

BENEFITS



2026 

TEAM MEMBER BENEFITS GUIDE

OUR MISSION:

“TO IMPROVE THE HEALTH
AND ECONOMIC VITALITY
OF THE COMMUNITIES
WE SERVE”





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WELCOME

Your health and wellbeing are important to us at The Sports Facilities Companies, and this includes providing you with a comprehensive benefits program that meets your needs. This booklet provides an overview of the benefits offered through The Sports Facilities Companies. We partner with Weatherford Insurance to administer our benefits package, and our Benefits Team is ready to help with any questions you have!

ELIGIBILITY

All regular full-time team members and those identified as FTE working at least 30 hours per week during the annual “lookback period” can select benefits effective January 1st. New hires have a 30-day window to make their elections effective the first of the month following 30 days of service. **Those experiencing a change in employment status have until the last day of the month** to enroll for benefits effective the first of the month after date of status change. You can learn more about our “lookback period” in our Handbook. Dependent children may be covered until the end of the calendar month in which they turn 26 years of age.

ANNUAL ELECTION NOTICE

You may only enroll or make changes to your coverage at time of hire or during annual Open Enrollment, unless you experience a “Qualifying Life Event.” **You have 30 days from the date of the event to make any changes.** Qualifying Life Events include:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or separation
- Promoted from part-time to full-time
- Loss of other group coverage

Note: Any premium associated with your elections will be due upon the effective date of coverage.
See Handbook for further details.

Disclaimer:

The Benefits Plan is a Section 125 Cafeteria Plan: most premiums for elected lines of coverage are withheld from your income on a pre-tax basis. Taxable income is reduced by the amount contributed, so you pay less in taxes and have more take-home pay. This booklet is a summary of your benefit plans. Refer to your SBC, SPD and Plan Document for plan details. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

Benefits Rating Report



GREAT BENEFITS COMPARED TO COMPANIES LIKE YOU:

AVERAGE ANNUAL BENEFITS INVESTMENT:



Industry:
Recreation Management
Member of the hotels and recreational services industry

Size:
500+ Employees

Region:
All Region Average

Average investment across an individual and family

\$16,500

Individual Plan	\$15,000
Family Plan	\$18,000

This report evaluates the competitiveness of your employer’s benefits package compared to other employers in your industry, region, and size. It assigns a standard dollar value to benefit plans and compares it to your benchmarking group. This provides an objective, pay-neutral analysis of your employer’s benefit plan.

Segment	Structure	Summary
Medical	% Premium Coverage	On average, your employer covers 81% of the employee’s medical expenses for an individual and 40% for a family which is a significant percentage of your annual costs. These benefits are valued at approximately \$8,000 in addition to your compensation.
	Individual - 81%	
Ancillary	Family - 40%	Your employer provides a comprehensive list of ancillary benefits including dental, vision, life, and disability. Although these benefits are not required, your employer chooses to make them available.
	✓ Dental	
	✓ Vision	
	✓ Life	
Leave	✓ Disability	Your company provides significantly better leave benefits compared to other similar companies. Let’s celebrate this flexibility!
	✓ 13 days leave	
Retirement	✓ 10 holidays	Your employer offers extra contributions to your retirement. Take full advantage of this opportunity.
	✓ 401k - 4% average match	
Market Leading		

Mployer is an independent service that benchmarks employers benefit plans against a specific cohort of similar employers in their industry, size group, and region, with over 15,000 plans from the past 12 months and updates throughout the year. Plans are rated across five categories. Market Laggard, Below Market, Market Competitive, Market Leading, and Top Benefits. Our unbiased ratings aim to simplify employee benefits, providing clarity and transparency for employees and employers. To learn more, go to MployerAdvisor.com.

BENEFITS PROGRAM OVERVIEW



MEDICAL

Choose from three plans; Silver, Platinum or HSA plan with Nationwide coverage

- HSA plan does require a biweekly contribution from the team member in order to receive the company match.



