



everOn™

2027

EMPLOYEE BENEFITS

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Introduction

Everon is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2027 offerings for you and your family. Contact the Everon Benefits Support Center at 855-213-1115 Option 1 > Option 1 with any questions.

Guide Key

Make the most of this guide. The key below will help you navigate this guide and point you to spots with extra information.



Your home button. Click this button on any page and you'll be taken back to the Table of Contents for further navigation.



Click these arrows to advance forward or go back.



Deep Dive articles provide more information on topics so you can be better informed about your benefits options.



Deep Dive videos are a bite-sized way to digest complex topics.



Click to reveal

This icon alerts you to an interactive graphic. Click within the image to learn more.

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See [page 34](#) for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Euron LLC. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.



Eligibility and Enrollment

Everon's benefits are designed to support your unique needs.

Eligibility

If you are an employee of Everon who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

If you terminate with Everon and are rehired within 30 days, your benefits will be reinstated with no gap in coverage. If you are rehired between 31 days and 13 weeks, you will be able to elect your benefits as of your date of hire without having to satisfy the waiting period.

Coverage Dates

Your elections are effective the first of the month following 31 days from date of hire. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Working Spouse Surcharge

If your spouse has access to healthcare coverage through their employer, you are subject to a \$100 monthly surcharge if you elect Everon coverage. If your spouse does not work, works part time, is not eligible for coverage, has lost coverage as an active teammate but has been offered COBRA, or is covered by Medicare, the surcharge does not apply.

Note: The company reserves the right to verify if your spouse is provided coverage elsewhere. This information must be consistent with the information you report. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.

Dependents

Dependents eligible for coverage include:

- Your legal spouse/domestic partner (or common-law spouse where recognized).
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse/domestic partner have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic recertification may be required).

Verification of dependent eligibility may be required upon enrollment.



Upwise

Decision Support Tool

Struggling to decide which benefit plans are right for you? Upwise provides benefits recommendations and guidance across your full range of benefits, not only medical insurance. The full Upwise experience is tailored to each employee's unique circumstances and preferences.

By completing a short interactive survey at the start of enrollment, Upwise provides you with a benefits recommendation based on your health, lifestyle, and finances — now and in the future.

Once you are an active, Everon employee, follow the link below to get started:

<https://app.nayya.com/choose/conversation/welcome>

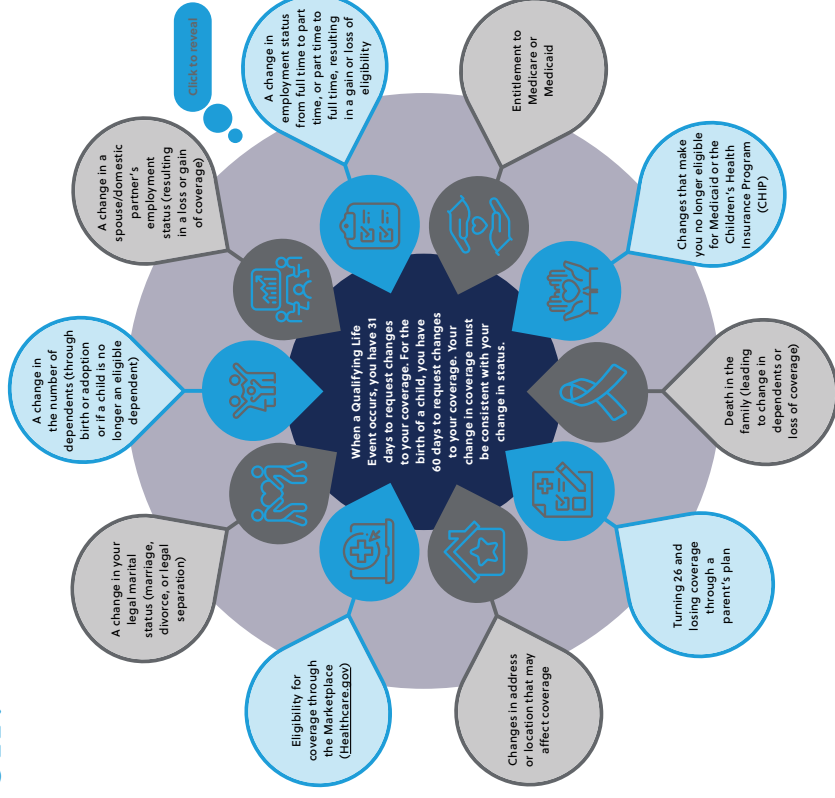


Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

Reach out to the Everon Benefits Support Center at 855-213-1115 Option 1 > Option 1 with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!



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Ready for Open Enrollment?

Everon covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are taken from your pay pre-tax, reducing your taxable income. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Open Enrollment Action Items



Update your personal information.

Confirm your mailing address and phone number are up to date.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e. will their costs go up or down?).



Review available plans' deductibles.

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower monthly premiums.



Consider an HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.



Check your networks.

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.



Ready for Open Enrollment? | 7

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Medical Benefits and SmartConnect for Medicare Support

Medical benefits are provided through Credence BCBS, United Healthcare Surest, and Kaiser (California Employees Only). Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind your choice is effective for the entire 2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage and salary determines your monthly contributions.

How to Find a Provider

Visit Credenceblue.com or call Customer Care at 866-653-1272 for a list of Credence BCBS network providers. Visit www.surest.com or call 866-683-6440 for a list of Surest network providers. Visit my.kp.org or call 800-464-4000 for a list of Kaiser network providers.

