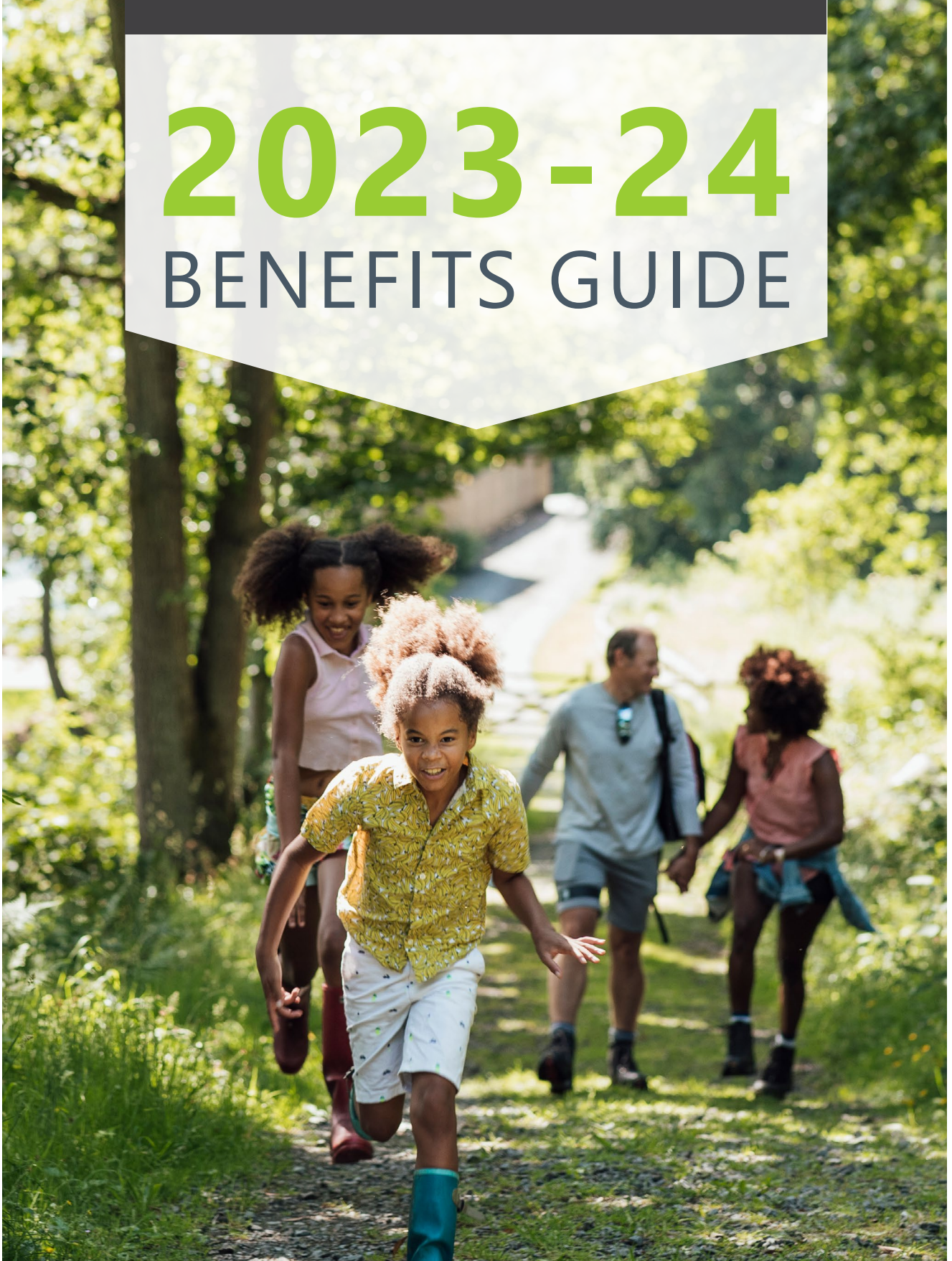


2023-24

BENEFITS GUIDE



This publication contains important information about your employee benefit program.

Please read thoroughly.



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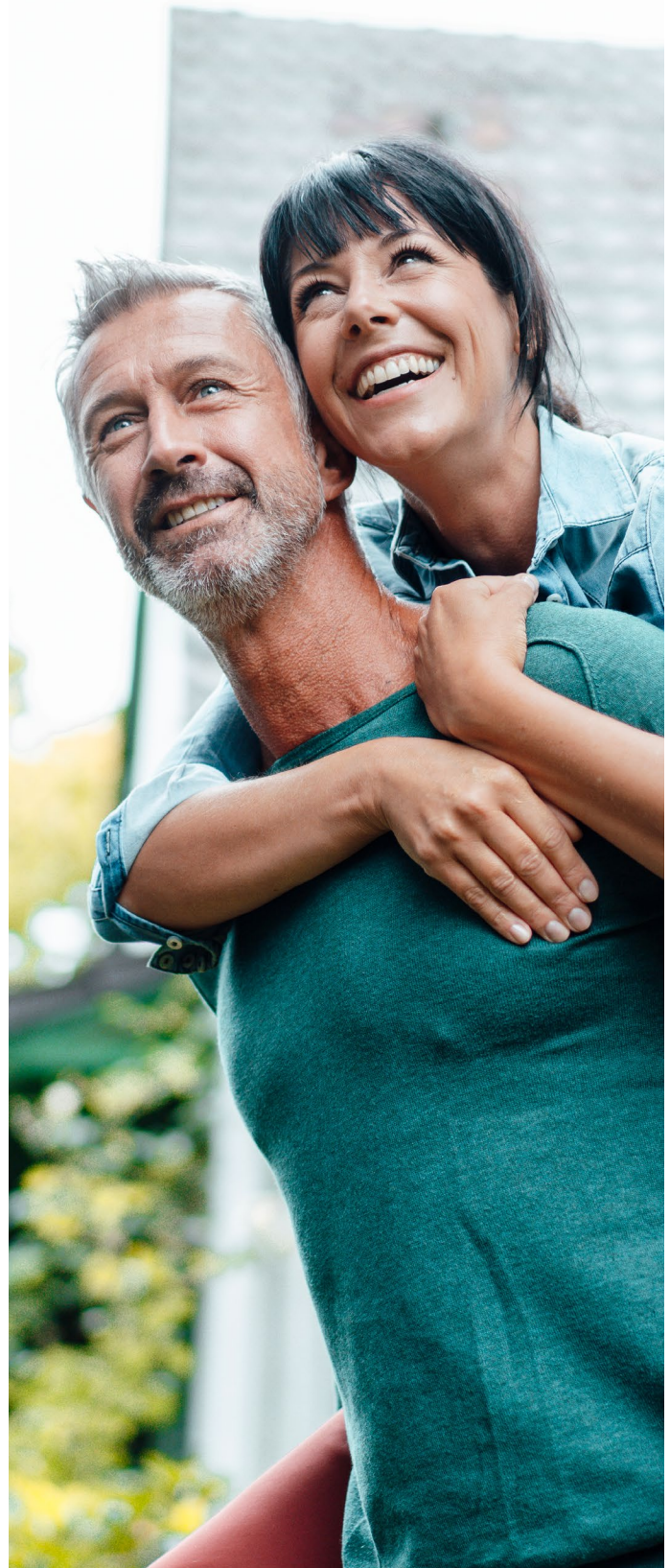
At Optimas, we value your health and well-being, and provide benefit options to meet your needs.

This guide is provided for informational purposes only and is a general overview of the provisions described in the actual plan documents. Please see the actual plan documents for the specifics of each of the benefits described in this guide. The information in this benefits guide is in effect at the sole discretion of Optimas and it may be withdrawn or changed at any time with or without notice. This benefits guide is not intended nor shall be construed as a binding contract.



New for 2023-24

- This year Open Enrollment will be **passive**, which means your current elections will automatically carry over to the next plan year with the exception of HSA and FSA contributions. You must actively elect HSA and FSA contributions if you want to contribute in the 2023-24 plan year.
- There will be no plan design changes to the medical, dental, and vision plans.
- A new benefit, Transform Diabetes, is available starting August 1, 2023 through Aetna. Transform Diabetes provides education and coaching for members with diabetes. See page 8 for more details on how this program may benefit you.
- The Maintenance Choice program offers 90 day fills of maintenance medications. Members taking maintenance medications must switch to 90-day fills or opt out of the program.
- Complete the 2023 wellness program requirements by June 30, 2023, to earn your medical premium discount.
- Maternity leave has been enhanced to offer 70% of earnings for 9 weeks.
- Parental leave has been enhanced to offer 70% of earnings for 3 weeks.



Your 2023–24 Benefits Guide

At Optimas OE Solutions, LLC, we offer our employees a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This benefit guide briefly summarizes our program in a quick and easy-to-understand way. Detailed eligibility and benefit descriptions are available on the UKG portal or by contacting Human Resources.