DENTAL

- Two PPO dental plans to choose from; Silver and Platinum
- Child orthodontia included in Platinum Plan; under 19 years of age

VISION

- Nationwide VSP network
- Save money on eye exams, glasses, and contacts

BASIC LIFE & AD&D INSURANCE

- \$25,000 policy is provided at NO COST TO THE TEAM MEMBER

SUPPLEMENTAL LIFE & AD&D INSURANCE

- Additional life insurance for you and your family can be purchased

DISABILITY INSURANCE

- Short-Term Disability: This benefit provides 60% of pre-disability earnings (tax free), up to \$1,000 per week, beginning on the 8th day after disability occurs
- Long-Term Disability: This benefit provides 60% of pre-disability earnings (tax free), up to \$6,000 per month, beginning on the 91st day after disability occurs

ACCIDENT INSURANCE

- Receive a cash benefit if you have an injury due to an accident off-the-job

CRITICAL ILLNESS INSURANCE

- Receive a cash benefit for qualifying illnesses



HEALTH SAVINGS ACCOUNT - HSA

- Save pre-tax dollars in a Health Savings Account with an HSA health plan.

FLEXIBLE SPENDING ACCOUNT - FSA

- **Medical-** Save pre-tax dollars for eligible Medical expenses
- **Dependent Care-** Save pre-tax dollars for eligible Dependent Care expenses

TRANSPORTATION MANAGEMENT ACCOUNT - TMA

- **Transit-** Save pre-tax dollars for eligible mass transit expenses
- **Parking-** Save pre-tax dollars for eligible parking expenses



MEDICAL BENEFITS

2026	HSA PLAN	SILVER	PLATINUM
Deductible (Individual/Family)	\$3,500 / \$7,000	\$4,000 / \$8,000	\$2,000 / \$4,000
Out-of-Pocket Max (Individual/Family)	\$8,700* / \$13,600	\$8,700 / \$17,400	\$5,250 / \$10,500
Coinsurance	80% / 20%	70% / 30%	100% / 0%
Primary Care Physician	20% after Ded.	\$50 Copay	\$20 Copay
Specialist Physician	20% after Ded.	\$80 Copay	\$40 Copay
Well Care (Preventive)	No Charge	No Charge	No Charge
Prescription Drugs	Ded. then \$5 / \$25 / \$50	\$10 / \$50 / \$80	\$10 / \$35 / \$60
Urgent Care	20% after Ded.	\$100 Copay	\$50 Copay
Emergency Room	20% after Ded.	\$500 Copay (waived if admitted)	\$300 Copay (waived if admitted)
Independent Lab	No Charge**	No Charge	No Charge
Basic Imaging	No Charge**	No Charge	No Charge
Complex Imaging- MRI, CT, PET Scan	20% after Ded.	\$300 Copay	\$200 Copay
Outpatient Surgery	20% after Ded.	30% after Ded.	No Charge
Hospitalization	20% after Ded.	30% after Ded.	No Charge
MD Live - Urgent Care	No Charge	No Charge	No Charge

* HSA Team Member Only Plan has \$6,800 Out-of-Pocket Max

** No charge for preventative services only, diagnostic services will be billed at the negotiated rate

RATES PER PAY PERIOD - BI-WEEKLY*

Team Member Only	\$20.00	\$58.40	\$95.30
Team Member/Spouse	\$266.11	\$326.13	\$378.75
Team Member/Child(ren)	\$243.92	\$302.18	\$354.11
Team Member/Family	\$466.93	\$518.27	\$610.02

*Rates shown are bi-weekly. Team members in certain states are paid weekly due to state law. Weekly premiums are half the bi-weekly rate in those states.