MONTHLY CONTRIBUTIONS	CRECENCE PPO PLAN				CRECENCE ENHANCED PLAN				CRECENCE BASE PLAN				UNITED HEALTHCARE SUREST PPO PLAN			
	ANNUAL SALARY	UNDER \$75K	\$75K - <\$125K	\$125K+	UNDER \$75K	\$75K - <\$125K	\$125K+	\$125K+	UNDER \$75K	\$75K - <\$125K	\$125K+	\$125K+	UNDER \$75K	\$75K - <\$125K	\$125K+	\$125K+
EMPLOYEE ONLY		\$566.36	\$442.59	\$553.81	\$233.28	\$278.84	\$362.02	\$362.02	\$120.05	\$142.49	\$176.15	\$176.15	\$74.14	\$208.16	\$270.24	\$270.24
EMPLOYEE + SPOUSE		\$853.26	\$1,128.83	\$1,418.82	\$501.51	\$641.77	\$852.45	\$852.45	\$347.81	\$445.08	\$591.20	\$591.20	\$424.66	\$543.43	\$71.83	\$71.83
EMPLOYEE + CHILD(REN)		\$784.35	\$1,037.66	\$1,304.23	\$410.82	\$526.71	\$698.29	\$698.29	\$280.37	\$358.78	\$476.56	\$476.56	\$345.59	\$442.24	\$587.43	\$587.43
EMPLOYEE + FAMILY		\$1,241.19	\$1,642.03	\$2,003.87	\$670.02	\$857.40	\$1,188.87	\$1,188.87	\$457.31	\$585.20	\$777.31	\$777.31	\$563.66	\$721.30	\$958.09	\$958.09

KAISER CORE PLAN KAISER ENHANCED PLAN

MONTHLY CONTRIBUTIONS	KAISER CORE PLAN	KAISER ENHANCED PLAN
EMPLOYEE ONLY	\$472.02	\$594.18
EMPLOYEE + SPOUSE	\$991.20	\$1,247.79
EMPLOYEE + CHILD(REN)	\$849.59	\$1,069.54
EMPLOYEE + FAMILY	\$1,496.21	\$1,883.57

SmartConnect Medicare Assistance:

SmartConnect provides employees and their eligible family members with personalized Medicare guidance, educational resources, and enrollment support to help them make informed Medicare decisions. See page 33 for more details.



To get the most value out of your medical plan, be sure to visit in-network providers whenever possible.



Medical Benefits and SmartConnect for Medicare Support | 8



Medical Plan Summary

The chart on the next page summarizes the 2027 medical coverage provided by Credence BCBS and Surest. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

The Credence PPO and United Healthcare Surest PPO plans are embedded. The individual deductible and/or out-of-pocket maximum must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible or out-of-pocket maximum amount is reached, no further individual deductibles or out-of-pocket maximums will have to be met for the remainder of the plan year. No member may contribute more than \$7,350 on the Credence PPO plan to the "per family" out-of-pocket maximum amount.

The Credence Enhanced and Credence Base plans are aggregate, meaning the family deductible and out-of-pocket maximum will include all combined eligible expenses that you and your covered dependents incur. Each covered individual is not required to meet the individual deductible or out-of-pocket maximum. The family deductible and out-of-pocket maximum may be satisfied by one member or a combination of two or more members covered under your medical plan. No member may contribute more than \$7,350 on the Credence Enhanced and Credence Base plans to the "per family" out-of-pocket maximum amount.

Note

Keep healthcare costs down by seeing the right provider for your situation.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. You can also utilize Upwise to find the plan that fits your needs best. Visit credenceblue.com, www.surest.com, or mykp.org to learn more.



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CREDENCE PPO PLAN				CREDENCE ENHANCED PLAN				CREDENCE BASE PLAN				UNITED HEALTHCARE SUREST PPO PLAN			
IN-NETWORK		OUT-OF-NETWORK		IN-NETWORK		OUT-OF-NETWORK		IN-NETWORK		OUT-OF-NETWORK		IN-NETWORK		OUT-OF-NETWORK	
ANNUAL DEDUCTIBLE															
EMPLOYEE FAMILY	EMPLOYEE	\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$8,000	\$0	\$0	\$0	\$0	\$0	\$0		
	FAMILY	\$4,000	\$8,000	\$4,000	\$12,000	\$8,000	\$16,000	\$0	\$0	\$0	\$0	\$0	\$0		
	PHARMACY DEDUCTIBLE	\$250	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
COINSURANCE	COINSURANCE	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	N/A	N/A		
	ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)														
EMPLOYEE FAMILY	EMPLOYEE	\$6,250	\$12,500	\$6,250	\$12,500	\$6,250	\$12,500	\$6,250	\$12,500	\$6,250	\$12,500	\$12,500	\$12,500		
	FAMILY	\$12,500	\$25,000	\$12,500	\$25,000	\$12,500	\$25,000	\$12,500	\$25,000	\$12,500	\$25,000	\$12,500	\$25,000		
COPAYS/COINSURANCE															
PREVENTATIVE CARE	PREVENTATIVE CARE	Fully covered	50%*	Fully covered	50%*	Fully covered	50%*	Fully covered	50%*	Fully covered	50%*	Fully covered	50%*	\$190 copay	
	PRIMARY CARE	\$30 copay	50%*	80%*	50%*	80%*	50%*	80%*	50%*	80%*	50%*	\$15-\$100 copay	\$300 copay	\$300 copay	
	SPECIALIST SERVICES	\$60 copay	50%*	80%*	80%*	50%*	80%*	50%*	80%*	50%*	80%*	\$15-\$100 copay	\$300 copay	\$300 copay	
DIAGNOSTIC CARE	DIAGNOSTIC CARE	80%*	50%*	80%*	50%*	80%*	50%*	80%*	50%*	80%*	50%*	Routine: Fully covered, Non-Routine: Up to \$1,400 copay	Routine: Fully covered, Non-Routine: Up to \$4,200 copay		
	MENTAL HEALTH - INPATIENT	80%*	50%*	80%*	50%*	80%*	50%*	80%*	50%*	80%*	50%*	\$2,750 copay	\$8,250 copay		
MENTAL HEALTH- OUTPATIENT	MENTAL HEALTH- OUTPATIENT	Office Visit: \$30, Outpatient services: 80%*	50%*	80%*	50%*	80%*	50%*	80%*	50%*	80%*	50%*	Home/Office: \$15 copay; Outpatient Facility: \$150 copay	Home/Office: \$190 copay; Outpatient Facility: \$450 copay		
	URGENT CARE	\$50 copay	50%*	80%*	50%*	80%*	50%*	80%*	50%*	80%*	50%*	\$80 copay	\$240 copay		
EMERGENCY ROOM	EMERGENCY ROOM	\$250 copay, then 80%*	\$250 copay, then 80%*	\$250 copay, then 80%*	\$250 copay, then 80%*	\$250 copay, then 80%*	\$250 copay, then 80%*	\$250 copay, then 80%*	\$250 copay, then 80%*	\$250 copay, then 80%*	\$250 copay, then 80%*	\$750 copay	\$750 copay		
															*After deductible

