



BENEFITS *GUIDE*

BENEFIT PLANS EFFECTIVE JANUARY 1-DECEMBER 31, 2024





TABLE OF CONTENTS

Benefits Overview	3
Medical Insurance	4
Health Savings Account	5
Dental & Vision Insurance	6
Life, Disability, and Assistance Plans.....	7
Voluntary Benefits.....	8
Premiums & Contact Information.....	9

BENEFITS OVERVIEW

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this guide to learn about the benefits available to you for the 2024 plan year (January 1, 2024, through December 31, 2024). Then, choose the options that are best for you and your family.

Who is Eligible

Employees scheduled to work at least 30 hours per week are eligible for benefits on the first day of the month following date of employment.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse, civil union partner, or same-sex domestic partner.
 - Working spouse provision: a working spouse with an employer who provides qualifying* group medical coverage must enroll in that medical plan to be eligible for secondary coverage under the plan.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

*Qualifying group medical coverage is defined as a plan including preventive care, major medical, and prescription drug benefits. The spouse's employer must also contribute at least 50% of the total premium for single coverage.

When to Enroll

You can sign up for benefits or change your benefit elections at the following times:

- Within 30 days of your initial eligibility date (as a newly hired employee).
- During the annual benefits open enrollment period.
- Within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through December 31, 2024. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

Changing Your Benefits During the Year

Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered

To request a change, notify People Operations within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted.



Benefits built for you.

AUXO Solutions offers a benefits package that includes:

- Medical insurance
- Dental insurance
- Vision insurance
- Flexible spending accounts
- Basic life and AD&D insurance
- Disability insurance
- EAP and Travel Assistance

MEDICAL INSURANCE

AUXO Solutions offers a medical plan option through UnitedHealthcare: the plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a UnitedHealthcare network provider at myuhc.com.

The table below summarizes the key features of the medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Plan DG79—HDHP	Plan CWUO—Base PPO Plan		Plan CM3Z Buy-up PPO Plan
	In-Network Only	In Network	Out of Network	In Network Only
Plan Year Deductible				
Individual/Family	\$4,500/\$9,000	\$6,000/\$12,000	\$10,000/\$20,000	\$1,500/\$3,000
Out-of-Pocket Maximum	Includes deductible, copay, and coinsurance			
Individual/Family	\$7,900/\$15,800	\$9,100/\$18,200	\$15,000/\$30,000	\$6,500/\$13,000
Preventive Care	Plan pays 100%	Plan pays 100%	Not Covered	Plan pays 100%
Physician Services				
Primary Care Physician	0% after ded.	\$40 copay	50% after ded.	\$25 copay
Specialist	0% after ded.	\$85 copay	50% after ded.	\$60 copay
Urgent Care	0% after ded.	\$85 copay	50% after ded.	\$60 copay
Lab/X-Ray				
Diagnostic Lab/X-Ray	0% after ded.	20% after ded.	50% after ded.	\$25 copay
High-Tech Services (MRI, CT, PET)	0% after ded.	20% after ded.	50% after ded.	\$500 copay
Hospital Services				
Inpatient	0% after ded.	20% after ded.	50% after ded.	0% after ded.
Outpatient	0% after ded.	20% after ded.	50% after ded.	0% after ded.
Emergency Room	\$350 copay	\$350 copay	\$350 copay	\$350 copay
Prescription Drugs				
Tier 1	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier 2	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Tier 3	\$150 copay	\$150 copay	\$150 copay	\$150 copay
Tier 4	\$300 copay	\$300 copay	\$300 copay	\$300 copay
Mail Order (90-day supply)	2.5X Retail	2.5X Retail	Not covered	2.5X Retail

PREVENTIVE CARE

The UnitedHealthcare medical plan covers in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at myuhc.com.

You won't have to pay anything—no deductible, copay, or coinsurance—for preventive services when:

- You get them from a doctor or other health care provider in the UnitedHealthcare network.
- The main purpose of your visit is to get preventive care.