New Hire Enrollment

Welcome to our team! As a new employee, you are eligible for most benefit coverage on your first day of employment. For short-term disability benefits, there will be a 60-day waiting period for non-exempt employees. Exempt employees will be eligible for short-term disability on the first day of employment.

Open Enrollment

Open enrollment is your annual opportunity to review your current benefits and make benefit changes for the upcoming plan year. During open enrollment, you can add, change, or decline coverage. In addition, you can add and/or drop dependents during this time.

Qualifying Life Event

Once you make your elections, you will not be able to make a change until the next annual enrollment unless you experience a qualified life status change. Examples of qualified life status changes include the following.

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

It is your responsibility to log into UKG within 31 days of the event to request the change. Failure to do so will prohibit you from changing your benefit election(s) until the next annual enrollment period.



Benefits Eligibility

Eligible Employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week.

New Hire Benefits Effective Date

You are eligible for coverage on your first day of employment. You can enroll in benefits from your date of hire through your 30th day of employment. You are able to enroll by logging in to the UKG portal. If you do not enroll by your 30th day of employment, you may not enroll until the next annual enrollment period unless you have a qualified life status change as noted on the previous page.



Eligible Dependents

You may enroll your legal spouse and dependent children to age 26 regardless of student, marital status or financial dependency. Dependent children include natural, legally adopted, step and/or foster children, as well as children for whom you are the legal guardian.

Your spouse is not eligible for medical coverage under the Optimas medical plan if he or she has access to medical coverage through his or her employer. If you are electing to cover your spouse under the medical plan, you must complete a spousal verification form.

SSN, Birth, and Marriage Certificate Required

You must provide a valid Social Security Number for yourself and each enrolled dependent. Employers are required to provide names and Social Security Numbers to the federal government for each individual enrolled in medical coverage.

- Birth certificates/orders of adoption are required for all enrolled dependents
- If you are enrolling a spouse, a marriage certificate is required

Optimas OE Solutions holds the right to perform an eligibility audit at any time to ensure that spouses and children covered under our insurance plans are eligible dependents. You may face disciplinary action if caught enrolling an ineligible dependent. Please review the dependent eligibility rules and remove any that should not be covered.

Teladoc

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. A network of doctors can treat every member of the family by giving quality care and prompt treatment anytime, anywhere you happen to be. Teladoc can help treat cold and flu symptoms, allergies, pink eye, sinus problems, respiratory infections, and more. Teladoc is a less expensive option than ER or urgent care. Talk to a doctor anytime by calling **1.855.Teladoc** or visiting teladoc.com/aetna.



Medical Coverage

Medical Coverage

Optimas partners with Aetna to administer our medical plans. Aetna utilizes the Aetna Choice POS II Network. Our plans provide a wide range of coverage for major medical services and prescription drugs. The HDHP medical plans provide you a tax-free way to save and pay for healthcare using a health savings account (HSA). The PPO medical plan provides a lower cost at the point of service but will have larger employee contributions.

Core differences between the medical plans include the deductibles, out-of-pocket maximums, copays, and the premium rates.

Aetna Medical Services and Tools

Aetna offers many tools and services. The following are available at aetna.com unless otherwise noted.

- Check your benefits and see what is covered
- Find a doctor in your network
- Select the **Aetna Choice POS II**
- Estimate the cost of services before you see your provider via the **Cost Comparison Tool**
- Learn about medical conditions and your treatment options
- Look up what you owe and how much you have paid
- View your explanation of benefits (EOB) after you have seen a provider
- Access tools and trusted resources to help you live a healthier life

Additional Aetna Programs

Care Management

Aetna Care Management is there to help you understand all your medical care options whether you're managing an acute issue or complex health challenges. If you're identified for care management, a nurse can work with you to put together a plan, help you understand your benefits offering, and answer any health-related questions. For specific health needs, there are member resources available such as the Cancer Support Center, Maternity Support Center, and Joint Pain Support Center. Get started with these resources today by logging into the member website at [aetna.com](https://www.aetna.com).

Aetna Health Connections

Aetna is here to support you whether you just received a diagnosis or have been working with a doctor to manage your condition. The Aetna Health Connections disease management program can help you follow your doctor's treatment plan in a way that works best for you. The program provides support through online coaching, one-on-one coaching with a registered nurse, and health tips through a newsletter. Find support for more than 35 conditions such as:

- Diabetes
- Heart disease
- Low back pain
- Asthma
- Depression

View a full list of conditions at [aetna.com](https://www.aetna.com). To sign up for Aetna Health Connections disease management program, call **866.269.4500**.

Medicare Transition Services

Aetna's Medicare Transition Services (MTS) team is an available resource for employees with questions around Medicare coverage. For employees who are eligible, Medicare coverage and all its moving parts can be difficult to understand, especially when you don't know where to start. MTS provides:

- Peace of mind by helping you avoid any confusion or mistakes during Medicare enrollment periods
- Advisors who can guide you and help you understand, with no pressure, wherever you are in your Medicare journey
- Decision guidance to educate you, answer any questions, and connect you with plan options
- Tailored online resources with information and forms
- A journey map to highlight the information and timelines you need to know

The MTS team will reach out to eligible employees or you can engage with them directly by visiting <https://www.medicaretransitionservices.com/optimas/> or calling **833.262.3172**.



AbleTo

Sometimes life can be overwhelming, leading to worry, stress, and sadness. Aetna's AbleTo behavioral health program can get you virtual, personalized support that can help you feel better. You'll learn how to better manage your emotions and improve your overall health. Every week, you'll meet with your experienced care team made of a behavioral coach and therapist. Together, you'll work to set goals and learn coping strategies in two private sessions per week. This eight week program can help you:

- Better understand the relationship between thoughts, feelings, and actions
- Get ahead of challenging issues, including medical conditions, family problems, or personal hurdles
- Overcome obstacles that keep you from living your best life

Aetna will call you if your claims data shows you may benefit from the program or you can contact Aetna directly by visiting ableto.com/aetna or calling **844.330.3648** Monday-Friday 9 am to 8 pm ET. This program is available at no cost to PPO plan enrollees and at no cost once your deductible has been satisfied for enrollees of either of the HDHP plans.

Discount Offers

Through Aetna you can receive discounts on products and services such as:

- Eyewear and vision exams
- Health coaching
- Fitness trackers
- At-home weight-loss programs
- Hearing aids and exams
- Oral healthcare products
- Nutrition services
- Natural health products and services

Ready to browse and buy? Log into your member website at aetna.com to shop and receive your discounts.

Transform Diabetes Care

Diabetes is one of the most common, costly, and difficult to manage health conditions. Aetna's Transform Diabetes Care program goes beyond a one-size-fits-all approach by offering convenient, customized, and comprehensive support to those who need it, when they need it. Members will have access to better resources and support through local pharmacists, clinical providers, and Aetna's care managers.

The program focuses on five clinical intervention categories:

1. Taking the right medication
2. Adherence to medication
3. Preventive screenings
4. Lifestyle and comorbidity management
5. Monitoring blood glucose and blood pressure

Members engaged with Transform Diabetes Care will receive access to the Health Optimizer app to support blood glucose and blood pressure monitoring as well as educational content, nutrition support, coaching from Aetna Care Management, virtual care to give members access to support from the comfort and safety of home, and CVS MinuteClinic vouchers for diabetic monitoring visits.

Members who are identified as eligible for the Transform Diabetes Care program may receive letters, emails, or phone calls with information about this program.



Hinge Health

Hinge Health is a digital physical therapy program based on proven non-surgical care guidelines. This includes 12 weeks of coach-led programming plus cognitive behavioral therapy and peer support. Participants have access to:

Participants have access to:

- Unlimited one-on-one personal health coaching via email, text, or phone
- Clinically proven exercise guides by wearable sensors and pre-installed tablet
- Personalized educational content
- Complete clinical team with physical therapists for physical recovery, health coaches for lasting behavior change, and surgeons and physicians for expert medical opinions

Employees and dependents over age 18 enrolled in the Aetna medical plans are eligible to participate. Hinge Health will reach out directly to members that may benefit from the program or members can engage directly by logging onto [aetna.com](https://www.aetna.com).

Maternity Program

Whether you are considering having a baby or are already expecting, Aetna's maternity program helps answer any questions you may have about your pregnancy, what to expect before and after delivery, newborn care, and more. If you have a health condition or other risk that could affect your pregnancy, Aetna can help. The nurse case managers can work with you to manage or even lower those risks. They also provide extra support for lactation and breastfeeding, screening for depression, and follow-up calls after your delivery. You can self-enroll in the maternity program for no cost to you by going to [aetna.com](https://www.aetna.com).

Nurse Line

Nobody likes to feel alone when it comes to their health. Aetna's Nurse Line service is ready to help any time of the day, seven days a week. If you have a sick child, are worrying about a recent diagnosis, or upcoming surgery, Nurse Line's team of registered nurses are available to assist or even chat online. Call Nurse Line today at **800.556.1555** or chat live online by logging onto [aetna.com](https://www.aetna.com) and visit the 24-hour Nurse Line page online. Best of all, this is included in your health benefits, so there is no cost to you.

