Share your concerns.

When you call AllOne, you're immediately connected with a compassionate person who will gather your information, assess your needs, and customize your path to wellbeing.

3

## Trust the services you receive are confidential.

Your privacy is important to us.

# Total Wellbeing

We are committed to fostering an environment where team members feel safe seeking help and support. We provide access to a range of resources designed to empower you to take control of your health and well-being.

## HealthAdvocate<sup>SM</sup>

Our Health Advocate wellness partner provides several resources, at no cost to you, supporting mental health and overall wellness, including:

- **Workshops** to enhance your knowledge and prepare you to build new habits.
- **Self-guided pathways** related to supporting balance, staying connected, and being well.
- **Gym discounts** through the HUSK marketplace
- **Prescription savings** through Rx Shopper
- **Exclusive discounts** for digital subscriptions to Shape, Parents, Eating Well, and Health magazine.

Follow these simple steps to register for Health Advocate:

1. Visit [HealthAdvocate.com/members](https://HealthAdvocate.com/members) or download the mobile app
2. Click on "Register Now"
3. Enter the required information, confirm your registration, then log in
4. Registration Code: 2226DJD (for new users only)



Enter here to learn more about  
our Wellness Incentive Program  
[Health Advocate Details](#)

# Life & Disability Benefits

## Basic Life and AD&D Insurance

You automatically receive basic life and accidental death and dismemberment (AD&D) insurance equal to 1 times your basic annual earnings, rounded to the next higher \$1,000 (up to \$50,000), at no cost to you. Benefit amounts reduce to 50% at age 70 and terminate at retirement.

AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

### Evidence of Insurability

Supplemental life coverage over \$200,000 for yourself and \$25,000 for spouse needs Evidence of Insurability (EOI). EOI is also required for life or disability coverage outside the initial eligibility period.

## Supplemental Life

You can purchase supplemental life insurance for yourself and/or for your dependents. You pay the full cost of any supplemental insurance on a post-tax basis. You must purchase supplemental coverage for yourself to purchase spouse or child coverage.

- **Employee supplemental life** – \$10,000 - \$500,000 in \$1,000 increments, not to exceed 5 times basic annual earnings.
- **Spouse/domestic partner supplemental life\*** – \$5,000 - \$500,000 in \$1,000 increments
- **Child supplemental life\*** – \$2,000 - \$10,000 in \$1,000 increments.
- **Benefit amount reduces to 50% at age 70** and terminates at retirement. There are no reductions for child coverage.

**\*Please note: the amount can't exceed 100% of the employee's supplemental life amount.**

## Summary of Disability Benefits

The Company covers 100% of the cost of Short-Term Disability coverage. Team members have the option to purchase additional income protection in the event of disability by enrolling in Long-Term Disability coverage.

	Short-Term Disability*	Long-Term Disability
Who pays	Employer paid	Employee paid
Benefit	Up to 60% of your weekly income	Up to 60% of base monthly salary
Maximum benefit	\$1,500 per week	\$6,000 per month
Elimination Period	7 days	90 days
Maximum duration	Up to 12 weeks (including elimination period), contingent on the terms of the Voya policy	Until end of disability or retirement age

\*Most team members working in New Jersey are not eligible for the Voya STD benefit and are eligible for the NJ state TDI program.



[Group Life Portal](#)



[STD Portal  
STD Summary](#)



[LTD Portal  
LTD Summary](#)



# Voluntary Accident and Hospital Indemnity

## Accident insurance

Accident insurance provides cash benefits to supplement your primary medical plan and disability programs for injuries from accidents.

- **Choose How You Use the Funds:** Use these funds for out-of-pocket medical expenses (like deductibles or coinsurance) or ongoing living costs (like mortgage or rent).
- **Direct Payments:** Coverage includes payments for broken bones, dislocations, physical therapy, emergency treatments, and more.
- **Organized Sports Benefit:** If an accident occurs during organized sports, certain benefits are increased by 25%, up to a maximum of \$1,000.
- **Guaranteed Issue:** Coverage is always guaranteed issue, and you can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.