HEALTH SAVINGS ACCOUNT

If you enroll in the UnitedHealthcare HDHP, you may be eligible to open and fund a health savings account (HSA) through your Bank. An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

2024 IRS HSA Contribution Maximums

Contributions to an HSA cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,150
- **All other coverage levels:** \$8,300

If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.

HSA Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the UnitedHealthcare HDHP.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact People Operations.



SPEND

Use your HSA dollars today to pay for eligible health care expenses such as: deductibles, doctor's office visits, dental expenses, eye exams, and prescriptions.



SAVE

Use your HSA for the unexpected. You can save and roll over money year to year. The money in the account is always yours, even if you change health plans or jobs.



INVEST

The money in your HSA can be invested and grows tax free—including interest and investment earnings. After you reach age 65, your HSA dollars can be spent without penalty.

DENTAL INSURANCE

AUXO Solutions offers a dental insurance plan through Delta Dental. The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a Delta Dental network provider at deltadentalma.com.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Dental Plan	
	In Network	Out of Network
Plan Year Deductible	\$50/\$150	
Plan Year Benefit Maximum	\$1,500	
Preventive Care Oral exams, cleanings, x-rays	Plan pays 100%	Plan pays 100%
Basic Services Periodontal services, endodontic services, oral surgery, fillings	15% after deductible	20% after deductible
Major Services Bridges, crowns (inlays/onlays), dentures (full/partial)	45% after deductible	50% after deductible
Orthodontia Services	50%	
Orthodontia Lifetime Maximum	\$1,500	

Rollover Max - increases your dental benefit value

Your Plan Year Maximum Benefit Amount	If your total yearly claims don't exceed this threshold amount	Then you can rollover this amount to use next year, and beyond	Your accumulated rollover total will not exceed this amount
\$1,500	\$700	\$500	\$1,250

VISION INSURANCE

Summary of Covered Benefits	Vision Plan	
	In Network	Out of Network
Eye Exam (every 12 months)	\$10 copay	Up to \$45 reimbursement
Standard Plastic Lenses (every 12 months) Single/Bifocal/Trifocal	\$25 copay all tiers	Up to \$30/\$50/\$65 reimbursement
Frames (every 12 months)	\$150 allowance	Up to \$70 reimbursement
Contact Lenses (every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$150 allowance Plan pays 100% after \$25 copay	Up to \$105 reimbursement Up to \$210 reimbursement

LIFE AND AD&D INSURANCE

Basic Life and AD&D Insurance

AUXO Solutions automatically provides basic life and AD&D insurance through Lincoln Financial Group to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** \$50,000
- **Employee AD&D benefit:** \$50,000

DISABILITY INSURANCE

Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

Short Term Disability

AUXO Solutions automatically provides you with short-term disability (STD) insurance through Lincoln Financial Group **at no cost to you.**

- **Benefit:** 60% of base weekly pay up to \$1,500 per week
- **Elimination period:** 8 days
- **Benefit duration:** 12 weeks

Long-Term Disability Insurance

AUXO Solutions automatically provides you with long-term disability (LTD) insurance through Lincoln Financial Group **at no cost to you.**

- **Benefit:** 60% of base monthly pay up to \$6,000 per month
- **Elimination period:** 90 days
- **Benefit duration:** Social security normal retirement age

EAP

Employee Assistance Program (EAP)

As your employer we care about your total well-being, which is why we offer the employee assistance program (EAP), **EmployeeConnect**. This program offers professional, confidential services to help you and your loved ones improve your quality of life by providing; In-person guidance, Unlimited 24/7 assistance, and Online resources.

To access your EAP services, call 888-628-4824, visit: guidanceresources.com, or download the GuidanceNow mobile app.

TRAVEL ASSISTANCE

Emergency Travel Assistance Program

Lincoln *TravelConnect*® services offer security and reassurance — helping make travel less stressful. *TravelConnect*® services 24 hours a day, 7 days a week.