Have You Downloaded the Aetna Health App?

With the Aetna Health app you can:

- See claims details and pay claims for your whole family
- Get cost estimates before you receive care
- Search for providers, procedures, and medications
- Access your ID card whenever you need it

Search Aetna on the App Store or Google Play today to download.



CVS Caremark

Important Prescription Drug Information

- Prescriptions with an over-the-counter equivalent are excluded from coverage
- Quantity limits do apply to certain medications
- Medications found on CVS's standard open formulary list are covered at the in-network level
- Certain drugs, including specialty drugs, must be filled through a designated CVS specialty pharmacy
- Some drugs may have a prior authorization or medical necessity requirement
- If you use a non-network pharmacy, you are responsible for any amount over the allowed amount
- There may be formulary changes with CVS, visit [aetna.com](https://www.aetna.com) to verify that your prescription coverage has not changed

Prescription drug lists (PDLs) which include the standard preventive, specialty, prior authorization, exclusions, medical necessity, and those with quantity limitations can be found on [aetna.com](https://www.aetna.com).

PrudentRx

PrudentRx is a specialty drug savings program through CVS Caremark. Once enrolled in the program, PrudentRx will apply any applicable manufacturer coupons on your behalf in order to maximize savings and reduce costs. The member cost is \$0 out-of-pocket. Eligible members will be sent letters with enrollment instructions. If you're eligible for the program and opt-out, you will be responsible to pay your deductible and 30% coinsurance for your specialty drugs.

Prescription Drug Coverage

Your Plan's Pharmacy Network

Your plan's pharmacy network includes more than 68,000 pharmacies nationwide. To find a participating pharmacy near you and a list of covered medications, log in to [aetna.com](https://www.aetna.com), or call Customer Service at **888.792.3862**.

Mail Service Pharmacy

You may receive up to a 90-day supply of your medication delivered right to your home. This service is included with your pharmacy benefits and it's a simple way to help you stay on track with your medications. Mail service provides fast reorders with no trips to the pharmacy, quick standard shipping to wherever you choose, and privacy with your prescription arriving in unmarked, secure packaging. Choose from 1 of 2 options to get started with mail service.

Option 1

Call CVS Caremark at the member services number or request mail service on the member website.

- **888.792.3862**
- [aetna.com](https://www.aetna.com)

Option 2

Tell your doctor you prefer to use CVS Caremark for home delivery of your prescription drugs. They can e-prescribe it or Aetna can call your doctor for you.

Maintenance Choice Program

Prescriptions for medications you take regularly (such as asthma, high blood pressure medications, etc.) must be filled in 90-day supplies. You may fill a 30-day maintenance prescription two times before switching to the 90-day prescription. After that if you continue to fill that prescription in 30-day supplies, on the third fill the medication will no longer be covered and you will pay the entire cost unless you opt out of the program. If you'd like to opt out, let CVS know that you'd like to continue to fill your 30-day supply at your retail pharmacy by calling **888.792.3862**. Once you opt out, you'll continue paying the regular retail copay or deductible/coinsurance for a 30-day supply.

Switching to 90-day supplies can save you time and money and improve medication adherence. Members enrolled in the PPO plan will pay 2× the retail copay meaning you pay for a 60-day supply but receive a 90-day supply. Members enrolled in the HDHP plans will pay deductible/coinsurance but will receive maintenance drugs at a discounted rate.

CVS makes it easy to get 90-day refills of your prescription:

- If you're already filling your prescription at a local CVS pharmacy, you can ask your pharmacist about switching to 90-day refills.
- If you're not filling your prescription at a CVS pharmacy or would like to switch to a mail service pharmacy:
 - Call Customer Care at **888.792.3862**. CVS will contact your doctor for a new prescription and handle all the details.
 - Order online by visiting the website that's on your member ID card, and then sign into your account to submit your order.

Delivery Perks

- **CVS Caremark mail service pharmacy:** Subscribe to the mail-order service and your prescriptions will arrive every 90 days
- **CVS Pharmacy on-demand delivery:** Ask for 4-hour delivery within 10 miles of any CVS pharmacy store, for a small fee
- **CVS Pharmacy one to two-day delivery:** Delivery within one to two days, at no extra cost to you, via the United States Postal Service



Aetna Medical and Prescription Drug Plan Options

	Consumer Driven Plan 1*		Consumer Driven Plan 2**		PPO***	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible						
Individual	\$1,800	\$3,600	\$3,000	\$6,000	\$1,250	\$2,500
Family	\$3,600	\$7,200	\$6,000	\$12,000	\$2,500	\$5,000
Out-of-Pocket Maximum Includes Deductibles						
Individual	\$3,600	\$7,200	\$6,000	\$12,000	\$4,000	\$8,000
Family	\$7,200	\$14,400	\$12,000	\$24,000	\$8,000	\$16,000
Wellness/Preventive						
	100% covered	50% after ded.	100% covered	50% after ded.	100% ded. not included	Not covered
Physician Office Visits						
Primary Care	20% after ded.	50% after ded.	20% after ded.	50% after ded.	\$25 copay	40% after ded.
Virtual Visits	20% after ded.	No coverage	20% after ded.	No coverage	\$0	40% after ded.
Specialist	20% after ded.	50% after ded.	20% after ded.	50% after ded.	\$40 copay	40% after ded.
Urgent Care						
	20% after ded.	50% after ded.	20% after ded.	50% after ded.	\$50 copay	40% after ded.
Hospital Services						
Inpatient	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	40% after ded.
Outpatient	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	40% after ded.
Emergency Room	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$200 copay	40% after ded.
Mental Health and Substance Abuse						
Inpatient	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	40% after ded.
Outpatient	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	40% after ded.
Office Visits	20% after ded.	50% after ded.	20% after ded.	50% after ded.	\$40 copay	40% after ded.
Other Care						
Skilled Nursing Care	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	40% after ded.
Home Healthcare	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	40% after ded.
Hospice Care	Covered 100% after ded.	50% after ded.	Covered 100% after ded.	50% after ded.	Covered 100% after ded.	40% after ded.
Durable Medical Equipment	20% after ded.	No coverage	20% after ded.	No coverage	20% after ded.	40% after ded.
Chiropractic Care (up to 20 visits per calendar year)						
	20% after ded.	50% after ded.	20% after ded.	50% after ded.	\$40 copay	40% after ded.
Prescription Drugs (generic/preferred brand/non-preferred brand)¹						
Certain Preventive Drugs	100% covered	50% after ded.	100% covered	50% after ded.	\$0	40% after ded.
Retail—Supply Limit (30-day supply)	20% after ded.	50% after ded.	20% after ded.	50% after ded.	\$10/\$35/\$60	40% after ded.
Mail Order—Supply Limit (90-day supply)	20% after ded.	No coverage	20% after ded.	No coverage	\$20/\$70/\$120	40% after ded.

* The Consumer-Driven Plan 1 deductible and out-of-pocket maximum limits are non-embedded. This means that the full family deductible must be satisfied before your plan will pay a share of the costs or coinsurance. The out-of-pocket maximum must also be satisfied by you and other family members covered in the plan.

** The Consumer-Driven Plan 2 has a non-embedded deductible, which means that you and your covered family members must collectively satisfy the deductible before the plan begins to pay a share, or coinsurance. The out-of-pocket maximum is embedded, which means each covered family member is responsible for a \$8,150 maximum out-of-pocket expense.

*** The PPO plan deductible and out-of-pocket maximum is embedded. This means the family deductible can be met by a combination of family members and no single individual within the family will be subject to more than the individual deductible or out-of-pocket maximum amount.

¹ For more prescription drug information, please see page 10.