*After deductible



KAISER CORE PLAN		KAISER ENHANCED PLAN	
IN-NETWORK		IN-NETWORK	
ANNUAL DEDUCTIBLE			
EMPLOYEE	\$3,500		\$2,000
FAMILY	\$7,000		\$3,000
PHARMACY DEDUCTIBLE	N/A		\$250 per individual
COINSURANCE	80%		80%
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)			
EMPLOYEE	\$7,000		\$4,000
FAMILY	\$14,000		\$8,000
COPAYS/COINSURANCE			
PREVENTATIVE CARE	Fully covered		Fully covered
PRIMARY CARE	80%*		\$30 copay
SPECIALIST SERVICES	80%*		\$50 copay
DIAGNOSTIC CARE	80%*		X-ray/Lab Tests: \$10, Imaging: 80%, up to \$50
MENTAL HEALTH - INPATIENT	80%*		80%*
MENTAL HEALTH- OUTPATIENT	80%*		Office visit: \$30, Outpatient services: 80%
URGENT CARE	80%*		\$30
EMERGENCY ROOM	\$250 copay, then 80%*		\$250
*After deductible			



How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for you and your covered family members in the upcoming plan year, the overall health of you and your covered family members, and any medications you or your covered family members currently take.

How does the PPO (Preferred Provider Organization) work?

- You'll pay more in premiums, but perhaps less at the time of service.
- You can choose from a network of providers who offer a fixed copay for services.
- If you or your dependent(s) expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How do the Enhanced and Base HDHP (High Deductible Health Plan) Plans work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account, which Everon contributes to, in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.

Out-of-Pocket Costs

These are the types of payments you're responsible for:

Copay

The fixed amount you pay for healthcare services at the time you receive them.

Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

How does the Surest Plan work?

No deductible. No coinsurance. Just copays!

- The Surest plan simplifies the healthcare system outside of the exam room.
- Search for conditions or providers in the Surest app, on benefits.surest.com, or by calling the Surest Member Services.
- Compare coverage and price options and know prices in advance.
- A lower copay price with Surest does not mean a lower-quality option. Instead, it is an indication that the service is a higher-value option.

How does Kaiser work?

- In-network services are paid with copays or coinsurance.
- You may seek care from in-network providers only.
- In-network providers are contracted with the insurance company to provide services at a discounted fee.
- Out-of-network services are not covered.
- You need a referral to see a specialist.

Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance and do not apply to your deductible. Some common covered services include:



Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for infants at risk for anemia)



Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

Nurse Line

When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

Types of Care*

- Answers to questions regarding:
- Symptoms
 - Self-care/home treatments
 - Medications and side effects
 - When to seek care

Telemedicine (\$)

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- Cold & flu symptoms
- Bronchitis
- Urinary tract infection
- Sinus problems

Primary Care Center (\$)

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Managing your general health

Urgent Care Center (\$\$)

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

Emergency Room (\$\$\$)

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injury

Do Your Homework

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

*This is a sample list of services and may not be all inclusive. **Costs and time information represent averages only and are not tied to a specific condition or treatment.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through CVS for the Credence BCBS and United Healthcare Surest PPO plans. This means you will have two ID cards: one for medical care and one for prescriptions if enrolled in either the Credence BCBS or Surest plans. You may find information on our benefits coverage and search for network pharmacies by logging on to [Caremark.com](https://www.caremark.com) or by calling the Customer Care number on your ID Card. If you're in California and enrolled in a Kaiser plan, you may find information regarding your prescription drug coverage by logging on to [my.kp.org](https://www.mylkp.org) or by calling the Customer Care number on your ID card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Lowering Medication Costs

These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.

GoodRX is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80% on generics. Another discount option is the **Amazon Prime RX Savings** discount card, which is included with an Amazon Prime membership and is administered by InsiderRX. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies.

VIVO Specialty Drug Program

VIVO provides personalized support for employees who need specialty medications. Through its dedicated Concierge Team, VIVO guides you and your doctor through the prescription process to ensure you receive the safest, most effective and most affordable treatment.

Key features:

- Concierge support: A dedicated team helps manage your prescription from start to finish.
- Clinical review: VIVO works with your doctor to evaluate your medication using the latest clinical data.
- Safer, smarter options: If a better or more cost-effective therapy is available, VIVO may recommend alternatives.
- Pharmacy coordination: Ensures safe drug interactions, confirms delivery details and handles payment.
- Cost savings: Manufacturer discounts and coupons may help reduce your out-of-pocket costs.



