StoneBridge
SENIOR LIVING

Bridge
REHABILITATION

Your Benefits

Effective January 2026 – December 2026

What's inside

Everything StoneBridge Senior Living offers you and your family this plan year.

GETTING STARTED

YOUR CORE BENEFITS

WELL-BEING & PRESCRIPTIONS

VOLUNTARY BENEFITS

RESOURCES

Getting started

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.
Spouses are ONLY covered under the MEC Plans.

Your children

Dependent children are eligible:

- **Medical, dental and vision**: until age 26 regardless of student or marital status
- **Child life insurance**: until age 21, or 26 if a full-time student

How to Enroll

You have the option to contact the call center or enroll online

Call Center- (314) 827-0603

Online - Enroll now

- **Username:** Your Full Social Security Number
- **Password:** Last 4 digits of your Social Security Number + 2 digit year of your birth

Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are **three times** you can make benefit selections:

1 When you're first eligible

Your benefits begin on the first day of the month following date of hire; this is your **effective date**.

Your benefit selections will be in effect through December 31.

2 At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from January 1 – December 31 of the following year unless you have a qualifying life event.

3 If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility). Documentation may be required.

Getting started

Helpful terms & resources

We've removed as much jargon as possible.
But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.
Medical*: balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.
The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include – but are not limited to – cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

How to handle medical bills *(4:46)*

Annual Notices
We're required to tell you about certain rights and responsibilities you have as an employee of StoneBridge Senior Living

You can request a paper copy at no charge from:

Erika Nilles-Plumlee, Vice President of HR
(636) 477-3280
erika.plumlee@sbseniorliving.com

See MEC Plan Annual Notices

See Medical Plan Annual Notices

Medical insurance

Major Medical Plan

Anthem

See plan details

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).

BJC is NOT included in this network

In-network care	In-network	Out-of-network
Annual Deductible (DED)	$5,000 per person $10,000 family max	$15,000 per person $30,000 family max
Out-of-pocket maximum	$7,000 per person $14,000 family max	$2,000 per person $4,000 family max
Coinsurance	100%	70%
Preventive care	100% covered	70% after deductible
Primary care visit	$30 copay after deductible	70% after deductible
Specialist visit	$60 copay after deductible	70% after deductible
Urgent care	$75 copay after deductible	70% after deductible
Emergency room	$300 copay after deductible	$300 copay after deductible
Inpatient services	100% after deductible	70% after deductible
Outpatient services	100% after deductible	70% after deductible
Prescription drugs	**(30 days)**	**(30 days)**
Tier 1	$10 copay	50% after deductible
Tier 2	$35 copay	50% after deductible
Tier 3	$75 copay	50% after deductible
Specialty Rx	25% up to $350 copay	50% after deductible

Your cost for coverage	Bi-Weekly
Employee Only	$170.20
Employee + Children	$564.73

See your plan documents for out-of-network benefits.

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Medical insurance

MEC Plans

American Worker

Find a Provider

First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services.
By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

See plan details

	MEC Enhanced	MEC Enhanced Plus
In-network care		
Network name:	**First Health**	**First Health**
Out-Of-Network	No Coverage	No Coverage
Preventive Care	ACA Required Preventive Services Covered at 100%	ACA Required Preventive Services Covered at 100%
Doctor Office Visits	$30 Copay, 6 Visits per Year	$30 Copay, 6 Visits per Year
Specialists	$50 Copay, 3 Visits per Year	$50 Copay, 3 Visits per Year
Diagnostic Tests & Lab Work	$10 Copay, 3 Test Days per Year	$30 Copay, 10 Test Days per Year
Advanced Imaging	-	$50 Copay, 1 Test per Year
Prescription Drugs	Generic - $15 Copay Brand Name - Discounts Annual Maximum - Unlimited	Generic - $15 Copay Brand Name - Discounts Annual Maximum - Unlimited
Fully-Insured Benefits*		
Emergency Room Sickness	$200 per Day, 2 Days per Year	$300 per Day, 2 Days per Year
Surgical - Inpatient - Outpatient - Outpatient Minor - Outpatient Maximum	$1,000 per Day,1 Day per Year $500 per Day $100 per Day 1 Day per Year	$1,500 per Day,1 Day per Year $750 per Day $150 per Day 1 Day per Year
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit
Daily Hospital Indemnity	$300 per Day, 500 Day Lifetime Maximum	$500 per Day, 500 Day Lifetime Maximum
Hospital Admission	$500 Lump Sum per Confinement	$1,000 Lump Sum per Confinement
Intensive Care Unit	$600 per Day, 30 Days per Year	$1,000 per Day, 30 Days per Year
Substance Abuse	$150 per Day, 30 Days per Year	$250 per Day, 30 Days per Year
Mental Illness	$150 per Day, 30 Days per Year	$250 per Day, 30 Days per Year
Skilled Nursing	$150 per Day, 60 Days per Stay	$250 per Day, 60 Days per Stay
Accident Medical** AD&D - Employee / Spouse / Child	Up to $5,000 per Occurrence $15,000 / $7,500 / $3,000	Up to $5,000 per Occurrence $15,000 / $7,500 / $3,000
Your cost for coverage	**Per paycheck**	**Per paycheck**
Employee only	$36.92	$101.54
Employee + Spouse	$102.26	$182.52
Employee + Child(ren)	$111.21	$189.21
Employee + Family	$167.52	$256.75