Employee Medical Premiums (Monthly/Bi-Weekly/Weekly)

This chart illustrates your pre-tax contributions for each of the Optimas medical plans.*

	Employee Monthly Contribution	Employee Bi-Weekly Contribution	Employee Weekly Contribution
HSA 1800			
Employees Earning <\$37K			
Employee Only	\$156.05	\$72.02	\$36.01
Employee + Spouse	\$365.85	\$168.85	\$84.43
Employee + Child(ren)	\$267.11	\$123.28	\$61.64
Family	\$458.33	\$211.54	\$105.77
Employees Earning Between \$37K-\$73K			
Employee Only	\$243.44	\$112.36	\$56.18
Employee + Spouse	\$570.73	\$263.41	\$131.71
Employee + Child(ren)	\$416.69	\$192.32	\$96.16
Family	\$715.00	\$330.00	\$165.00
Employees Earning >\$73K			
Employee Only	\$330.83	\$152.69	\$76.35
Employee + Spouse	\$775.60	\$357.97	\$178.98
Employee + Child(ren)	\$566.27	\$261.36	\$130.68
Family	\$971.67	\$448.46	\$224.23
HSA 3000			
Employees Earning <\$37K			
Employee Only	\$117.62	\$54.29	\$27.14
Employee + Spouse	\$300.19	\$138.55	\$69.27
Employee + Child(ren)	\$211.71	\$97.71	\$48.86
Family	\$358.27	\$165.36	\$82.68
Employees Earning Between \$37K-\$73K			
Employee Only	\$183.49	\$84.69	\$42.34
Employee + Spouse	\$468.29	\$216.13	\$108.07
Employee + Child(ren)	\$330.27	\$152.43	\$76.22
Family	\$558.90	\$257.95	\$128.98
Employees Earning >\$73K			
Employee Only	\$249.36	\$115.09	\$57.54
Employee + Spouse	\$636.39	\$293.72	\$146.86
Employee + Child(ren)	\$448.82	\$207.15	\$103.57
Family	\$759.53	\$350.55	\$175.28

	Employee Monthly Contribution	Employee Bi-Weekly Contribution	Employee Weekly Contribution
PPO			
Employees Earning <\$37K			
Employee Only	\$206.40	\$95.26	\$47.63
Employee + Spouse	\$471.59	\$217.66	\$108.83
Employee + Child(ren)	\$357.74	\$165.11	\$82.56
Family	\$619.46	\$285.90	\$142.95
Employees Earning Between \$37K-\$73K			
Employee Only	\$295.80	\$136.52	\$68.26
Employee + Spouse	\$680.70	\$314.17	\$157.08
Employee + Child(ren)	\$510.95	\$235.82	\$117.91
Family	\$882.57	\$407.34	\$203.67
Employees Earning >\$73K			
Employee Only	\$384.20	\$177.32	\$88.66
Employee + Spouse	\$887.69	\$409.70	\$204.85
Employee + Child(ren)	\$662.34	\$305.70	\$152.85
Family	\$1,142.46	\$527.29	\$263.64

* These contributions can be lowered by up to \$75 per month if you have completed the requirements outlined on page 18.



People Like Me

Meet Mike

Mike is a single employee earning \$32,000 annually. He has his annual preventive check-up with his doctor. Mike gets ill 3 times throughout the year; therefore, he visits his doctor and receives 2 generic antibiotic prescriptions for treatment. Mike also receives a prescription for a year’s worth (4 fills) of a mail order brand drug to manage his high blood pressure. Mike is an electronic cigarette user but completes a tobacco cessation program with Aetna to help him quit smoking and receives the non-tobacco user incentive. He also completes a biometric screening to earn his wellness incentive. All together Mike saves \$75 a month on his medical contributions by no longer using tobacco and completing a biometric screening.

			PPO	HSA 1800	HSA 3000
Annual Contributions					
Monthly Contribution for Coverage			\$206	\$156	\$118
Annual Contributions			\$2,477	\$1,873	\$1,411
Employee HSA Contribution			N/A	\$0	\$0
Optimas HSA Contribution	Single		N/A	\$0	\$0
Estimated Costs					
	# of visits	Cost per visit			
Preventive Physical Exam	1	\$100	\$0	\$0	\$0
PCP Visit (In-Network)	3	\$100	\$75	\$300	\$300
Retail Prescription Drug—Generic	2	\$15	\$20	\$30	\$30
Mail Order Prescription Drug—Brand	4	\$150	\$280	\$600	\$600
Total Cost of Care			\$375	\$930	\$930
HSA Funds Used			N/A	\$0	\$0
Wellness Incentive			-\$300	-\$300	-\$300
Non-Tobacco User Credit			-\$600	-\$600	-\$600
Total Annual Cost			\$1,952	\$1,903	\$1,441



Meet Sarah

Sarah is a single employee earning \$55,000 annually. She was very healthy and in great shape but is having a bad year in terms of her health. Sarah has her annual preventive visit and sees her primary care physician 6 times throughout the year for sinus infections, acne, muscle aches, and back pain. Sarah’s doctor prescribes her a generic medication for her sinus infection. Sarah visits a chiropractor 12 times to treat her low back pain. She also takes a mail order brand drug for her acne. Sarah is not a tobacco user and gets a biometric screening in order to receive the full \$75 monthly discount. Sarah decides if she were to enroll in one of the CDHP plans, she will contribute \$500 (less than \$10 per week) towards her health savings account in order to receive the full Optimas match of \$500.

			PPO	HSA 1800	HSA 3000
Annual Contributions					
Monthly Contribution for Coverage			\$296	\$243	\$183
Annual Contributions			\$3,550	\$2,921	\$2,202
Employee HSA Contribution			N/A	\$500	\$500
Optimas HSA Contribution	Single		N/A	\$500	\$500
Estimated Costs					
	# of visits	Cost per visit			
Preventive Physical Exam	1	\$100	\$0	\$0	\$0
PCP Visit (In-Network)	6	\$100	\$150	\$600	\$600
Chiropractor (In-Network)	12	\$100	\$480	\$1,200	\$1,200
Retail Prescription Drug—Generic	1	\$15	\$10	\$3	\$15
Mail Order Prescription Drug—Brand	4	\$250	\$280	\$200	\$1,000
Total Cost of Care			\$920	\$2,003	\$2,815
HSA Funds Used			N/A	\$1,000	\$1,000
Wellness Incentive			-\$300	-\$300	-\$300
Non-Tobacco User Credit			-\$600	-\$600	-\$600
Total Annual Cost			\$3,570	\$3,024	\$3,117



Meet Tom

Tom is on the family plan and earns \$80,000 annually. Tom is married with 2 children, all 4 of his family members complete their annual preventive visits. The family has 4 non-preventive visits to their family doctor along with 2 visits to an ear, nose, and throat specialist for his daughter's chronic ear infections. The children each have a non-preventive visit via Teladoc when they get the flu. Tom's son breaks his leg during a soccer game and must visit the ER for x-rays. Tom has a prescription for 4 fills of mail order generic drugs to treat his high cholesterol and his spouse takes 4 fills of brand drugs for her migraines. Tom is a tobacco user and does not participate in the tobacco cessation program. Tom does get a biometric screening and receives the \$25 monthly discount. Tom also decides if he were to enroll in one of the CDHP plans, he will contribute \$850 (less than \$17 per week) towards his health savings account in order to receive the full Optimas match of \$500.

			PPO	HSA 1800	HSA 3000
Annual Contributions					
Monthly Contribution for Coverage			\$1,142	\$972	\$760
Annual Contributions			\$13,710	\$11,660	\$9,114
Employee HSA Contribution			N/A	\$850	\$850
Optimas HSA Contribution	Family		N/A	\$500	\$500
Estimated Costs					
	# of visits	Cost per visit			
Preventive Physical Exam	4	\$100	\$0	\$0	\$0
PCP Visit (In-Network)	4	\$100	\$100	\$400	\$400
Teladoc Visit	2	\$47	\$50	\$94	\$94
Specialist Visit (In-Network)	2	\$300	\$80	\$600	\$600
Emergency Room Visit and Imaging	1	\$5,000	\$200	\$3,005	\$4,925
Retail Prescription Drug—Brand	4	\$350	\$140	\$280	\$280
Mail Order Prescription Drug—Generic	4	\$25	\$80	\$20	\$20
Total Cost of Care					
			\$650	\$4,399	\$6,319
HSA Funds Used					
			N/A	\$1,350	\$1,350
Wellness Incentive					
			-\$300	-\$300	-\$300
Non-Tobacco User Credit					
			\$0	\$0	\$0
Total Annual Cost					
			\$14,060	\$14,409	\$13,783

DISCLAIMER: Please be advised that these scenarios are only examples. Your actual experience may vary. All expenses assume the use of in-network providers and are eligible expenses under the plan.

Wellness Program

Optimize Your Health

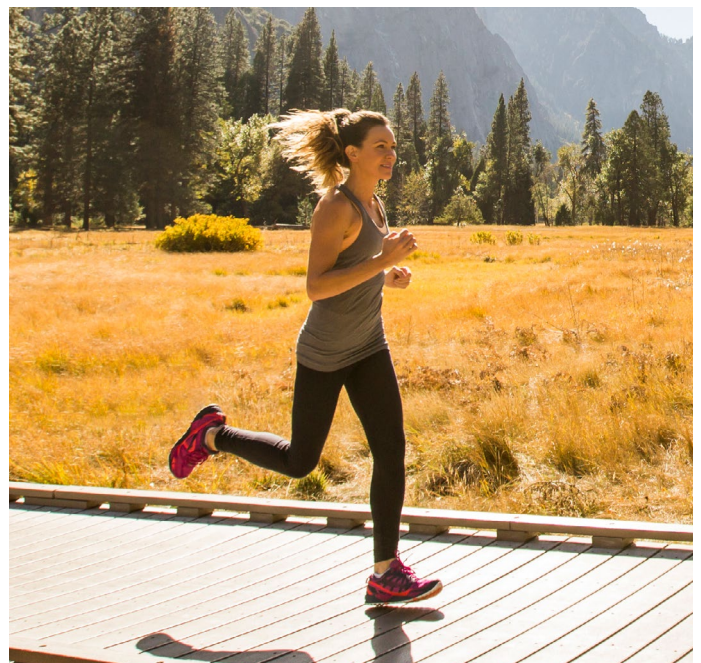
Optimas aspires to ensure you are able to fully enjoy the benefits of the Optimas Wellness Program. You can maximize your well-being by following the two steps below.