Generic Medications



CREDENCE PPO PLAN		CREDENCE ENHANCED PLAN		CREDENCE BASE PLAN		UNITED HEALTHCARE SUREST PPO PLAN		KAISER CORE PLAN		KAISER ENHANCED PLAN	
IN-NETWORK		IN-NETWORK		IN-NETWORK		IN-NETWORK		IN-NETWORK		IN-NETWORK	
RETAIL RX (30-DAY SUPPLY)											
GENERIC	\$10 copay	\$10 copay*		\$10 copay*		\$10 copay		\$10 copay		\$10	
PREFERRED	75 % (\$200 max)*	75 % (\$200 max)*		75 % coinsurance (\$200 max)*		\$90 copay		\$30 copay*		\$30*	
NON-PREFERRED	50 % (\$200 max)*	50 % (\$200 max)*		50 % coinsurance (\$200 max)*		\$120 copay		\$30 copay*		\$30*	
SPECIALTY DRUGS	70 %*	70 %*		70 %*		\$330-\$400 copay		80 % up to \$250/prescription*		80 % up to \$250/prescription*	
MAIL ORDER RX (90-DAY SUPPLY)											
GENERIC	\$20 copay	\$20 copay*		\$20 copay*		\$25 copay		\$20		\$10	
PREFERRED	75 % (\$200 max)*	75 % (\$200 max)*		75 % (\$200 max)*		\$225 copay		\$60*		\$30*	
NON-PREFERRED	50 % (\$200 max)*	50 % (\$200 max)*		50 % (\$200 max)*		\$300 copay		\$60*		\$30*	
SPECIALTY DRUGS	N/A	N/A		N/A		N/A		N/A		N/A	
*After deductible											

*After deductible



Health Savings Account

Your HSA can be used for qualified expenses for you, your spouse/domestic partner, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

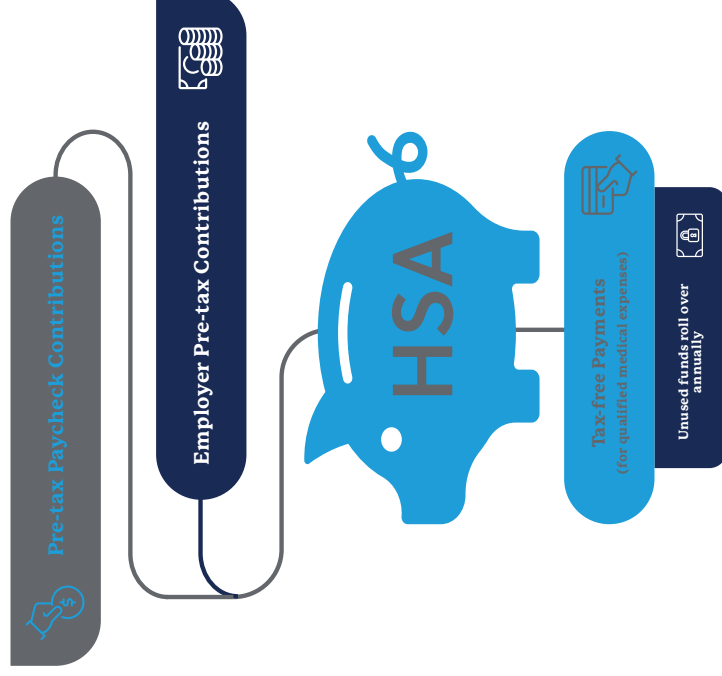
Fidelity will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse/domestic partner's or parent's non-HDHP.
- You or your spouse/domestic partner do not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in Everon's HSA, you must elect an HDHP with Everon. Once you have elected your benefits, open an HSA on Fidelity's website: www.netbenefits.com.

HSAs and Taxes

HSA contributions are made through payroll deductions on a pre-tax basis when you open an account with Fidelity. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2027, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$4,500
FAMILY	\$9,000
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Everon provides an HSA employer contribution that will be deposited on a per-paycheck basis. Everon will match employee HSA contributions dollar for dollar, up to the funding maximums below.

ANNUAL MAXIMUM EMPLOYER HSA CONTRIBUTION			
CREDENCE ENHANCED PLAN		CREDENCE BASE PLAN	KAISER CORE PLAN
EMPLOYEE ONLY	\$240	\$420	\$420
EMPLOYEE + SPOUSE / EMPLOYEE + CHILD(REN)	\$360	\$630	\$840
EMPLOYEE + FAMILY	\$480	\$840	\$840

HSA contributions over the IRS annual contribution limits (\$4,500 for individual coverage and \$9,000 for family coverage for 2027) are not tax deductible and are generally subject to a 6% excise tax.

The Everon HSA is established with Fidelity. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit Fidelity's website at NetBenefits.com.

Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.



*State income taxes are also waived on HSA contributions in almost all states.



Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses. Everon's FSA accounts are administered by Fidelity.

Healthcare Flexible Spending Account

You can contribute up to \$3,400 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse/domestic partner to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact Fidelity with reimbursement questions. If you need to submit a receipt, Fidelity will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2027 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must "use it or lose it" — any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees (family gross earnings were \$160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.



FSA Grace Period

- Our Company offers a grace period for FSA spending. You have 2½ months after the plan year ends on December 31, 2027, to incur additional expenses and submit them for reimbursement. Therefore, any remaining balance in the previous plan year that ended December 31, 2027, will be used to pay that grace period expense even though the service was provided in the NEW plan year.
- The grace period applies to both the Dependent Care and Healthcare FSAs.

FSA Run Out Period

- Our Company offers a run out period for Healthcare FSA spending. You have 90 days after the plan year ends to file claims for expenses incurred during the plan year. Meaning, you have until March 31 of the new year to submit claims incurred in the current year.

Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

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2027 EMPLOYEE BENEFITS

FSA vs HSA



Flexible Spending Accounts

Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.



OWNERSHIP

You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.



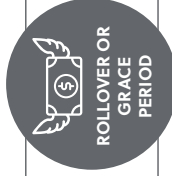
ELIGIBILITY & ENROLLMENT

You can contribute up to \$3,400 in 2027 to an FSA. This amount may be increased annually.



CONTRIBUTIONS

Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.



ROLLOVER OR GRACE PERIOD

Health Savings Accounts

You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.

You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse/domestic partner's non-High Deductible plan or a spouse/domestic partner's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.

Both you and your employer can contribute up to \$4,500 in 2027 (up to \$9,000 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.

HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.



Please refer to your [summary plan description](#) or plan certificate for your plan's specific FSA or HSA benefits.



Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Everon offers affordable plan options from MetLife for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit MetLife at www.metlife.com/mybenefits.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your monthly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by MetLife for 2027.