## Hospital Indemnity Insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs.

- **Direct Payments:** A hospital indemnity plan provides supplemental payments directly to you for expenses that your medical plan doesn't cover for hospital stays.
- **Coverage includes:**
  - \$1,000 per admission to the hospital (up to 8 admissions per covered person per year)
  - \$100 for each day of your hospital stay (up to 10 days per covered admission)
  - \$200 for each day of an ICU stay (up to 10 days per covered admission)

## Wellness Benefit

The hospital indemnity plan includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam. \$50 for employees, \$50 for spouses, 100% of your benefit amount per child, per policy per calendar year.

[Accident Summary](#)

[Accident Portal](#)

**VOYA**  
FINANCIAL™

[Hospital Summary](#)

[Hospital Portal](#)



# 401(k) Retirement

## Eligibility

You are eligible to participate if you are at least 18 years of age and have completed 2 months of employment. Entry is the first of the month after meeting the eligibility requirements.

## Your Contributions

- You can contribute up to 80% of your eligible income to your 401(k) using before-tax and/or Roth after-tax money, with a combined limit of \$24,500 in 2026.
- If you're 50 or older, you can add \$7,500 in catch-up contributions (*\$11,250 for those aged 60-63. Once an employee turns age 64, the catch-up amount reverts to the standard age-50 catch-up limit*).
- Employees age 50+ with prior-year FICA wages over \$150k, must make all catch-up contributions on a Roth (after-tax) basis.
- Contribution limits are updated each calendar year. You may adjust your salary deferral at any time.
- Set your payroll contributions and investments by registering online at [www.mykplan.com](http://www.mykplan.com). Investing involves risk, including loss.
- Before investing, consider the funds' objectives, risks, charges, and expenses. Review details online at [www.mykplan.com](http://www.mykplan.com).

## Company match

To support your retirement saving efforts, the Company matches 100% of your salary deferrals up to the first 3% and 50% on the next 2% of your eligible compensation.

## Investment Options

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

## Free Investment Advice

The Investment Team at the Promus Wealth Management Group are ready to assist you! Call 833- 810-0086 to connect with an Advisor.

## Vesting

Vesting refers to your ownership of the money in your account. You are 100% vested in any Company match made to your account after 1/1/2022. You are always 100% vested in your own contributions and any amounts you roll into the plan. Any company matching contributions on record prior to 1/1/2022 will remain on the below four-year vesting schedule:

- Less than 2 Years of Service 0%
- 2 Years of Service 33%
- 3 Years of Service 66%
- 4 Years of Service 100%

\*A year of service is earned once you work 1000 hours in the calendar year.



## Enrich Financial Wellness Tool

Enrich is a personalized financial education tool designed to provide insights into your financial wellness journey. <https://promuswealth.enrich.org/>



# Rewards and Perks

The following programs are designed to celebrate our amazing people, recognize your hard work and enhance your everyday life. Visit our [Rewards and Perks](#) page to start enjoying these perks today!

## Employee Appreciation Program

Earn stars of appreciation and award stars to your peers for exemplifying our Core Values, embracing teamwork, sharing your ideas, and much more. Stars can then be redeemed to purchase an item from an extensive merchandise catalog.



## Employee Discount Program

Access Perks offers discounts to over 500,000 merchants nationwide, including entertainment like movie tickets, theme parks, and restaurants to retail merchants, automotive care, and wireless.



[Access Perks Details](#)

## Some of the ways Access Perks can help you save!

### Flexible Fitness Memberships

Enjoy savings from thousands of fitness centers or enjoy a guided workout session at home via access to online workout videos!

### Protection for your furry friends!

Save on vet bills and be better prepared for your pet's health needs with pet insurance through ASPCA or Spot.

### Weight Watchers Discounts

Limited time offer! Receive up to 64% off memberships to help you reach your wellness goals.