1. Complete annual wellness exam; a standard biometric screening measures the following:
 - Full lipid panel (total cholesterol, LDL, HDL, triglycerides)
 - Blood glucose
 - Blood pressure
 - Body composition (height, weight, BMI, body fat percentage, waist circumference)
 - Biometric screenings or MD forms must be completed by June 30, 2023, in order to receive your \$25 monthly premium discount
 - New hires will have 60 days from date of hire to complete the exam and receive their premium discount
2. Complete a tobacco/non-tobacco affidavit
 - Aetna provides you with access to tobacco cessation programs if you are a current tobacco user and are willing to move to non-tobacco status
 - Quitting isn't easy, but it can be done—and quitting will benefit your health at any age; the sooner you quit, the sooner your body will begin to heal
 - Employees will receive a \$50 monthly discount on medical premiums when you confirm you do not use tobacco via the affidavit or complete a cessation program with Aetna; the tobacco cessation program must be completed by June 30, 2023, or 60 days from date of hire

In addition to the premium discount, you can earn rewards for completing a health assessment and annual well-being visit with your doctor. Log into the Aetna member site at [aetna.com](https://www.aetna.com) and locate the health assessment under the Health and Wellness tab. If the assessment is completed by June 30, 2023, you will earn a \$25 reward.

If you complete your annual preventive care physical between July 1, 2022, and June 30, 2023, you will earn a \$75 reward. Contact HR for a verification form if your visit was prior to January 1, 2023.

Bonus! Earn an additional \$50 reward from Aetna by completing **BOTH** the health assessment and one online wellness program journey on the Aetna member site. Journeys take on average 20 days to complete; get started now to complete the journey by June 30!



Health Savings Account (HSA)

The HDHP medical plans allow you to establish an HSA. If you enroll in the PPO medical plan, you are ineligible to contribute to an HSA. If you've previously established an HSA, you can continue to use the funds. An HSA is a tax-favored savings account which works in conjunction with your health plan coverage. HSA dollars can be used to pay for qualified medical expenses such as deductibles, copays, dental, and vision care. For a complete list of qualified medical expenses, visit www.irs.gov in IRS Publication 502.

In order to open your HSA account visit www.optumbank.com or call **866.234.8913**. Once your account is created Optum Bank will send a welcome kit with your HSA debit card.

If you have questions regarding HSAs, you can contact Optum Bank by calling **866.234.8913** and providing group number 76-413473. Registered users can also log in to www.optumbank.com and access account information.

HSA Major Benefits

- Funds always belong to you even if you retire or leave the company
- Funds always roll over to use the following year
- Lowers your taxable income

HSA Triple Tax Savings

- Tax deduction when you contribute to your account
- Tax-free earnings through investment
- Tax-free withdrawal for qualified medical expenses

Optimas Annual HSA Contribution

If you contribute to the HSA in the 2023–24 plan year, Optimas will match employee contributions dollar for dollar up to \$500. Matching will be deposited into your HSA at the end of the plan year. You must be employed at time of matching to receive.

The IRS regulates how much you can contribute to your HSA each year. When evaluating how much to contribute, please keep in mind that the annual IRS contribution limit does include your contributions and Optimas' match. The combined contribution should not exceed the annual maximum contribution limit. You have the ability to adjust your HSA contribution at any time by logging in to UKG and requesting a change. The change will be effective within 1–2 pay periods following the request.

2023 Annual HSA Funding Limits	
Individual	\$3,850
Family	\$7,750
Age 55 or Older	Contribute an additional \$1,000 on top of these amounts

PLAN YOUR CONTRIBUTIONS CAREFULLY

The funds Optimas contributes to your HSA account are included in the annual funding limits. Any funds contributed over the annual limit will be taxed. If you plan to contribute the maximum allowed amount, remember that your annual contribution should be \$500 less than the 2023 annual limits.

HSA REIMBURSEMENT

Please keep in mind you may only use your HSA funds to reimburse yourself for eligible expenses incurred after your HSA account is opened.

HSA Eligibility

You may open and contribute pre-tax to an HSA under the following circumstances.

- You are enrolled in an IRS consumer-driven health plan or high deductible plan (the HDHP Optimas medical plans meet this criteria)
- You cannot be enrolled in a non-consumer-driven health plan through your spouse or other employer-sponsored plan (the PPO medical plan meets this criteria)
- You cannot be enrolled in a government-sponsored program (Medicare, Medicaid, Tricare, etc.)
- You cannot have received VA benefits within the last 3 months (unless receiving benefits for a service-related disability)
- You cannot be claimed as a dependent on someone else's tax return
- You cannot have a healthcare FSA; your spouse cannot have a healthcare FSA through his/her own employer

Use Your HSA to Pay for the Following

- Deductible expenses
- Out-of-pocket maximum expenses
- Dental care
- Vision care
- Prescription drugs
- Over-the-counter drugs
- Hearing aids
- Feminine products purchased over-the-counter
- PPE

Find more examples at www.irs.gov in IRC Sec.213(d). Members will pay a penalty and tax on all ineligible HSA expenses. You are responsible for spending your HSA dollars appropriately.

How Your HSA Works with Your Medical Plan

1. Contribute to your HSA
2. Go to the doctor, pharmacy, or other provider
 - A. You will receive your doctor's or provider's bill; please note, you will pay at the point of sale when you visit the pharmacy
 - B. You can use your HSA funds to pay the bill—this applies towards your deductible!
 - C. Once your deductible has been satisfied, you can still use your HSA funds to pay your portion of coinsurance
 - D. Once your out-of-pocket maximum has been met, you are no longer responsible for any medical expenses for the remainder of the plan year

Planning for the Future

What Will Happen to My Money When I Turn 65?

You can continue to use your account tax-free for eligible medical expenses. Additionally, you can use your account to pay for Part B and D Medicare premiums. However, you cannot use your account for purchasing a Medicare supplement insurance policy.

Once you turn age 65, you can also use your account to pay for things other than eligible medical expenses. If used for other expenses, the amount withdrawn will be taxable as income but will not be subject to any other penalties.

Dental

Delta Dental of Illinois

Delta Dental's plans give you access to the largest dental provider networks in the nation. You have the option between a base and buy-up dental plan. In both plans, you have the freedom to choose any dentist. However, you will receive the deepest savings if you choose a **Delta Dental PPO dentist**. All Delta Dental network dentists file claims for you and your family when you provide your identification card—no paperwork for you!

Delta Dental of Illinois	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible (Plan Year)				
Individual	\$50	\$50	\$25	\$25
Family	\$100	\$100	\$75	\$75
Coinsurance—Percent You Pay				
Preventive Services: Exams, X-Rays, Prophylaxis	100% covered	100% covered	100% covered	100% covered
Basic Services: Fillings, Oral Surgery, Root Canals	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Major Services: Bridges, Crowns, Dentures, Implants**	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Plan Year Maximum (Per Person)				
	\$1,000	\$1,000	\$2,000	\$2,000
Orthodontist Services				
Dependent Children	50% no ded.	50% no ded.	50% no ded.	50% no ded.
Adults				
Orthodontist Lifetime Maximum	\$1,500	\$1,500	\$2,000	\$2,000

* Please note, if you see an out-of-network provider, Delta Dental will reimburse according to the maximum allowable charge.

** Dental implants are only covered under the Buy-Up plan.

Dental Contribution Rates

This chart illustrates your weekly, bi-weekly, and/or monthly pre-tax contributions for the Optimas dental plan.

All Employees	Monthly	Base Plan		Buy-Up Plan		
		Bi-Weekly	Weekly	Monthly	Bi-Weekly	Weekly
Employee Only	\$20.72	\$9.57	\$4.78	\$25.13	\$11.60	\$5.80
Employee + Spouse	\$46.57	\$21.49	\$10.75	\$55.97	\$25.83	\$12.92
Employee + Child(ren)	\$39.84	\$18.39	\$9.19	\$47.82	\$22.07	\$11.04
Family	\$68.56	\$31.64	\$15.82	\$82.75	\$38.19	\$19.10

Find a Provider

1. Go to www.deltadentalil.com and click the provider search link select "Find a Network Dentist" from the drop-down menu
2. Call **800.323.1743**, say "Dentist Directory" and follow the automated instructions
3. Call your dentist's office and ask if they are a participating Delta Dental PPO or Premier network dentist
4. Deeper discounts will be received at Delta Dental PPO providers vs. Delta Dental Premier providers

Vision

We partner with VSP to offer you and your family members vision insurance. We offer a base and buy-up option to meet a variety of needs. Please note, ID cards are not needed with VSP. You will simply identify yourself as a VSP member and your doctor will do the rest! If you prefer to have an ID card, you can access your card on vsp.com or from your smartphone at mobile.vsp.com.