Note

In addition to keeping your teeth healthy, regular dental checkups can help dentists spot symptoms of other serious conditions such as osteoporosis, cancer, and diabetes.

MONTHLY CONTRIBUTIONS			BASE	ENHANCED
EMPLOYEE ONLY	\$28.27		\$35.96	
EMPLOYEE + SPOUSE	\$59.68		\$76.33	
EMPLOYEE + CHILD(REN)	\$51.10		\$65.30	
EMPLOYEE + FAMILY	\$90.22		\$115.60	
IN-NETWORK			IN-NETWORK	
ANNUAL DEDUCTIBLE				
INDIVIDUAL	\$50		\$0	
ANNUAL MAXIMUM				
PER PERSON	\$1,500		\$2,000	
COVERED SERVICES				
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, X-rays, Fluoride Applications, Sealants, Space Maintainers	100%		100%	
BASIC SERVICES Fillings, Oral Surgery, Extractions, Periodontics, Endodontics	80%*		80%*	
MAJOR SERVICES Major Restorative, Prosthodontics, Implants, TMI	50%*		50%*	
ORTHODONTICS	N/A		50%	
ORTHODONTIC LIFETIME MAXIMUM	N/A		\$2,000	
*After deductible				

*After deductible



Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through MetLife.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your monthly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by MetLife for 2027.

VISION PLAN			
MONTHLY CONTRIBUTIONS			
	EMPLOYEE ONLY	\$6.18	
	EMPLOYEE + SPOUSE	\$12.37	
	EMPLOYEE + CHILD(REN)	\$14.18	
	EMPLOYEE + FAMILY	\$21.86	
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
	COPY	\$10	Reimbursed up to \$45
			Every 12 months
LENSES			
	SINGLE VISION	\$10 copay	Reimbursed up to \$30
	BIFOCAL	\$10 copay	Reimbursed up to \$50
	TRIFOCAL	\$10 copay	Reimbursed up to \$65
	LENTICULAR	\$10 copay	Reimbursed up to \$100
			Every 12 months
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION*			
		\$30 copay Standard	Applied to contacts lens allowance
	ELECTIVE	\$175 allowance; 20% off amount over allowance	\$105 allowance
	MEDICALLY NECESSARY	Covered in full	\$210 allowance
			Every 12 months
FRAMES			
	ALLOWANCE	\$175 allowance, 20% off amount over allowance	\$70 allowance
			Every 12 months

*Fitting and Evaluation fee applied to contact lens allowance.



Life Insurance

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Everon provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Prudential, which guarantees that your spouse/domestic partner or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x Annual Earnings, up to \$1,000,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Prudential insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



EVIDENCE OF INSURABILITY (EOI) REQUIREMENTS

EMPLOYEE STATUS	EOI RULE FOR OPTIONAL EMPLOYEE LIFE	EOI RULE FOR OPTIONAL SPOUSE LIFE
ANNUAL ENROLLMENT	Employees only may increase coverage by 1 x earnings (not to exceed the guaranteed issue limit), without evidence of insurability. Elected amounts in excess of 1 x earnings or any amount in excess of the plan guarantee issue limit of the lesser of 3x or \$1,000,000 is subject to evidence of insurability.	Annual One-Up: Spouses of Employees only may add or increase coverage by 1 plan increment, up to \$30,000 (not to exceed the guarantee issue limit), without evidence of insurability. Elected amounts in excess of \$10,000 or any amount in excess of the plan guarantee issue limit is subject to evidence of insurability.



2027 EMPLOYEE BENEFITS



Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D			
COVERAGE AMOUNT	1x Annual Earnings		
WHO PAYS	Everon		
MAXIMUM BENEFIT	\$1,000,000		
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No		
VOLUNTARY EMPLOYEE LIFE			
COVERAGE AMOUNT	1-10x Annual Earnings		
WHO PAYS	Employee		
MAXIMUM BENEFIT	\$3,000,000		
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI may be required.		
VOLUNTARY SPOUSE/DOMESTIC PARTNER LIFE			
COVERAGE AMOUNT	Units of \$10,000, up to \$250,000		
WHO PAYS	Employee		
MAXIMUM BENEFIT	\$250,000		
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI may be required.		
VOLUNTARY CHILD LIFE			
COVERAGE AMOUNT	Option of \$5,000 or \$10,000		
WHO PAYS	Employee		
VOLUNTARY EMPLOYEE AD&D			
COVERAGE AMOUNT	1-8x Annual Earnings		
WHO PAYS	Employee		
MAXIMUM BENEFIT	\$1,000,000		
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI may be required.		

VOLUNTARY LIFE INSURANCE		
RATES/\$1,000 (MONTHLY)		
AGE (AS OF JANUARY 1, 2027)	EMPLOYEE	SPOUSE/DOMESTIC PARTNER
Under 29	\$0.044	\$0.048
30-34	\$0.056	\$0.061
35-39	\$0.067	\$0.072
40-44	\$0.078	\$0.084
45-49	\$0.089	\$0.096
50-54	\$0.134	\$0.144
55-59	\$0.200	\$0.215
60-64	\$0.380	\$0.408
65-69*	\$0.593	\$0.637
70-74*	\$1.141	\$1.225
75+*	\$1.858	\$1.996

*Benefits subject to age reduction at 65

VOLUNTARY AD&D INSURANCE	
PREMIUM RATES - \$1,000	
EE Only	\$0.015
EE+Family	\$0.022
VOLUNTARY CHILD LIFE INSURANCE	
PREMIUM RATES - \$1,000	
\$0.054	

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$

+ 1,000 = \$

x Age Based Rate = \$

Benefit Elected

Monthly Premium



Voluntary Benefits

Everon offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage available through MetLife provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.