### Empower your Tech Lifestyle!

Save up to 40% on electronics like PCs, laptops, printers, ink and much more. Features weekly deals and flash sales.

### On a Mission to eat healthier?

Receive recipes and ingredients to help prepare nutritious meal plans - delivered right to your doorstep.

### Shield from legal matters!

Access to legal consultation to assist with estate planning, family legal matters, real estate matters, etc.

\*Vendor discounts are subject to change without notice. Access Perks strives to maintain relationships for competitive discounts, but these are not guaranteed. Any agreements made with vendors will be subject to their terms.

# Bi-weekly Payroll Contributions

The bi-weekly premiums for each benefit plan, effective July 1, 2026, are outlined below. Please review the options and choose the coverage that suits your budget and lifestyle. The premium contribution is deducted from your paycheck and does not apply to plan expenses like deductibles. All rates are available in your UKG enrollment session.

## Medical Premiums\*

Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,750/\$3500 HDHP	\$167.20	\$509.14	\$385.96	\$825.68
\$2500/\$5000 HDHP	\$112.29	\$378.95	\$255.67	\$635.07
\$4,000/\$8000 HDHP	\$73.27	\$288.28	\$145.54	\$407.46
VDHP Plan	\$62.77	\$234.77	\$120.58	\$330.12

\*Domestic partners are also eligible for coverage; benefits will be deducted on an after-tax basis and are subject to imputed income.

## Voluntary Benefits

Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Accident	\$3.36	\$6.72	\$7.39	\$10.75
Hospital Indemnity	\$6.89	\$14.10	\$13.76	\$20.98

## Dental Premiums

Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic	\$12.23	\$24.46	\$26.21	\$42.52
Enhanced	\$14.19	\$28.37	\$30.41	\$49.33

## Vision Premiums – VSP

Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Vision	\$3.23	\$8.97	\$8.97	\$8.97

## Life and Disability Benefits

Plan	Coverage	Paid by:
Basic Life	1x salary to \$50,000 Maximum	Company Paid
Supplemental Life	Up to 5x annual salary to \$500,000 maximum	Employee Paid
Short Term Disability	Up to 60% of your weekly income	Company Paid
Long Term Disability	Up to 60% of base monthly salary	Employee Paid

Refer to the UKG Benefits portal to assist with calculating rates for Life and Disability coverage.

\*Spouse and Dependent voluntary life available.



# Medical Plan - Wellness Premium Rebate

## Eligibility Details, Deadlines, & Payment Schedule

(July 1, 2026- June 30, 2027 Plan Year):

Medical plan participants can receive a portion of your payroll premium back by completing wellness activities!

- **Full Rebate:** Complete wellness between January 1, 2026, through **June 30, 2026**, to qualify for the full rebate opportunity of **\$600**. Paid in (2) two equal installments.
- **Prorated Rebate:** If wellness is completed after June 30, 2026 you can still complete wellness and qualify for a prorated rebate. See payment schedule.
- **Payment Dates:** Payments will be issued in the 2<sup>nd</sup> pay of January and June 2027.

### Prorated Rebate Payment Schedule

Completion month	Total opportunity	Installment 1 (Jan 2027)	Installment 2 (Jun 2027)
Jan-Jun-26	\$600	\$300	\$300
Jul-26	\$550	\$275	\$275
Aug-26	\$500	\$250	\$250
Sep-26	\$450	\$225	\$225
Oct-26	\$400	\$200	\$200
Nov-26	\$350	\$175	\$175
Dec-26	\$300	\$0	\$300
Jan-27	\$250	\$0	\$250
Feb-27	\$200	\$0	\$200
Mar-27	\$150	\$0	\$150
Apr-27	\$100	\$0	\$100
May-27	\$50	\$0	\$50
Jan-Jun-27	\$600	\$300	\$300

## How to Receive the Rebate:

- Register as a member at [www.healthadvocate.com/newstory](http://www.healthadvocate.com/newstory)
- Access the Well-Being Center - Click on the Well-Being option from the dashboard page.
- **Wellness is considered complete once BOTH steps are finished. The completion date is the later of the two. Example, if wellness screening is complete in October and health profile in November, the completion date is November.**
- All results are completely confidential and not shared with your employer.