Find an In-Network Provider

Visit in-network providers to receive the deepest level of discount on your services. To find a participating in-network provider, go to vsp.com or call **800.877.7195**.

VSP	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	\$20 copay	Reimbursed up to \$45	\$20 copay	Reimbursed up to \$45
Materials	\$20 copay	Varies	\$20 copay	Varies
Lenses				
Single	\$20 copay	Reimbursed up to \$30	\$20 copay	Reimbursed up to \$30
Bifocal	\$20 copay	Reimbursed up to \$50	\$20 copay	Reimbursed up to \$50
Trifocal	\$20 copay	Reimbursed up to \$65	\$20 copay	Reimbursed up to \$65
Frames				
	\$20 copay; up to \$150 allowance, 20% off of balance over allowance at participating providers	Reimbursed up to \$70	\$20 copay; up to \$200 allowance, 20% off of balance over allowance at participating providers	Reimbursed up to \$70
Contacts				
Elective	Up to \$130 allowance	Reimbursed up to \$105	Up to \$150 allowance	Reimbursed up to \$105
Frequency				
Exam	12 months			
Lenses	12 months			
Contacts (in lieu of glasses)	12 months			
Frames	24 months		12 months	

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

Please note: the frames/contacts allowance is reduced to \$80/\$70 in the Base Plan and \$110/\$100 in the Buy-Up Plan when you purchase frames or contacts from Walmart, Sam’s Club, or Costco.

Vision Contribution Rates

This chart illustrates your weekly, bi-weekly, and/or monthly pre-tax contributions for the Optimas vision plan.

	Base Plan		
	Monthly	Bi-Weekly	Weekly
Employee	\$5.45	\$2.52	\$1.26
Employee + Spouse	\$8.72	\$4.02	\$2.01
Employee + Child(ren)	\$8.90	\$4.11	\$2.05
Family	\$14.35	\$6.62	\$3.31

	Buy-Up Plan		
	Monthly	Bi-Weekly	Weekly
Employee	\$9.07	\$4.19	\$2.09
Employee + Spouse	\$14.50	\$6.69	\$3.35
Employee + Child(ren)	\$14.81	\$6.84	\$3.42
Family	\$23.87	\$11.02	\$5.51

Exclusive Member Extras

VSP members have access to more than \$3,000 in savings with exclusive member extras from VSP and industry-leading brands. Special offers include:

- Extra \$20 to spend on select featured frame brands such as Calvin Klein, Bebe, and many others
- Save up to 40% off lens enhancements such as anti-glare coatings and light-reactive lenses
- Receive savings on contacts through Bausch+Lomb, Unity Biosync, or CooperVision
- 20% off custom LASIK and custom PRK or \$1,000 off LASIK at TLC Nationwide Locations
- Save up to 60% on top of the line hearing aids, batteries, and free online hearing screening at TruHearing

View all Exclusive Member Extras at vsp.com/offers.



Flexible Spending Accounts

We partner with WEX to administer your Flexible Spending Account benefits.

Dependent Care Flexible Spending Accounts

The dependent care FSA lets you set aside pre-tax dollars to use toward qualified dependent care. The maximum amount you may contribute to the dependent care FSA is \$5,000 (or \$2,500 if married and filing separately) per plan year. Once you pay your provider, you may submit proof of your expense and a reimbursement check will be sent to you once the funds have been withheld from your paycheck. It is that easy!

FSA Contributions

If you contribute to one or more FSAs, keep in mind the IRS monitors FSA contributions on a calendar year basis, thus any contributions you have made from January to June are a part of your total calendar year contribution. Please consult with Human Resources for more guidance regarding your FSA program contributions.

Use It or Lose It*

You lose any money left over in your Dependent Care FSA, so make sure you carefully decide how much to set aside in your accounts. Incurred expenses during the July 2023 through June 2024 plan year must be submitted no later than September 30, 2024, for reimbursement. There is no use it or lose it provision for the Commuter/Transportation and Parking FSA. Any unused funds will always roll over to the next plan year.

* If your employment ends during the calendar year, you have 15 days following your last day worked to request reimbursement from the FSA program.

Commuter Transportation and Parking Flexible Spending Accounts

The commuter transit and parking FSA allows you to pay for eligible work-related transportation and parking costs on a pre-tax basis.

During benefits enrollment, you can elect to set aside a certain amount of pre-tax earnings to cover qualified costs incurred while commuting to work. You must designate an amount for mass transit expenses and a separate amount for parking expenses. Separate reimbursement accounts are maintained for each category and funds cannot be commingled or transferred between accounts.

The 2023 monthly limit for commuter accounts is \$300/month for qualified parking expenses and \$300/month for mass transit expenses.

Eligible Expenses

Dependent Care FSA

- Cost of child or adult daycare*
- Nursery school
- Preschool (excluding kindergarten)

Commuter/Parking FSA

- Daily or monthly parking expenses
- Bus fare and light rail fares
- Train and subway tickets

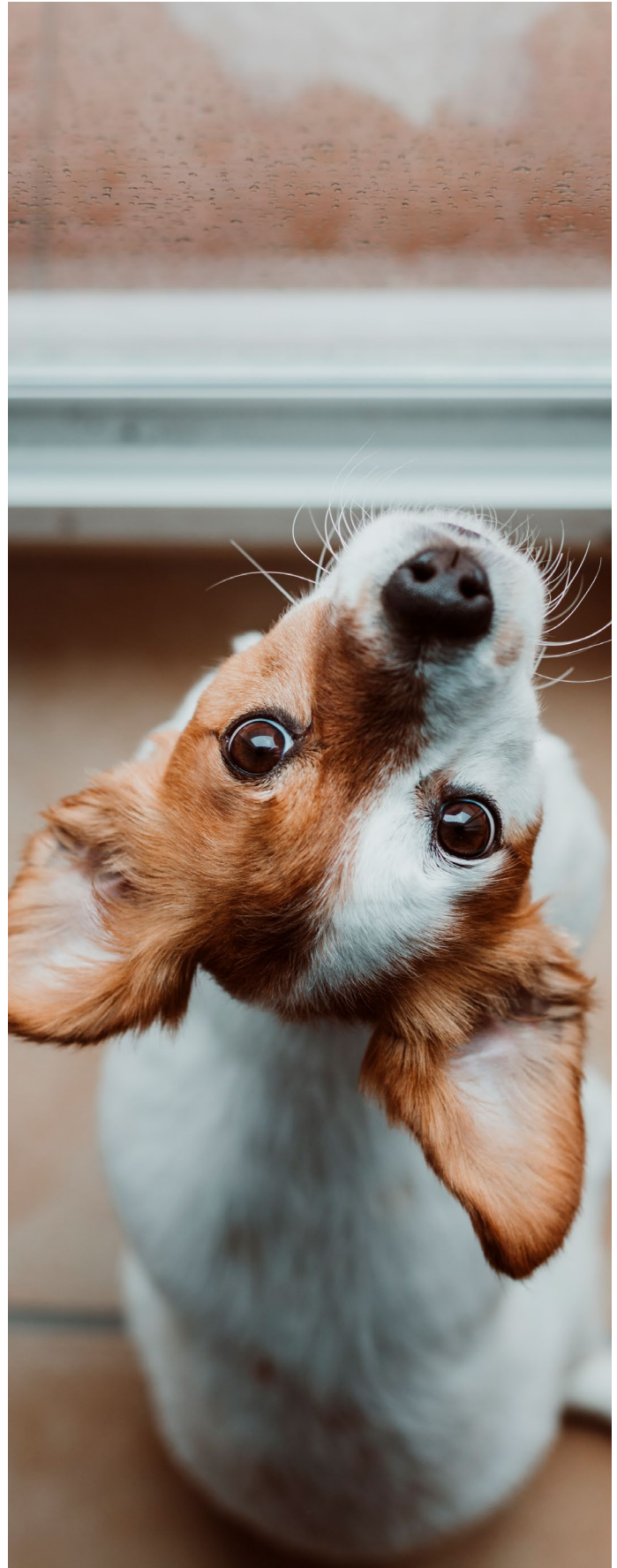
* Eligible dependent: tax dependent child under age 13; tax dependent spouse, parent, or child

Pet Insurance

Optimas offers you the ability to purchase pet insurance through Nationwide at an affordable group rate. With Nationwide, you have the option of choosing between 3 plan options. From preventive care visits to significant medical incidents, Nationwide provides protection for pets when they need it most. Nationwide policies cover a multitude of medical problems and conditions related to accidents and illnesses, including cancer. Premiums are paid directly from your own bank account or credit card.

Employees have 3 easy ways to learn more about pet insurance and to enroll in coverage.