ACCIDENT COVERAGE

SUMMARY OF BENEFITS*		BASE PLAN	PLUS PLAN
INITIAL CARE (ER / UC / PCP)	HOSPITAL ADMISSION / CONFINEMENT	\$250 / \$150 / \$150	\$300 / \$250 / \$250
	ICU ADMISSION / CONFINEMENT	\$1,000 + \$200 / day	\$2,000 + \$400 / day
	OPEN FRACTURES	\$2,000 + \$400 / day	\$4,000 + \$800 / day
	OPEN DISLOCATIONS	Up to \$8,000	Up to \$12,000
AMBULANCE (AIR / GROUND)	CONCUSSION	Up to \$12,000	Up to \$15,000
	BURNS	Up to \$8,000	Up to \$10,000
	COMA	Up to \$10,000	Up to \$15,000
OCCUPATIONAL, PHYSICAL AND CHIROPRACTIC THERAPY	CONCUSSION	\$15,000	\$30,000
	CONCUSSION	\$450	\$900
		\$45	\$90

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BASE PLAN	PLUS PLAN
MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$3.11
EMPLOYEE + SPOUSE	\$6.25
EMPLOYEE + CHILD(REN)	\$10.97
EMPLOYEE + FAMILY	\$16.70

Hospital Indemnity Coverage

Hospital Indemnity Coverage through MetLife pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU). You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- Benefits are payable for pregnancy on the first day of coverage
- Coverage is guaranteed issue; no medical questions

BASE PLAN	PLUS PLAN
CORE HOSPITAL BENEFITS*	
HOSPITAL ADMISSION	\$750
HOSPITAL CONFINEMENT	\$150 per day
MAXIMUM DAYS PAYABLE	\$1,500
HOSPITAL ICU ADMISSION	\$300 per day
HOSPITAL ICU CONFINEMENT	\$300 per day
MAXIMUM DAYS PAYABLE	\$3,000
REHABILITATION UNIT	\$150 per day
MAXIMUM DAYS PAYABLE	\$30

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BASE PLAN	PLUS PLAN
MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$6.30
EMPLOYEE + SPOUSE	\$12.71
EMPLOYEE + CHILD(REN)	\$33.26
EMPLOYEE + FAMILY	\$21.99



2027

EMPLOYEE BENEFITS

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Critical Illness Coverage

Critical illness coverage through MetLife pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like for example to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events



GUARANTEE ISSUE BENEFIT OPTIONS		
EMPLOYEE	\$15,000 / \$30,000 / \$40,000	
SPOUSE	100% of EE Amount	
CHILD(REN)	100% of EE Amount	
PLAN BENEFITS		
ALZHEIMER'S	100%	
BENIGN BRAIN TUMOR	100%	
CANCER (INVASIVE)	100%	
CANCER (NON-INVASIVE)	25%	
CHILDHOOD CONDITIONS	100%	
COMA	100%	
CORONARY ARTERY DISEASE	25%	
HEART ATTACK	100%	
INFECTIOUS DISEASE	25%	
LOSS OF HEARING / SIGHT / SPEECH	100%	
LOU GEHRIG'S DISEASE/ALS	100%	
MAJOR ORGAN FAILURE	100%	
MULTIPLE SCLEROSIS	25%	
PARALYSIS	100%	
PARKINSON'S	100%	
SKIN CANCER	5%	
STROKE	100%	
WELLNESS BENEFIT	\$50	

(payable for each covered family member who completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)

EMPLOYEE'S AGE	MONTHLY CONTRIBUTIONS				\$30,000 BENEFIT		\$40,000 BENEFIT	
	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE / EMPLOYEE + FAMILY	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE / EMPLOYEE + FAMILY	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE / EMPLOYEE + FAMILY	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE / EMPLOYEE + FAMILY
<25	\$1.80	\$3.75	\$3.60	\$7.50	\$4.80	\$10.00		
25-29	\$2.85	\$5.70	\$5.70	\$11.40	\$7.60	\$15.20		
30-34	\$4.80	\$9.45	\$9.60	\$18.90	\$12.80	\$25.20		
35-39	\$6.90	\$13.80	\$13.80	\$27.60	\$18.40	\$36.80		
40-44	\$10.65	\$21.30	\$21.30	\$42.60	\$28.40	\$56.80		
45-49	\$15.15	\$30.30	\$30.30	\$60.60	\$40.40	\$80.80		
50-54	\$20.70	\$41.25	\$41.40	\$82.50	\$55.20	\$110.00		
55-59	\$26.70	\$53.40	\$53.40	\$106.80	\$71.20	\$142.40		
60-64	\$34.50	\$69.00	\$69.00	\$138.00	\$92.00	\$184.00		
65-69	\$49.05	\$97.95	\$98.10	\$195.90	\$130.80	\$261.20		
70-74	\$66.45	\$132.90	\$132.90	\$265.80	\$177.20	\$354.40		
75-79	\$81.00	\$162.15	\$162.00	\$324.30	\$216.00	\$432.40		
80+	\$106.05	\$212.25	\$212.10	\$424.50	\$282.80	\$566.00		



Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and 3 face-to-face visits per issue per year with a licensed professional. All services provided are confidential and will not be shared with Everon. You may access information, benefits, educational materials, and more by phone at **800-311-4327** or online at guidanceresources.com (Company WebID: GRS311).

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Mental Health and Your Medical Plan

When your covered EAP services run out, Everon's medical plans cover behavioral and mental health services. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services.



Disability Benefits

You and your loved ones depend on your regular income. That's why Everon offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age. For more information about types of leaves of absences, please view the policies housed in Navex. If you have questions or need guidance, please reach out to LOA@everonsolutions.com. To open a leave of absence claim, please call Matrix, our leave of absence vendor, at 877-202-0055.

Basic Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are provided by Everon at no cost to you. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	180 days

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. This insurance replaces 50% or 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$15,000
ELIMINATION PERIOD	180
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

VOLUNTARY DISABILITY INSURANCE

VOLUNTARY LONG TERM DISABILITY	
COMPOSITE RATE	\$0.44 or \$0.59 per \$100 of Covered Payroll (MONTHLY)



Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Everon 401(k) plan provides you with the tools you need to prepare. Everon contributes \$0.50 for every dollar you contribute, up to the first 5% of your eligible pay on a per-paycheck basis. An additional contribution of \$0.50 for every dollar you contribute, up to the first 5% of your eligible pay, will be provided after year-end if you meet certain eligibility conditions. Employees hired after January 1, 2026 will have a one year waiting period for matching funds from Everon. Matching funds will be capped at \$7,500.