See your plan documents for out-of-network benefits.

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Health Reimbursement Arrangement (HRA)

Health care dollars from WEX.

ONLY offered for employees enrolled in the MEC Enhanced Plus Plan

Pay for eligible health care expenses with an HRA - funded by Stonebridge

Contributions

When you enroll in the HRA medical plan, Stonebridge automatically sets aside money to help you and your covered dependents pay for qualifying health care expenses.

	If you cover yourself only	If you cover dependents
Stonebridge contributes:	$2,000	$2,000

Eligible expenses

You can use your HRA dollars for medical, prescription, dental, and vision expenses for you and your covered dependents.

Using your funds

Medical and prescription

Your deductible or copay will be automatically deducted from your HRA allowance first. Once your HRA is depleted, you may either pay out of pocket or use health care FSA funds.

Dental and vision

You can use your HRA debit card at the provider's office, or pay out of pocket and file for reimbursement. Be sure to keep your itemized receipt!

Unused funds and more

Your funds are non-transferable and are forfeited if your employment with Stonebridge terminates for any reason.

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Dental insurance

Select from three dental options through Delta Dental.

All plans cover in-network preventive care at 100%. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- the maximum amount Delta Dental will pay each year for dental care (**annual maximum benefit**), and whether **orthodontic** care is covered.

See plan details

	PPO	Premier	Non-Network
In-network care			
Network name:	**PPO**	**Premier**	**Non-Network**
Annual Deductible (*DED*)	$50 per person $150 family max	$50 per person $150 family max	$50 per person $150 family max
Annual maximum benefit	$1,000 per person	$1,000 per person	$1,000 per person
Preventive care	100% covered	100% covered	100% covered
Basic care	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 50%	DED then you pay 50%	DED then you pay 50%
Orthodontic care			
Adult	Not covered	Not covered	Not covered
Child	50%	50%	50%
Lifetime maximum benefit	$1,500	$1,500	$1,500

Your cost for coverage	**Per paycheck**
Employee only	$10.33
Employee + Spouse	$20.69
Employee + Child(ren)	$27.40
Employee + Family	$38.66

Stay in-network to avoid balance billing *(the difference between what an out-of-network provider charges and the amount your insurance pays).*

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Vision insurance

Your vision coverage is through Delta Dental.

You'll get an annual exam with coverage for lenses and frames, or **contacts in lieu of glasses.**

See plan details

	Vision plan	
Network name:	**National PPO**	
	In-network	**Out-of-network** *(reimbursement)*
Annual eye exam (every 12 months)	$10 copay	Up to $40
Materials copay (lenses & frames)	$25 copay	N/A
Lenses (every 12 months) Single Vision: Bifocal: Trifocal: Lenticular:	 $25 Copay $25 Copay $25 Copay $25 Copay	 Up to $20 Up to $40 Up to $60 Up to $100
Frames (every 24 months)	$125 allowance	Up to $50
Contact lenses (every 12 months)	Elective: $125 allowance Medically Necessary: $250 Allowance	Up to $75 Up to $250
Your cost for coverage Employee only Employee + Spouse Employee + Child(ren) Employee + Family	**Per paycheck** $2.97 $5.29 $5.69 $8.65	

Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

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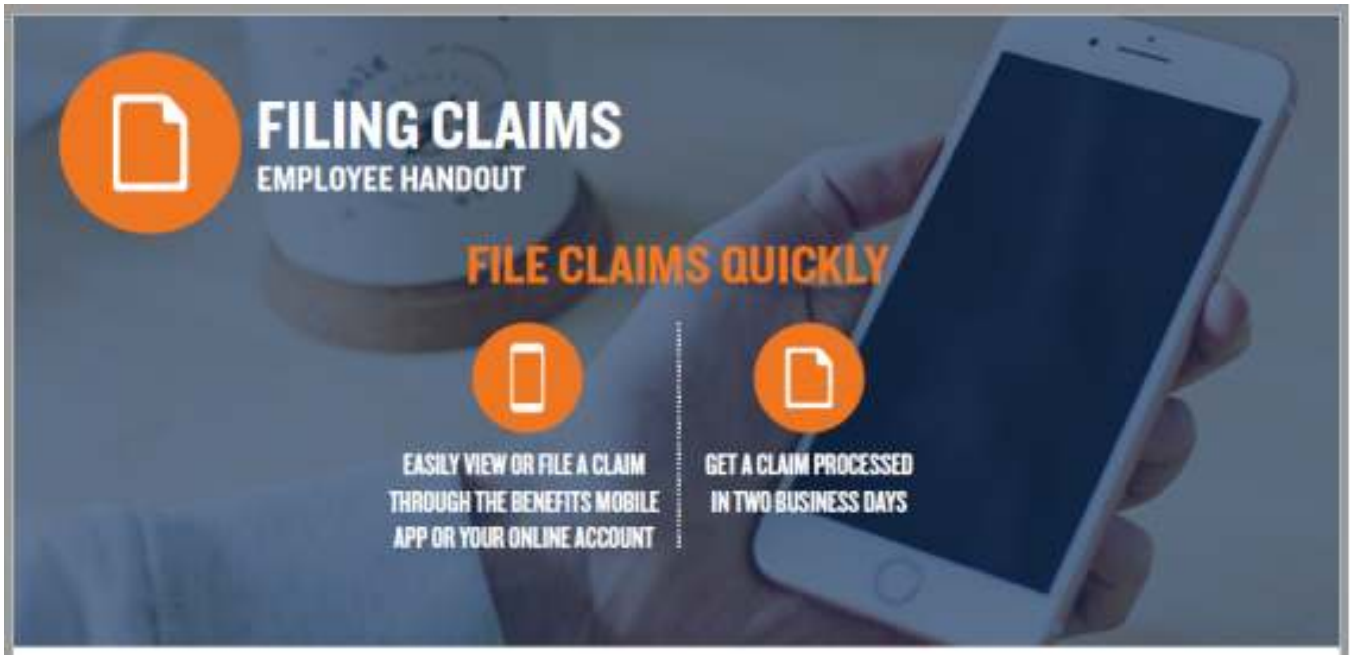
How to file a claim?



When you pay for eligible expenses out of pocket, filing a claim lets you receive reimbursement and take advantage of your pre-tax benefits. With Discovery Benefits, the claim filing process is quick and simple. The Benefits Mobile App by Discovery Benefits and your online account let you file a claim with just a few taps or clicks.

Note: You don't need to file a claim for purchases made with your Discovery Benefits debit card. However, you may still need to submit documentation via our mobile app or online account on those claims.

THE EASIEST WAYS TO FILE CLAIMS

Benefits Mobile App

You can file claims and submit documentation in seconds using the Benefits Mobile App. Our app is the quickest and easiest method for filing claims and submitting documentation. Just use your phone's camera to take a picture of documentation and upload it on the spot.

DOWNLOAD THE APP FOR FREE ON APPLE AND ANDROID SMARTPHONES AND TABLETS

Download on the App Store | GET IT ON Google Play

The app also allows you to:

- Get instant notifications on the status of your claims.
- Check your balance and view account activity.
- Report a card as lost or stolen to keep your account secure.
- Determine 213(d) eligible expenses by using the eligible expense scanner and your phone's camera.

Online Account

You can also file claims through your online account by clicking the "File A Claim" button within the "I Want To" menu on the homepage of your online account.

Note: You may also file a claim by submitting an Out-of-Pocket Reimbursement Request Form and supporting documentation via fax or mail.