- Follow this link: www.petinsurance.com/optimas
- Visit www.petsnationwide.com and then enter Optimas
- Or call **877.738.7874**; mention you are an employee of Optimas



Disability Benefits

Short-Term Disability

Optimas provides, at no cost to you, short-term disability coverage. Short-term disability provides you with 70% of your weekly income while you are out of work following a non-work-related accident or illness for up to 26 weeks. Benefits would be payable on the 8th calendar day following an accident or sickness. For newly hired non-exempt employees, there will be a 60-day waiting period before you are eligible to receive disability benefits. Exempt employees will be eligible for benefits on date of hire; there is no waiting period.

Long-Term Disability

Once you have exhausted your short-term disability benefit, the plan will transition you to the long-term disability program. The plan is also provided by Optimas at no cost to you.

The long-term disability plan pays a benefit of 66.67% of your covered monthly earnings up to \$10,000 for each month you are unable to work due to a disabling condition. Benefits begin after 180 days of disability and may continue until age 65 or the maximum benefit period is reached.

Your disability plans are administered and/or insured by New York Life. Contact information for claims submissions and questions are available at the end of this guide.

Employees on long-term disability will be evaluated at three-month intervals to assess progress and options for returning to work. Benefits will remain in force for yourself and your eligible dependents during long-term disability, provided that you continue to pay your portion of the premiums during your leave. Depending on your situation, your right to continue health benefit coverage may be governed by COBRA.

Parental Bonding Leave Benefit Policy

Employees who are parents of a newborn child, a newly adopted child, or who become the foster parents or legal guardians of a new child are entitled to paid leave to allow for a period of bonding with the child. The period of bonding leave must immediately follow either the birth of the child, the disability period for recovering birth mothers, or the adoption/foster care placement date. An employee is entitled to a maximum of one (1) bonding leave in a twelve-month period. Employees are eligible for nine (9) weeks of maternity leave at 70% pay or three (3) weeks of parental leave at 70% pay immediately following the birth, adoption, or placement of a foster child or immediately following post birth disability. Depending on the timing and circumstances of your leave, you may be entitled to continue health benefit coverage for yourself and your eligible dependents during your leave of absence, provided that you continue to pay your portion of the premiums during your leave.

Contact HR for more information on this program.

"Parent" includes: (1) biological parents; (2) adoptive parents; (3) foster parents; (4) any employee who is legally responsible for a minor child as defined in this policy.

If you become disabled and cannot work, few benefits are more important to your financial security than disability income protection. Enrollment is automatic and Optimas pays the full cost for your coverage.

Voluntary Benefits

Optimas partners with Cigna to offer you a variety of voluntary benefits. Regular expenses, big and small, can add up. Think about your ability to pay for those expenses if you or your family member were seriously injured as a result of a covered accident or experienced a covered critical illness or hospitalization. Cigna's Accidental Injury, Critical Illness and Hospital Care insurance can supplement your health plan and provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness, or hospitalization. These plans pay benefits directly to you. What you do with the money is all up to you.

Critical Illness

There are a lot of expenses associated with a critical illness and a major medical plan may not cover them all. Critical Illness coverage helps you focus on recuperation instead of the distraction of out-of-pocket costs. The Critical Illness plan pays you a cash benefit upon a diagnosis of a covered illness. Covered diagnoses include but are not limited to the following:

- Cancer
- Heart attack
- Organ Failure
- Stroke

Guaranteed issue—each year during open enrollment, you can elect this coverage without medical questions.

- Employees can elect \$5,000, \$10,000, or \$20,000 of coverage. Please note, employees must first enroll themselves before they can opt in for spouse/dependent coverage.
- If you choose to cover your spouse, they will receive 50% of your coverage amount.
- If you choose to cover your dependent child, they will receive 25% of your coverage amount.

Portable—coverage is portable which means you can take this plan with you if you no longer work for Optimas.

Wellness Benefit

Health screening (wellness) benefit—provides a benefit amount of \$50 for a health screening test taken by a covered person; the benefit is limited to payment of one benefit amount per calendar year for each covered person; benefit waiting period is 30 days following the effective date of the health screening benefit rider.

Please Note

You must be actively at work on your coverage effective date in order for benefits to be effective.



Hospital Care Insurance

Even a minor trip to the hospital can present you with unexpected expenses and medical bills, and even with major medical insurance, your plan may only pay a portion of your entire stay. Hospital Care Insurance is designed to provide financial assistance to enhance your current coverage. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment.

Hospitalization Benefit	Benefit Amount
Hospital Admission No elimination period—limited to 1 day, 1 benefit(s) every 90 days	\$1,000 per day
Hospital Chronic Condition Admission No elimination period—limited to 1 day, 1 benefit(s) every 90 days	\$50 per day
Hospital Stay No elimination period—limited to 30 days, 1 benefit(s) every 90 days	\$100 per day
Hospital Intensive Care Unit (ICU) Stay No elimination period—limited to 30 days, 1 benefit(s) every 90 days	\$200 per day
Hospital Observation Stay No elimination period—limited to 72 hours	\$100 per 24-hour period

How Can Hospital Care Insurance Help?

Below are a few examples of how your hospital care insurance benefit could be used (coverage amounts may vary).

- Medical expenses such as deductibles and copays
- Travel, food, and lodging expenses for family members
- Childcare
- Everyday expenses like utilities and groceries

Features of hospital care insurance include the following.

- Guaranteed issue—no medical questions or tests required for coverage
- No pre-existing conditions— benefits are payable regardless of any condition you may have (including pregnancy)
- Flexible—you can use the benefit money for any purpose you like

Please Note

You must be actively at work on your coverage effective date in order for benefits to be effective. Employees must enroll themselves in supplemental coverage before they can choose to enroll a spouse or dependent in coverage.



Accident Insurance

Accidents can happen in an instant affecting you or a loved one. Accident Insurance is designed to help families plan for the healthcare bumps ahead and take some of the uncertainty and financial insecurity out of getting better. The tax-free benefit resulting from non-work-related injuries or accidents covers more than 150 events. Some examples are shown here. For full details, please refer to the plan summary.

Coverage (included but not limited to)	Benefit Amount
Initial and Emergency Care	
Emergency Care Treatment	\$200
Physician Office Visit	\$200
Diagnostic Exam (X-ray or lab)	\$50
Ground/Air Ambulance	\$500/\$2,000
Hospitalization	
Hospital Admission Benefit	\$1,500
Hospital Daily Benefit	\$200
ICU Daily Benefit	\$400
Fracture and Dislocations	
Per Covered Surgically-Repaired Fracture	\$300-\$10,000
Per Covered Non-Surgically-Repaired Fracture	\$150-\$5,000
Chip Fracture (percent of fracture benefit)	25%
Per Covered Surgically-Repaired Dislocation	\$300-\$6,000
Per Covered Non-Surgically-Repaired Dislocation	\$150-\$3,000
Enhanced Accident Benefits	
Examples:	
Small Lacerations (less than or equal to 6 inches long and requires 2 or more sutures)	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$600
Coma (lasting 7 days with no response)	\$10,000
Concussion	\$150
Follow-Up Care	
Follow-Up Physician Office Visit	\$75
Follow-Up Physical Therapy	\$25
Wellness, Health Screening Test, or Preventive Care Benefit	
Examples include (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests	\$50

Please Note

You must be actively at work on your coverage effective date in order for benefits to be effective. Employees must enroll themselves in supplemental coverage before they can choose to enroll a spouse or dependent in coverage.

Life Insurance

Basic Life and Accidental Death and Dismemberment (AD&D)

Optimas provides, at no cost to you, basic life with accidental death and dismemberment insurance. Your coverage amount is equal to 1.5× your covered annual earnings up to \$250,000. Your life insurance benefit also includes accidental death and dismemberment benefits.

Evidence of Insurability

Evidence of insurability (EOI), also known as proof of good health, is required in certain circumstances.

- You may elect up to \$200,000 of coverage for yourself; \$25,000 of coverage for your spouse and \$10,000 of coverage for your dependent child(ren) without EOI

If you request coverage in excess of the amount noted above, you **must** complete an EOI form and be approved by New York Life. If you do not elect coverage when initially eligible or you wish to increase your current election, you are required to complete EOI.

Beneficiaries

Make sure your beneficiary information is accurate and up-to-date.

Supplemental Life Insurance

In addition to the basic life, you are eligible to purchase additional coverage for yourself. If you elect coverage for yourself, you may elect coverage for your spouse and dependent children. You may purchase coverage for yourself in increments of \$5,000 to a maximum of 5× your annual salary or \$500,000 (whichever is less). You may purchase coverage for your spouse in increments of \$5,000 to a maximum of \$500,000, not to exceed 100% of the employee amount. You may purchase up to \$10,000 in coverage in increments of \$2,000 for your dependent children. Your dependent children less than six months of age are eligible for \$1,000 in life insurance.

Your individual premium rate will depend on your age or your spouse’s and will be paid on an after-tax basis. View the chart on this page to determine how much this benefit will cost. If you have a birthday midyear which takes you to a new age band, your rates will not change until the next policy period beginning July 1, 2024.

You must enroll in employee supplemental coverage in order to elect spouse or dependent coverage. Please note the amount you elect for your spouse **cannot** exceed 100% of your employee supplemental coverage.