HSA EMPLOYER 100% BI-WEEKLY MATCH UP TO:

Team Member Only	\$20.00
Team Member/Spouse	\$20.00
Team Member/Child(ren)	\$30.00
Team Member/Family	\$60.00

SCENARIO



	HSA		SILVER	PLATINUM
Single coverage biweekly* deduction	\$20.00	Single coverage	\$58.40	\$95.30
X 26 biweekly* pays = Annual Premium	\$520.00	X 26 biweekly* pays = Annual Premium	\$1,518.40	\$2,477.80
Team Member biweekly* pre-tax contribution	\$50.00	HSA contribution not available	N/A	N/A
x 26 biweekly* pays = Annual Contribution	\$1,300.00	HSA contribution not available	N/A	N/A
Total Out of Pocket*	\$1,820.00		\$1,518.40	\$2,477.80
Employer Match (max.) \$20.00 PPP*	\$520.00		N/A	N/A
Available to Spend in HSA Account	\$1,820.00	Out of Pocket Premiums	\$1,518.40	\$2,477.80
Visit to Doctor (est.)	\$200.00	Visit to Doctor (est.)	\$50.00	\$20.00
Complex imaging- MRI, CT, PET (est.)	\$500.00	Complex imaging- MRI, CT, PET (est.)	\$300.00	\$200.00
Prescription	\$57.23	Prescription	\$10.00	\$10.00
Available to Spend in HSA Account	\$1,062.77	Out of Pocket	\$1,878.40	\$2,707.80
Note: HSA funds rolls over from year to year				
DEDUCTIBLE	\$3,500.00	DEDUCTIBLE	\$4,000.00	\$2,000.00
Post Deductible	80% / 20%	Post Deductible	70% / 30%	100% / 0%
Max. Out of Pocket	\$6,800.00	Max. Out of Pocket	\$8,700.00	\$5,250.00

* Premium payments and contributions are based on 26 bi-weekly pay periods. Team members in certain states are paid weekly due to state law.

WE'VE GOT YOU COVERED WITH YOUR MEMBERSHIP CARD



Your BCBSF membership card contains important information that helps providers and pharmacists apply your benefits correctly. Keep it with you at all times or download a digital ID card to keep on your smartphone. A health care provider usually will ask to see your insurance card at the beginning of your visit.

BlueCross® BlueShield®

SUBSCRIBER'S FIRST NAME
SUBSCRIBER'S LAST NAME

Member ID
XXX123456789012

RxBIN 021684
RxGRP BXMN

MyHealthToolkitFL.com

TIER 1 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
TIER 2 DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
IN-NETWORK DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX
OUT-OF-NETWORK DEDUCTIBLE	\$XX,XXX
OUT OF POCKET	\$XX,XXX

NetworkBlueSM PPO[®]



Convenient option: your digital ID

It's all about convenience! Your digital ID card has the same information as the card you receive in the mail, but you can:

- ◆ View the digital ID on a smartphone, tablet or computer.
- ◆ Email the card to a spouse, child, doctor's office or pharmacy.
- ◆ Print the card from a smartphone, tablet or computer and use the printout just like a plastic card.

Accessing your digital ID

- ◆  From a computer or mobile device, log in to **My Health Toolkit**.
- ◆ Follow the prompts to select/view your insurance ID card.