RESOURCES

EASY SUBSTANTIATION VIDEO
www.DiscoveryBenefits.com/easysubstantiation

BENEFITS MOBILE APP VIDEO
www.DiscoveryBenefits.com/mobileappvideo

Discovery Benefits®
www.DiscoveryBenefits.com

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MEMBER WELL-BEING · INCLUDED AT NO COST

Well-being benefits

The Attentive Preventative Care Management Program

Attentive

Real Support. Zero Copays. No Catch.

When you participate in Attentive, you get two great opportunities for yourself and your family:

1. **Preventative Care Management Program** — a collection of benefits you and your family can use with **no copays** or other costs, accessed through the Attentive Personal Portal on your laptop, tablet, or phone.
2. **Additional benefits** — your Attentive premium is deducted on a pre-tax basis, generating tax savings that let you purchase additional benefits such as Life, Disability, Accident, and Critical Illness (see the Assurity voluntary benefits in this guide).

One quick step to keep your take-home pay. To receive the Preventative Care Program and additional benefits without lowering your take-home pay, log into the Personal Portal and complete at least one activity during the plan year — such as the well-being questionnaire or accessing health & nutrition information.

Why members love it

- Positive or neutral effect on your paycheck thanks to built-in savings
- **$0 copay** for all services, plus a prescription plan with **1,000+ medications at $0 copay**
- Easy virtual access for you and your family
- Personalized support for mental and physical wellness, with tools that adapt to your needs
- In many cases, local mental health support is available
- **Dependents included at no cost**

What's in the program

TELEMEDICINE — UCM

$0 copay for appointments with doctors by phone or video, 24/7/365. Doctors can diagnose, prescribe medication, order labs, make referrals, and more.

EMPLOYEE ASSISTANCE — CORPCARE

6 sessions per family member at **$0 copay** for marital/family concerns, anxiety/stress, drug/alcohol and more — plus unlimited help for legal, financial, childcare, and eldercare.

HEALTH VITALS VIA FACIAL SCAN — ANURA APP

Take a selfie to learn your stats in about 30 seconds: heart rate, blood pressure, BMI, stress level, and more.

COUPLES COUNSELING — OUR RELATIONSHIP

An 8-hour online course you complete at your convenience, plus four 20-minute calls with a program coach.

ADDICTION RECOVERY — FREEDOM 365

An interactive, year-long virtual recovery program for addiction and PTSD, including a library of 450+ videos and action steps.

MAYO CLINIC PROGRAMS — 24ALIFE

Expert resources for a healthy lifestyle: Total Body Workout (12-week HIIT), 12 Habits of Highly Healthy People, The Resilient Program, the Mayo Clinic Diet, and more.

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Attentive Portal & Contacts

Getting started, your welcome email & how to log in to Attentive®

1. **Watch for your email on the 1st of the month.**
   Sent from attentiveproposals@oakmorelabs.com with a link to the Attentive Edge Portal.
2. **Create a password.**
   Your username is the email address on file.
3. **Set up UCM Telemedicine.**
   Once logged in, go to UCM Telemedicine and create your account.
4. **Add and manage dependents.**
   To give an adult dependent their own login, add a separate email for them — they'll receive an invitation granting full access to all benefits at no cost.
5. **Come back anytime.**
   For future access, visit beattentive.com or download the app on your mobile device.

Remember your username.
Members log in with the email address on file. Dependents you invite receive their own login credentials by email.

Who to contact

Empower Financial Group — Office
Secretary: Elizabeth Bryant
Phone: (573) 300-5947
Email: ebryant@empowerfinancialgrp.net
CALL THIS NUMBER IF YOU HAVE POLICY QUESTIONS

Attentive Preventive Care Mgmt.
Contact: Corey Brooks
Phone: (256) 543-0722
Website: www.app.ahwus.com

Claims
Contact: Lydia Hall
Phone: (573) 429-4888
Website: claims@empowerfinancialgrp.net

Attentive Member Service
Contact: Rhonda Jacobson; Supervisor
Phone: 70 Grimes DR, Guntersville, AL 35976
Phone: 256-543-0722, ext. 129
Website: rhonda@ahwus.com

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Attentive RX Plus

$0 copay on 1,000+ medications — built into your program

Attentive

RX Plus is Attentive's prescription discount plan, designed to expand access to prescription savings through a simpler, more modern experience.

Key benefits

- ☑ Access to **thousands of medications nationwide**
- ☑ More than **1,000 medications at a $0 copay**
- ☑ A streamlined experience through the Attentive Portal
- ☑ Tools to **search medications, compare pricing,** and find savings opportunities

You can access RX Plus using the card in the **Benefits** section of your Attentive Portal.