Voluntary Life Coverage Rates

Monthly Rate per \$1,000 Coverage	
Age Category	Rate
Under 25	\$0.086
25–29	\$0.086
30–34	\$0.124
35–39	\$0.152
40–44	\$0.247
45–49	\$0.428
50–54	\$0.694

Monthly Rate per \$1,000 Coverage	
Age Category	Rate
55–59	\$1.05
60–64	\$1.53
65–69	\$2.385
70–74	\$4.028
75+	\$4.028
Dependent Child(ren)	\$1.50 for \$10,000 of coverage

Employee Assistance Program

Each person's life includes its own unique set of challenges. To help you and your family members address a variety of personal, family, life, and work-related issues, we offer an employee assistance program (EAP) through Cigna. Benefits to employees and their immediate family members include confidential access to the following.

- Unlimited **free** telephonic clinical assessment and referral
- Up to 3 **free**, face-to-face counseling sessions for each problem
- Locate childcare and eldercare services
- A referral to a local attorney for a free, 30-minute in-person or telephonic legal consultation
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, and investing for college
- Work through complex, sensitive issues such as personal or work relationships, depression or grief, or issues surrounding substance abuse
- Will preparation assistance
- Free 30-minute financial consultation with a certified financial expert and 25% discount on tax planning and preparation. Individuals can work with a designated Money Coach for 30 days, paid for by Cigna
- Consultation with a Fraud Resolution Specialist, education on how to avoid identity theft, and a fraud resolution kit

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible. Optimas pays the full cost for your coverage and enrollment is automatic.

Cigna Healthy Rewards

Start saving today with discounts on health products and programs you use every day for:

- Weight management and nutrition
- Fitness clubs and equipment
- Mind/body programs
- Vision and hearing care
- Alternative medicine
- Vitamins and wellness products

To utilize this free program, visit cigna.com/rewards (password: savings) or call **800.258.3312**.

Contact Information

- English: **800.538.3543**
- Website: www.cignalap.com
- Employer ID: optimas



Fidelity Access Tools and Resources

- On the web: www.401k.com
- Over the phone: **800.835.5097**
- On your own: Fidelity's retirement planning tools and services, including NetBenefits®
- Online or by mail: quarterly statements, newsletters, and documents
- One-on-one: retirement education and planning services



Retirement Benefits

401(k) Retirement Plan

The Optimas OE Solutions LLC Employee Savings Plan managed by Fidelity is one of the best ways to save money for retirement and allows you to defer taxes on your current income.

Optimas Plan Overview

- Employer match—Optimas will make matching contributions on a discretionary basis, depending on company performance; Optimas will always provide at least 30 days advance notice of any employer match changes
- Vesting—employee salary deferrals are always 100% vested
- Roth—you may elect to defer salary on a “post-tax” basis
- Eligible employees will be automatically enrolled into Optimas’ 401(k) plan at 3% employee deferral. If you wish to change the contribution percentage, you must login to Fidelity or call **800.835.5097**

Plan Provisions

Eligibility	Immediate
Plan Entry	Immediate
Employee Deferral	1–50% of compensation, subject to annual IRS limit*
Employer Match	Discretionary
Vesting	Employee deferrals—100% invested
Loans	1 loan outstanding at a time; effective 7/1/2023 all loans are subject to a 14-day waiting period

* IRS limit for elective deferrals is \$22,500 for 2023; if age 50 or older at any time in the 2023 calendar year, you may defer an additional \$7,500.

How to Enroll in Benefits

How to Access UKG

Please access UKG by following the steps below.

1. Go to: Optimas UKG Log-In at <https://nw12.UltiPro.com>
2. Enter <first name><last name>@optimas (example—johnsmith@optimas)
3. Enter your password

For any UKG login issue, please send email to

UltiProsupport@optimas.com.

Note: If you are adding a new dependent who has not been covered before, please send supporting documentation (for example, marriage certificate or birth certificate) to Human Resources.

Selecting an Open Enrollment Session

Select a session on the Open Enrollment page.

Entering Open Enrollment Information

The About Open Enrollments page is the starting point for making open enrollment elections. A welcome message displays information applicable to this session. The Draft button allows you to enter and save some information now and continue the election at a later time. The About Open Enrollment page may also display the number of days remaining in the session.

Open Enrollment Instructions

Prior to making open enrollment elections, ensure your contacts (people you designate as beneficiaries and/or dependents) are entered and up to date. Select Myself > Personal > Contacts to add or edit contact information.

To Verify, Add, or Change Beneficiaries and Dependents

1. From myself, select Open Enrollment; the Open Enrollment page appears
2. Select the Description link of the applicable open enrollment session; the About Open Enrollment page appears
3. From the About Open Enrollment page, review the open enrollment session information
4. Select Next; the Verify Beneficiary and Dependent Information page appears
5. View summary information
6. To edit information about a beneficiary or dependent, select the Name link and the Add/Change Contact page appears; edit the information, as needed; select Save the Verify Beneficiary and Dependent Information page appears; select Next
7. To add a beneficiary or dependent, from the Verify Beneficiary and Dependent Information page, select the Add button (+); the Add/Change Contact page appears; enter contact information, as needed; required fields are indicated by a red dot; if you plan to enroll the dependent in medical, dental, or vision coverage, remember to check the Dependent box; select Save; the Verify Beneficiary and Dependent Information page appears; select Next

To Enroll in a Plan

Notes

- A separate page appears for each type of benefit option (medical, dental, and vision); you will see only the medical plans for which you are eligible.
- Evidence of insurability (EOI) may be required for life insurance plans; a message will appear stating evidence of insurability is required for amounts surpassing the guaranteed issue amount for a particular plan.

1. Select or decline plan(s)
2. Depending on how the deduction/benefit plans are configured, additional fields may appear; complete the following
 - A. An amount appears based on the plan configuration as well as employee pay frequency

Notes

Select the Draft button to enter and save information now and then continue the election at a later time. When you return to complete your elections, the About Open Enrollment page appears.

- B. Select a benefit option such as employee only, employee plus child or spouse, or family, if applicable; enter additional required information (for example, you may need to enroll dependents and enter dependent information)
- C. Enter additional information
 - i. For a flexible spending plan type, you may be required to enter a goal amount; once the amount is reached, the deduction is stopped
 - ii. For a plan configuration with beneficiaries, you may be required to enroll applicable beneficiary information as well as percentages for primary and secondary beneficiaries; primary beneficiaries must total 100%; secondary beneficiaries must total 100%; depending upon the plan configuration, when you decline a plan, you may be required to enter a decline reason; a disclaimer message may appear

To Review and Submit Elections

1. From the Confirm Your Changes page, scroll down to view your new elections; review the selected and declined benefit type and plan details, including covered family members, plan beneficiaries, and cost information
2. Select Back to return to the applicable page to make any changes, if needed
3. Select Draft to continue the election at a later time or select Submit to complete your elections now; if you select Submit, you cannot make any changes without the assistance of your Benefits Administrator; you can print the Confirm Your Changes page; if you select OK, the Confirmation page appears
4. Select Print to print a summary of your elections
5. Select Close

Contact Information



UKG PORTAL QUESTIONS— REGISTRATION AND ENROLLMENT

UKG Benefits Solution Center—
HRServices@Optimas.com



ANNUAL ENROLLMENT BENEFIT QUESTIONS

Contact HR Benefit Services at
HRServices@Optimas.com



MEDICAL COVERAGE— AETNA

855.586.6964
www.aetna.com
Group number: 174965



PHARMACY—CVS CAREMARK

Member Services: 888.792.3862
Mail Order: 888.792.3862
Specialty Pharmacy: 866.782.2779



HEALTH SAVINGS ACCOUNT (HSA)—OPTUM BANK

www.optumbank.com
Group number: 76-413473



DENTAL COVERAGE—DELTA DENTAL OF ILLINOIS

800.323.1743
www.deltadentalil.com
Group number: 11441



VISION COVERAGE—VSP

800.877.7195
www.vsp.com



VOLUNTARY BENEFITS— CIGNA

To file a claim: 800.754.3207

Claims information:
cigna.com/customer-forms

Policy Numbers
Accidental Injury—AI961079
Critical Illness—CI961035
Hospital Care—HC960463



FLEXIBLE SPENDING ACCOUNTS—WEX

866.451.3399
www.wexinc.com
Group number: 34536



LIFE/AD&D AND DISABILITY—NEW YORK LIFE

To file a claim: 800.362.4462

Policy Numbers
Basic & Voluntary Life—FLX968966
Basic AD&D—OK970429
STD—SHD963334
LTD—LK966001
NY DBL and PFL—NYD068554



EMPLOYEE ASSISTANCE PROGRAM—CIGNA

800.538.3543
www.cignalap.com



RETIREMENT 401(K)— FIDELITY

800.835.5097
www.401k.com
Plan number: 29368



PET INSURANCE

877.738.7874
www.petsnationwide.com



This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.