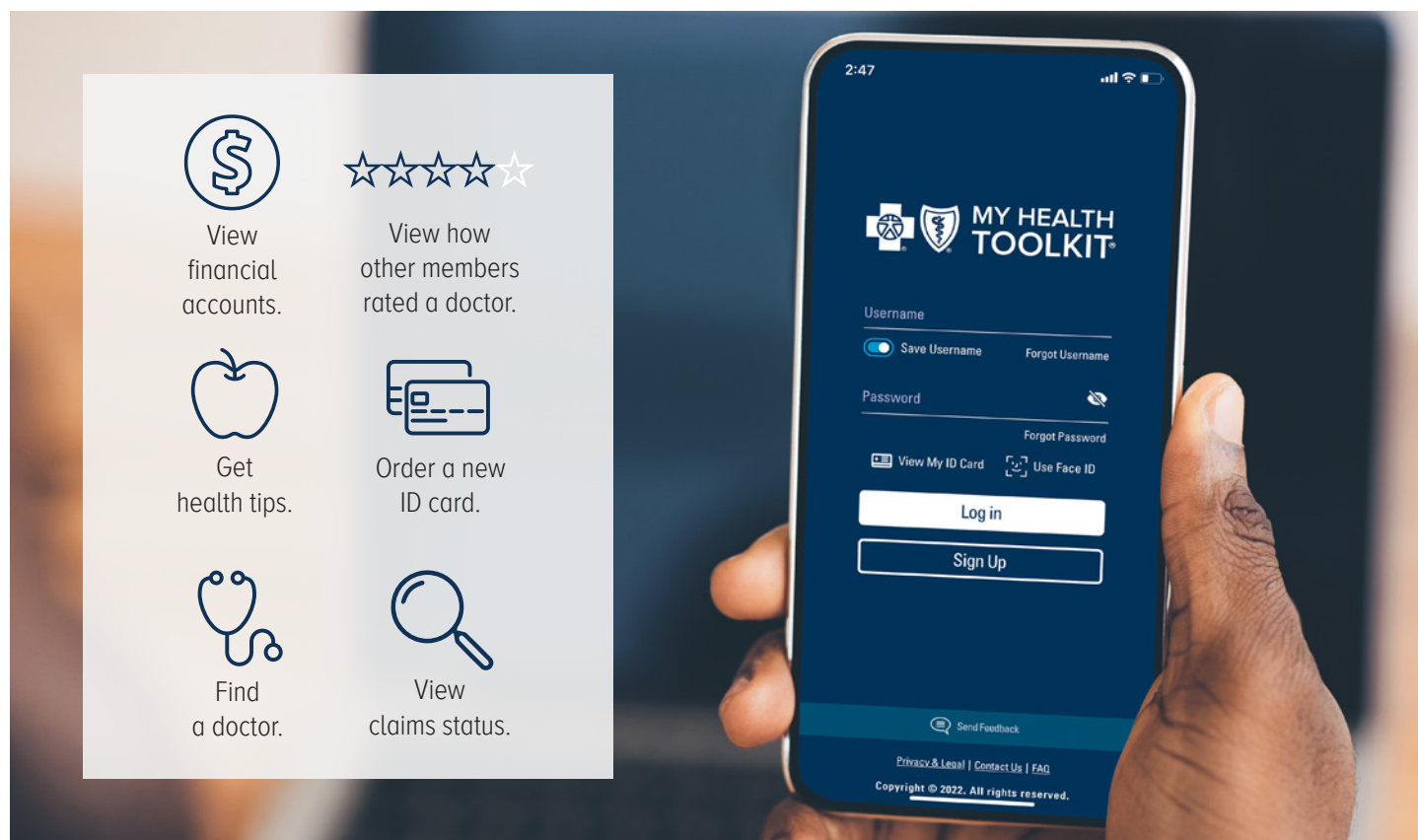
TRY THIS SHORTCUT



Get easy access to your benefits information by downloading the My Health Toolkit® mobile app today! It's free on the App Store or Google Play.



Register quickly through the app using your birth date plus your member ID number or Social Security number. Or just log in if you're already a My Health Toolkit user.



Your account homepage will link you to all of the helpful resources included with your health benefits plan.

Now you have anywhere, anytime access to your benefits information, including claims, discounts and how you prefer to be contacted.

Rather get My Health Toolkit from a desktop or laptop computer?

Go to www.MyHealthToolkitFL.com and then:

- ◆ Select **Create An Account** within the **Member Login** section.
- ◆ Enter your **member ID** (from your ID card).
- ◆ Follow the instructions to create your profile, or use the subscriber's Social Security number and your birthdate.

THE RIGHT CARE FOR YOU AND YOUR FAMILY

When you or your family need specialty care, you want access to providers who best fit your needs. Choosing the right doctor or hospital is important. Some doctors and hospitals may have more expertise in certain areas of specialty care than others, which can impact the quality and results of the care you receive.

That's why Blue Cross and Blue Shield companies created a national recognition program—Blue Distinction Specialty Care—to make it easier for you to find quality care that's right for you.