Please note: Not all medications are available at $0 copay. RX Plus is not insurance — it is a discount plan. Always consult a doctor or other qualified medical professional for guidance on your health and treatment decisions.

Getting started — how to log in

1. On the **1st of the month**, you'll receive an email from **attentiveproposals@oakmorelabs.com** with a link to the Attentive Edge Portal.
2. **Create a password.** Your username is the email address on file.
3. Once logged in, go to **UCM Telemedicine** and create your account.
4. **Add and manage dependents** in the portal. To give an adult dependent their own login, add a separate email for them — they'll receive an invitation granting full access to all benefits at no cost.
5. For future access, visit **beattentive.com** or download the app on your mobile device.

Questions? We're happy to help.

Rhonda Jacobson — Supervisor, Member Service
Attentive, LLC
Office: 256-543-0722, ext. 129
rhonda@ahwus.com · info@ahwus.com
getattentive.com

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VOLUNTARY BENEFITS · PAYS CASH DIRECTLY TO YOU

Accident insurance

Group Accident Expense — 24-Hour coverage

Assurity

Forms G H1708 / G H1708C (HSA Compatible) — Missouri

Even with a good health plan, a trip to the doctor or hospital can be expensive. **Group Accident Expense pays a benefit directly to you** when you receive treatment from a physician for a covered accident — extra cash to help with your deductible and other out-of-pocket expenses.

Two plan options. Choose the level of protection that fits your family. The highlights at right show benefit amounts for **Plan 1** and **Plan 2**; the full schedule of covered benefits continues on the next page.

Key features

- ☑ **Helps with out-of-pocket expenses** associated with covered accidents
- ☑ **No deductibles,** copays, coinsurance or networks — see any doctor
- ☑ **Guaranteed issue** — no medical exams or tests
- ☑ **Portable** — coverage continues if you retire or change jobs, as long as you pay the premiums

Benefit highlights

Covered benefit	Plan 1	Plan 2
EMERGENCY & TREATMENT CARE — WITHIN 60 DAYS OF ACCIDENT		
Initial Accident Treatment Office, urgent care or ER visit	$100–$200	$200–$400
Telemedicine Treatment	$40	$80
Ambulance Ground / Air	$200 / $600	$400 / $1,200
X-Rays After initial accident treatment	$200	$400
Diagnostic Exams CT, CAT, MRI or EEG	$100	$200
Emergency Room Observation 4–20 hrs / 20+ hrs	$50 / $100	$100 / $200
HOSPITAL CARE — WITHIN 180 DAYS OF ACCIDENT		
Hospital Admission Once per calendar year	$1,000	$2,000
Hospital Confinement Daily, up to 365 days per accident	$200	$400
Intensive Care Daily, up to 30 days per accident	$400	$800

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). The product may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured's benefits and should not be relied upon to fully determine coverage. Availability, benefits and premiums are subject to the approval of Assurity and may vary by state. Insurance products are offered by Assurity Life Insurance Company, Lincoln, NE. This is a summary of selected benefits — see your certificate for complete terms.

Accident insurance

More covered benefits & riders

Assurity

Covered benefit	Plan 1	Plan 2
SPECIFIC INJURY CARE		
Burns Percentage based on degree & body area	up to $1,000	up to $2,000
Coma Not medically induced	$20,000	$40,000
Dislocation Open / closed reduction	$4,000 / $2,000	$8,000 / $4,000
Fracture Open / closed	$4,000 / $2,000	$8,000 / $4,000
Paralysis Paraplegia / quadriplegia	$15,000 / $30,000	$30,000 / $60,000
Traumatic Brain Injury Diagnosed by imaging	$600	$1,200
SUPPORTIVE CARE & SURGERY		
Follow-Up Treatment Per visit, up to 2 visits	$100	$200
Physical / Occupational / Speech Therapy Per visit, up to 6 visits	$60	$120
Prosthetic Devices One device / multiple devices	$1,000 / $2,000	$2,000 / $4,000
Open Abdominal, Thoracic or Cranial Surgery	$2,000	$4,000

Accidental Death & Dismemberment Rider (Form R G1712C)

Rider benefit	Plan 1	Plan 2
Accidental Death Employee / Spouse / Child	$40,000 / $20,000 / $10,000	$80,000 / $40,000 / $20,000
Common Carrier Accidental Death Fare-paying passenger	$100,000 / $50,000 / $25,000	$200,000 / $100,000 / $50,000
Accidental Dismemberment Percentage varies by body part	$40,000 / $20,000 / $10,000	$80,000 / $40,000 / $20,000

The AD&D Rider also includes an Accidental Death Seatbelt benefit and a Children Education benefit ($1,000 / $2,000 per qualifying dependent).