PLAN AT A GLANCE	
PLAN NAME	Everon 401(k) Plan
RECORDKEEPER	Fidelity
WEBSITE	www.netbenefits.com
ELIGIBILITY	18 years of age
COMPANY MATCH	When you contribute (pre-tax, Roth, or after-tax), Everon's 401(k) Plan contributes \$0.50 for every dollar you contribute, up to the first 5% of your eligible pay on a per-paycheck basis. An additional equal contribution will be provided after year-end if you meet certain eligibility conditions.

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax-free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Your 401(k) is vested upon completion of 3 years of service with Everon. Additionally, Everon's 401(k) allows for an annual increase program which annually increases your 401(k) contribution rate at a future date that you select. Administrative services are provided by Fidelity. You may start making pre-tax contributions into the plan once you enroll at www.netbenefits.com or contact Fidelity at 800-835-5095. You must be at least 18 years of age to be eligible.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.



Contributing to the Plan

2027 CONTRIBUTIONS	
DEFERRED CONTRIBUTION LIMIT	\$24,500
AGES 50-65 CATCH-UP CONTRIBUTION	\$8,000
AGES 60-63 SPECIAL CATCH-UP CONTRIBUTION	\$11,250
COMPENSATION LIMIT FOR 401(k) CONTRIBUTIONS	\$360,000

The Annual Compensation Limit for 2027 IRS maximum compensation for the employer to contribute to the 401(k) plan is \$360,000. Once an employee reaches this amount, employer contributions will stop.

Additional Tools

Fidelity has a wide array of tools that can help you to plan for your retirement and your future. Please contact Fidelity or visit www.netbenefits.com to take advantage of those tools.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Fidelity at 800-835-5095 for details.

Investing in the Plan

It's up to you how to invest the assets. The Everon 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.netbenefits.com or by calling 800-835-5095.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Everon's 401(k) Plan. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. When you're fully vested, you'll own 100% of the contributions. You always own and are fully vested in the contributions you personally make to your 401(k).

VESTING SCHEDULE	
YEARS OF SERVICE	PERCENTAGE VESTED
3 year cliff	100%



Perks at Work (Discount Program, including discounts on Pet Insurance)

What Is Perks at Work?

Perks at Work is our employee discount and rewards program, giving you exclusive access to thousands of deals and offers to help you save on everyday purchases — from travel and electronics to groceries, fitness, entertainment, and more.

Whether you're planning a vacation, upgrading your tech, or just looking for ways to stretch your dollar, Perks at Work is here to support your lifestyle with savings and perks tailored to you.

What's Included?

With Perks at Work, you'll have access to:

- Nationwide Discounts on popular brands like Apple, Samsung, Dell, Expedia, and more
- Local Deals on dining, gyms, and experiences in your area
- Travel Offers on hotels, rental cars, and vacation packages
- Free Online Classes through the Community Online Academy (COA) — covering fitness, personal development, kids' activities, and professional skills
- Points and Cash Back to earn rewards with many purchases
- Family Benefits including educational tools and virtual tutoring

Pet Discounts Through Perks at Work

Through Perks at Work, employees can access exclusive discounts on pet insurance, helping reduce the cost of unexpected veterinary bills and routine care. In addition to insurance savings, you'll also find discounts on pet food, supplies, grooming, training, and other pet-related services. Log in to Perks at Work to explore available offers and find coverage and savings that fit your pet's needs.

How to Sign Up

1. Visit: www.perksatwork.com
2. Click: "Sign Up" (top right corner)
3. Select Your Employer: Type in your company name
4. Use Your Work Email: Register with your company email address
5. Set Up Your Account: Create a password and start exploring!



Additional Benefits

Everon wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Commuter Benefits

Take public transit or pay for parking? Through Everon's Commuter program, you can set aside tax-free money for eligible parking expenses or mass-transit fees.

Parking Reimbursement Account

You may set aside up to \$325 a month tax-free in a Parking Reimbursement Account (PRA) for work parking expenses. The funds are deducted from your paycheck.

When you have a parking expense, submit a claim form to NetBenefits.com, the PRA claim administrator. Any unused funds in your PRA roll over each month. You may start or stop your account at any time.

Mass Transit Reimbursement

You may set aside up to \$325 a month tax-free if you commute with mass transit. The funds are automatically deducted from your paycheck. You can order a voucher or fare card online at NetBenefits.com. You may start or stop contributing to the account at any time. To learn more, visit NetBenefits.com or call 833-299-5089.

Prepaid Legal Coverage

ARAG offers low-cost access to attorneys for personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer for a lot less. There are attorneys standing by to assist you with:

- Estate planning, wills, and trusts
- Real-estate matters
- Identity-theft defense
- Financial matters, such as debt-collection defense
- Traffic offenses
- Document review
- Family law, including adoption and name change
- Advice and consultation on personal legal matters
- Divorce (UltimateAdvisor Plus Plan)

What Does It Cost?

UltimateAdvisor - \$14.31 monthly

UltimateAdvisor Plus - \$18.87 monthly

Tuition Assistance

Everon helps our full-time employees pursue professional growth and development by offering tuition assistance for eligible degrees. Contact benefits@everonsolutions.com for details.

Everon partners with University of Phoenix for discounted courses. Additionally, if you are approved, Everon will pay the university directly so you won't have any out-of-pocket costs related to your tuition. Visit www.phoenix.edu/everon for more information.

Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with LifeLock. LifeLock monitors millions of transactions every second, alerting you to suspicious activity by text, phone, or email. This plan offers a full set of features to help protect you and your covered family members against identity theft.