Travel Assistance Services:

- Arranging travel if you are injured and need emergency evacuation to a medical facility
- Managing travel for a companion including transportation expenses and accommodations of a qualified escort
- Planning a safe evacuation because of a natural disaster or political security threat
- Recovering of lost or stolen documents or luggage
- Return of mortal remains

ACCIDENT INSURANCE

With Accident Insurance from Lincoln you can expand your benefits package and gain peace of mind. Lincoln Accident Insurance helps deliver financial security for the unexpected—allowing you to protect your budget against unforeseen expenses if you suffer an accidental injury. You can use the cash benefits from this coverage to help meet copayments and other expenses while you recover, or any other way you see fit.

Benefits are offered for:

- Emergency Care
- Fractures
- Dislocations
- Specific Injuries
- Hospital & Ongoing Care
- Recovery Assistance
- Child Sports Injuries
- Accidental Death & Dismemberment
- And many more

Accident Insurance Rates (monthly)

Employee Only	\$12.29
Employee + Spouse	\$20.69
Employee + Child(ren)	\$23.01
Family	\$31.18

CRITICAL ILLNESS INSURANCE

Critical illness insurance from Lincoln lets you expand your benefits package while helping you protect your budget from the unexpected expenses that can come with a critical illness. You will receive cash benefits when diagnosed with a covered critical illness, and you can use the benefit however you wish, for medical or personal expenses.

Critical Illness Benefit:

- **Employee Coverage Amount:** Option of \$10,000 or \$20,000
- **Spouse Coverage Amount:** Option of \$10,000 or \$20,000 not to exceed 100% of employee benefit
- **Child Coverage Amount:** Option of \$5,000 or \$10,000 not to exceed 100% of employee amount

Critical Illness Insurance Rates (per \$1,000) - Employee or Spouse

Under 24	\$0.370
25-29	\$0.514
30-34	\$0.660
35-39	\$0.846
40-44	\$1.213
45-49	\$1.628
50-54	\$2.315
55-59	\$3.183
60-64	\$4.521
65-69	\$6.259
70+0.	\$11.714
Childrem	\$0.627

HOSPITAL INDEMNITY INSURANCE

Lincoln hospital indemnity insurance helps deliver financial security for the unexpected—allowing you to protect your budgets against unforeseen expenses if you are admitted to the hospital due to an accidental injury or sickness. You can use the cash benefits from this coverage to help meet copayments, to pay for recovery expenses or in any way you see fit.

Hospital Indemnity Insurance Rates (monthly)

Employee Only	\$17.68
Employee + Spouse	\$37.46
Employee + Child(ren)	\$27.35
Family	\$49.20

PLAN COSTS & CONTACT INFORMATION

Medical, Dental, and Vision Insurance

The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Coverage Level	Medical Plans - Employer Contribution			Monthly Employee Contributions	
	DG79—HDHP	CWUO—Base PPO	CM3Z— Buy-up PPO	Dental Plan	Vision Plan
Employee Only	100%	90%	80%	\$1.75	\$0.33
Employee + Spouse	100%	80%	60%	\$3.75	\$0.69
Employee + Child(ren)	100%	80%	60%	\$7.70	\$0.67
Employee + Family	100%	80%	60%	\$7.70	\$1.10

If you have any questions regarding your benefits or the material contained in this guide, please contact People Operations.

Provider/Plan	Contact Number	Website
Medical —UnitedHealthcare	800-842-8000	myuhc.com
Dental —Delta Dental of Massachusetts	800-872-0500	deltadentalma.com
Vision —Principal	800-877-7195	vsp.com
Basic Life and AD&D —Lincoln Financial	800-423-2765	lincolnfinancial.com
Disability Insurance —Lincoln Financial	800-423-2765	disabilityclaims@lfg.com
Employee Assistance Program —EmployeeConnect	888-628-4824	guidanceresources.com
Travel Assistance Program —	866-525-1955	myoncallportal.com

This summary of benefits is not intended to be a complete description of the terms and AUXO Solutions insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although AUXO Solutions maintains its benefit plans on an ongoing basis, AUXO Solutions reserves the right to terminate or amend each plan, in its entirety or in any part at any time.