Preventive Care Rider. Pays **$50** per day, up to twice per insured per calendar year, for screenings such as a fasting blood glucose, annual physical, routine eye exam, immunization, or routine dental exam.

Limitations & exclusions (summary). You must be actively employed to be eligible; a 30-day free look applies. Benefits are not paid for losses caused by war or military service, aircraft operation/crew, certain hazardous activities, sickness, intoxication or illegal drug use, self-inflicted injury, or felony. Except for the Initial Accident Treatment benefit, no benefits are payable outside the U.S.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). The product may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured's benefits and should not be relied upon to fully determine coverage. Availability, benefits and premiums are subject to the approval of Assurity and may vary by state. Insurance products are offered by Assurity Life Insurance Company, Lincoln, NE. This is a summary of selected benefits — see your certificate for complete terms.

VOLUNTARY BENEFITS · LUMP-SUM CASH BENEFIT

Critical illness insurance

Group Critical Illness — paid directly to you

Assurity

Forms G H1715 / G H1715C, R G1716C (HSA Compatible) — Missouri

More people are surviving life-threatening illnesses than ever before — but the cost of care can follow survivors long afterward. **Group Critical Illness pays a lump-sum benefit directly to you** if you're diagnosed with cancer, stroke, heart attack, or a number of other covered conditions.

Key features

- **Pays a lump sum** directly to you
- **Health screening benefit** pays **$50 a year** for common covered tests or procedures
- **Return-of-premium** pays back 100% of premiums if you die from a cause other than a covered critical illness
- **Guaranteed issue** — no medical exams
- **Portable**

Covered conditions — benefit shown as a percentage of your policy amount

100% OF BENEFIT

- Heart Attack
- Stroke
- Invasive Cancer
- Kidney (Renal) Failure
- Major Organ Transplant
- Advanced Alzheimer's Disease
- Coma
- Paralysis
- Loss of Sight
- Loss of Speech

100% OF BENEFIT (CONT.)

- Loss of Hearing
- Advanced Parkinson's Disease
- Benign Brain Tumor
- Occupational HIV
- Advanced ALS
- Bone Marrow Transplant

50% OF BENEFIT

- Multiple Sclerosis

25% OF BENEFIT

- Coronary Artery Bypass Surgery
- Sudden Cardiac Arrest
- Non-Invasive Cancer
- Loss of Independent Living

10% OF BENEFIT

- Angioplasty
- Schizophrenia
- Transient Ischemic Attack (TIA)

SPECIFIED AMOUNT

- Skin Cancer — $250 / calendar year

Pays again when it matters. An **Additional Diagnosis Benefit** pays for a separate covered critical illness (diagnoses at least 30 days apart), and a **Reoccurrence Diagnosis Benefit** can pay again for the same critical illness once per lifetime after 12 consecutive symptom- and treatment-free months.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). The product may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured's benefits and should not be relied upon to fully determine coverage. Availability, benefits and premiums are subject to the approval of Assurity and may vary by state. Insurance products are offered by Assurity Life Insurance Company, Lincoln, NE. This is a summary of selected benefits — see your certificate for complete terms.

Critical illness insurance

Added protection & riders

Assurity

Built-in features

Waiver of Premium Benefit
Waives the premium after 90 consecutive days of total disability of the covered employee, for as long as the disability continues, if it is due to a critical illness for which benefits were paid.

Return of Premium for Non-CI Death
Returns 100% of all premiums paid for the policy and riders — minus any benefits paid — if the covered employee dies from a cause other than a covered critical illness.

Health Screening Rider (Form R G1720C)
Pays a **$50** benefit per calendar year, per insured, for screenings such as mammography, colonoscopy, PSA, Pap smear, blood cholesterol, stress test, and more.

Optional riders

Childhood Critical Illness Rider (Form R G1718C)
Pays a lump sum if a covered child is diagnosed with a covered childhood condition such as Cystic Fibrosis, Cerebral Palsy, Spina Bifida, Down Syndrome, Type 1 Diabetes, or Cleft Lip/Palate.