LifeLock membership features:

- LifeLock Identity Alert System
- Lost-wallet protection
- Address change verification
- LifeLock Privacy Monitor
- Live member service support
- Identity-restoration support
- Data-breach notifications

This plan is available via payroll deduction and is yours to keep if you retire or leave Everon.

NORTON LIFELOCK		
	ESSENTIAL	PREMIER
EMPLOYEE ONLY (18+ YEARS OLD)	\$5.49	\$7.99
EMPLOYEE + FAMILY	\$10.98	\$14.98



Leaves of Absence and Paid Time Off

Everon understands that employees may need to take time away from work to care for themselves or a loved one or to recharge. That's why Everon offers leaves of absences, disability coverage (short-term* and long-term), Family/Medical (including Paid Parental Leave*) military leave, paid holidays, and vacation days.

Family Support Benefits

If you're starting or raising a family, Everon offers benefits and resources to support you along your journey. These benefits include Paid Parental Leave*, benefits to assist with the cost of adoption with reimbursement up to \$5,000 per child, infertility and maternity management through the medical coverage.

SmartConnect Medicare Assistance

SmartConnect is a complimentary Medicare guidance resource available to employees and their family members, including spouses and parents. If you or a loved one are approaching age 65, transitioning to retirement, or exploring Medicare coverage options, SmartConnect provides free access to licensed Medicare advisors, educational resources, and personalized support to help you understand your choices and enroll with confidence. Visit smartmatch.com/connect/everon for more information.

Hinge Health

If you are enrolled in a Credence or Surest Plan, you have access to Hinge Health's virtual exercise therapy program. You'll follow exercises on the Hinge Health app and get real-time coaching on moving and adjusting your body. You'll also have an online health coach available via email, text, or phone to answer your questions and act as an unlimited resource.



*Eligibility begins after one year of service. For Paid Parental Leave, new maternal, paternal, and adoptive parents will have four (4) weeks of leave at 60% of their base pay rate.



Required Notices

Important Notice From Everon About Your Prescription Drug Coverage and Medicare Under the Credence Blue Cross Blue Shield of Alabama, Surest, and Kaiser Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Everon and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Everon has determined that the prescription drug coverage offered by the Credence Blue Cross Blue Shield of Alabama, Surest, and Kaiser plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Everon coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Everon and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Everon changes, you also may request a copy of this notice at any time.



For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for information about your local SHIP) for personal assistance
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.ssa.gov/extrahelp or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2027
Name of Entity/Sender:	Everon
Contact—Position/Office:	Human Resources
Address:	1501 Yoneto Road Boca Raton, FL 33431
Phone Number:	855-213-1115

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1993 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 855-213-1115.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and discussed and how you can get access to the information, contact Human Resources at 855-213-1115.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available to the HMO participant;
- » Elimination of the coverage option was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent(s)' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 855-213-1115.



Illinois Essential Health Benefit (EHB) Listing

Employer Name:	Everon
Employer State of Status:	Florida
Name of Issuer:	Credence Blue Cross Blue Shield of Alabama and Surest
Plan Marketing Name:	Credence PPO, Enhanced HDHP, Surest PPO
Plan Year:	2027

Ten (10) Essential Health Benefit (EHB) Categories:

- » Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- » Emergency services
- » Hospitalization (like surgery and overnight stays)
- » Laboratory services
- » Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- » Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- » Pregnancy, maternity, and newborn care (both before and after birth)
- » Prescription drugs
- » Preventive and wellness services and chronic disease management
- » Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2027 Illinois Essential Health Benefit (EHB) Listing (PA. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone Anchored Hearing Aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 – 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 – 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (Vasectomy Men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency Services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy		Pgs. 24 – 25	Yes
17	Reconstructive Surgery		Pgs. 25 – 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants – Human Organ Transplants (Including Transportation & Lodging)		Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory Services	Pgs. 6 & 12	Yes



2027

EMPLOYEE BENEFITS

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2020-2027 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
22	Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 – 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory Acute and Chronic Pain Medication		Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	No
29	Pediatric Vision Coverage		Pgs. 26 – 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription Drugs	Pgs. 29 – 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31 – 32	Yes
36	Mammography – Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis – Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (Women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 – 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0704, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.



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Important Contacts

Medical
Credence BCBS
866-653-1272
Credenceblue.com
Policy #: PPO: 33801-33804
EPP: 33806-33808
BPP: 33809-33812

United Healthcare Surest
866-683-6440
www.surest.com
Policy #: PPO: 78800558

Kaiser
800-464-4000
my.kp.org
Policy #: Southern CA: 236454
Northern CA: 607918

Pharmacy
CVS
800-552-8159
Caremark.com
Policy #: Group: RX231V

Supplemental Health
(Accident, Critical Illness,
Hospital Indemnity)
MetLife
800-638-5433
www.metlife.com/mybenefits

Dental
MetLife
800-438-6388
www.metlife.com/mybenefits

Vision
MetLife
800-438-6388
www.metlife.com/mybenefits

Health Savings Account
Fidelity
800-835-5095
NetBenefits.com

Flexible Spending Accounts
Fidelity
833-299-5089
NetBenefits.com

Life and AD&D
Prudential
800-524-0542
Prudential.com
Policy #: 71971

Disability
Reliance Standard/Matrix
877-202-0055
www.matrixabsence.com
Policy #:
STD: 1120000069
LTD: 430746

Retirement
Fidelity
800-835-5095
www.netbenefits.com

Medicare Assistance
SmartConnect
844-784-5189
smartmatch.com/connect/everon

Employee Assistance Program
Prudential
800-311-4327
guidanceresources.com
Policy #: GRS311

Commuter Benefits
Fidelity
833-299-5089
NetBenefits.com

Prepaid Legal Coverage
ARAG
800-247-4184
www.araglegal.com

Tuition Assistance
benefits@everonsolutions.com

Identity Theft
LifeLock
800-607-9174
norton.com/employeebenefits

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