### STEP 1: Complete your annual 'preventive' well screening

You can satisfy Step 1 by completing ONE of the below:

**Print a Lab Voucher** to take with you to any participating LabCorp location at no cost to you. Lab Vouchers are employee-specific and cannot be shared. LabCorp will submit your results to Health Advocate.

**OR**

**Visit your primary care physician** for a preventive well screening. Your **physician** must complete the Health Advocate Physician Screening form and submit it directly to Health Advocate. Note: *if your visit is not deemed 'preventive' you may have an out-of-pocket cost (non-reimbursable).*

\*Access lab voucher and physician forms in your Health Advocate account.

### STEP 2: Complete your online Personal Health Profile

Individual responses are not shared with your employer.

## Confirm you Completed both Steps!

- Login to your Health Advocate account
- Click on Well-Being Center
- Click on Rewards – you will see a green checkmark next to those activities that are complete.



To be eligible for the first payment, you must be an active member in the Company's medical plan on December 31. To be eligible for the second payment, you must be an active member in the Company's medical plan on June 30. You must be in active employment at the time the rebate is paid. Program requirements can be changed, or the program can be discontinued at any time for any reason at the Company's discretion.

# Important Benefits Contacts

## Questions about your benefits?

As part of your total rewards package, employees have access to the a2 Employee Benefit Advocate team! ***We look forward to serving you!*** a2's Employee Benefit Advocates are available **Monday through Friday, 8 a.m. to 5 p.m. ET.** All calls are confidential and monitored to resolution.

## When should I expect a response?

Employee Benefit Advocates will respond to your inquiry by the end of the following business day. If your matter is urgent, please let us know and your request will be prioritized.



**Email:**  
[benefits@a2benefits.com](mailto:benefits@a2benefits.com)



**Phone:**  
(678) 540-1428

## Carrier Contacts

Register as a member on any of the below sites to gain full access to your claims, physician directories, ID cards, and much more!

Benefit plan	Provider	Phone number	Website
Medical – HDHP	UMR	800.826.9781	<a href="http://www.umar.com">www.umar.com</a>
Medical – VDHP	HealthSCOPE/Medwatch	888.713.8808	<a href="http://www.healthscopebenefits.com">www.healthscopebenefits.com</a>
Prescription	Optum RX	855.856.0541	<a href="http://www.optumrx.com">www.optumrx.com</a>
Health Savings Account (HSA)	HealthEquity	877.924.3967	<a href="http://www.healthequity.com">www.healthequity.com</a>
Flexible Spending Accounts (FSAs)	HealthEquity	877.924.3967	<a href="http://www.participant.wageworks.com/MemberLogin?">www.participant.wageworks.com/MemberLogin?</a>
Commuter Benefits	HealthEquity	877.924.3967	<a href="http://www.healthequity.com">www.healthequity.com</a>
Dental	Delta Dental	800.932.0783	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	VSP Vision	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Wellness	Health Advocate	866.799.2731	<a href="http://www.healthadvocate.com/NewStory">www.healthadvocate.com/NewStory</a>
Employee assistance program (EAP)	AllOne	800.451.1834	<a href="http://www.allonehealth.com/portal">www.allonehealth.com/portal</a>
Life, AD&D and disability insurance	Voya	800.955.7736	<a href="https://presents.voya.com/ERBC/NewStory">https://presents.voya.com/ERBC/NewStory</a>
Voluntary benefits: Accident and hospital indemnity	Voya	877.236.7564	<a href="https://presents.voya.com/ERBC/NewStory">https://presents.voya.com/ERBC/NewStory</a>
401(k)	ADP Retirement	888.822.9238	<a href="http://www.mykplan.com">www.mykplan.com</a>



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