Optional riders (cont.)

Cardiopulmonary Rider (Form R G1717C)
Pays a lump sum for additional covered cardiopulmonary conditions — Open Heart category (50%), Pulmonary category (25%), and Invasive Procedure category (10%).

Specified Disease Rider (Form R G1722C)
Pays a lump sum upon diagnosis of any of 43 additional specified diseases — for example Addison's Disease, Muscular Dystrophy, Myasthenia Gravis, Tuberculosis, Tetanus, and many more.

Limitations & exclusions (summary). A 12-month pre-existing condition limitation applies — **waived during initial enrollment and for new hires.** Waiting periods apply to Invasive/Non-Invasive Cancer, Skin Cancer, and Loss of Independent Living. You must be actively employed to be eligible; a 30-day free look applies. Standard exclusions include war/military service, illegal drug or alcohol use, felony or illegal occupation, and intentionally self-inflicted injury.

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Term life insurance

Group Term Life — through convenient payroll deduction

Assurity

Forms G L2307 / G L2307C — Missouri

Term life insurance is an inexpensive solution for shorter-term needs. Coverage lasts for a specified period — often when a family is most vulnerable to losing income if something happens to the insured.

Key features

- ☑ **Easy-to-understand** coverage for shorter-term or specific needs
- ☑ **Guaranteed, level premium periods**
- ☑ **Affordable** coverage through payroll deduction
- ☑ Coverage **available for you, your spouse and children**
- ☑ Excellent option to **supplement permanent life benefits**
- ☑ May be **converted to permanent life insurance**
- ☑ **Portable** — take it with you if you switch jobs or retire, after 30 days of continuous coverage

Provides a level benefit, non-participating term life policy on the employee. Premiums are planned to be level during the selected period, with coverage annually renewable without evidence of insurability to age 95.

Available riders

Accidental Death Benefit Rider (Form R G2308C)
Pays an additional death benefit equal to the employee's base term benefit if death results directly from an accidental bodily injury within 180 days. Maximum accidental death benefit from all Assurity coverages is $250,000; available to age 70.

Spouse Term Rider (Form R G2309C)
Level-benefit term life on your spouse for a 10-year period; the amount selected is 30% of the employee's term coverage.

Children's Term Rider (Form R G2310C)
Level term life to age 26 for eligible children; the benefit is 10% of the employee's term coverage.

Disability Waiver of Premium Rider (Form R G2311C)
Waives employee life and rider premiums after the insured has been totally disabled for six months or longer (disability beginning before age 65; employees age 55 and under).

Accelerated Death Benefit — Terminal Illness
Lets you advance a portion of the death benefit if you are diagnosed with a terminal illness (life expectancy typically 12 months or less), as certified by a physician.

Limitations & exclusions (summary). Availability, benefits and premiums are subject to the approval of Assurity and may vary by state. You must be actively employed to be eligible; a 30-day free look applies. If an insured person dies by suicide within one year of the issue date (or of any increase), liability is limited to a refund of premiums. Riders contain their own limitations and exclusions — for example, the Accidental Death Benefit Rider excludes war, certain hazardous activities, intoxication or illegal drug use, and similar causes. See the policy/certificate for complete details.

GROUP TERM LIFE INSURANCE and its riders' availability, benefits and premiums as presented are subject to approval of Assurity. Group Term Life Insurance and its riders may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured's benefits and should not be relied upon to fully determine coverage. Insurance products are offered by Assurity Life Insurance Company, Lincoln, NE.

Contact information

Medical insurance	Anthem **Group: MO2255**	1-833-578-4436 www.anthem.com
Medical insurance	American Worker **Group: FR1665**	1-866-866-3424 www.theamericanworker.com
Health Reimbursement Arrangement (HRA)	WEX **Enhanced Plus Plan ONLY**	www.wexinc.com
Dental insurance	Delta Dental **Group: 0120-1521**	1-800-335-8266 www.deltadentalMO.com
Vision insurance	Delta Dental **Group: 2001-0181**	1-877-488-5130 www.deltadentalMO.com
Well-being & RX Plus	Attentive, LLC **Member Service**	256-543-0722 ext. 129 rhonda@ahwus.com · getattentive.com
Voluntary benefits	Assurity **Accident · Critical Illness · Term Life**	Service 800-276-7619 ext. 4210 Claims 800-869-0355 ext. 4484 www.assurity.com

2026 Benefits