RECOGNIZING QUALITY AND VALUE

Hospitals and doctors are recognized through Blue Distinction, with two designations available across eleven areas of specialty care:

**Blue
Distinction[®]
Center**

Demonstrate quality care and treatment expertise

**Blue
Distinction[®]
Center+**

Demonstrate more affordable care in addition to quality care and treatment expertise

- Bariatric Surgery
- Cancer Care*
- Cardiac Care
- Cellular Immunotherapy - CAR-T*
- Fertility Care
- Gene Therapy*
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Substance Use Treatment and Recovery*
- Transplants

Quality is key. Only those providers that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.

*Blue Distinction Center designation only.

EVALUATING WHAT MATTERS

Blue Distinction Center and Blue Distinction Center+ designations are awarded to doctors and hospitals based on a thorough, objective evaluation of their performance in the areas that matter most—quality care and treatment expertise. Blue Distinction designated providers have a proven history of delivering better quality care than those without these recognitions.

FINDING A BLUE DISTINCTION CENTER NEAR YOU

Blue Distinction Centers and Blue Distinction Centers+ are available nationwide—and finding one is easy. To locate a provider:



- Visit the National Doctor and Hospital FinderSM (provider.bcbs.com)
- Visit the Blue Distinction Center FinderSM (bcbs.com/blue-distinction-center/facility)



- Call the toll-free number on your membership card

Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

Blue Cross and Blue Shield of Georgia, an Independent Licensee of the Blue Cross and Blue Shield Association.

April 2020

Guide to Your Pharmacy Benefits



Who is RxBenefits?

Birmingham, AL-based RxBenefits is the industry's first and only pharmacy benefits optimizer (PBO), dedicated to helping clients contain rising pharmacy costs while ensuring team members have access to affordable, high-quality prescription medications. Our team of more than 1,000 multidisciplinary experts are dedicated to improving your safety, lowering overall drug costs, and helping you make the most of your prescription drug coverage.

How do I use my pharmacy benefits?

Your pharmacy benefits are a component of your company's insurance coverage plan and are designed to help you conveniently access your prescriptions at the best cost. Your pharmacy benefits give you access to a large retail pharmacy network that includes thousands of pharmacies throughout the U.S. That means you have convenient access to your prescriptions wherever you are – at home, at work, or even on vacation. Simply present your benefits ID card and prescription at a retail pharmacy in your plan's network. The pharmacist can use your prescription and member information to determine whether the medication you have been prescribed is covered by your plan, as well as your copayment or coinsurance.

Note: If you choose a out-of-network pharmacy, you'll pay the full cost of your prescription upfront. Then, you'll need to submit a claim to your PBM for reimbursement. You can do this on your PBM's website, which you can access through a link in your My RxBenefits member portal.

What is a drug list/formulary?

All prescription benefits plans, including yours, use a "formulary" that may also be referred to as a drug list. The formulary/drug list contains brand-name and generic medications covered by your plan. If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about switching to a covered alternative.

You can confirm whether a particular medication is covered under your formulary/drug list on the My RxBenefits member portal, by chatting with Member Services, or calling the Member Services number on the back of your ID card. You can also refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

Can my prescription be switched to a drug with a lower copayment?

If your provider prescribes a brand-name drug, you can ask them about switching to a lower-cost generic. You can also select lower-cost options from your PBM's website, where you manage your current prescriptions, along with information you can use to discuss switching your prescription with your provider.

What is a prior authorization?

Certain prescription drugs may require a prior authorization (PA) review before you can fill the prescription under your insurance coverage. When a medication requires a PA, your healthcare provider will need to submit a request along with supporting documentation which could include chart notes and lab work. A clinician will review these to ensure the medication is being prescribed in accordance with FDA approval criteria and clinical best practices, and that it is covered by your plan. If you use home delivery, your provider must obtain a PA before you can fill your prescription.

We never want you to go without appropriate medication to treat your condition. If you are having trouble filling a prescription, please contact Member Services via the My RxBenefits member portal or by calling the number on the back of your ID card. We will assist you and your healthcare provider in getting the PA processed promptly.

How do I order medications using home delivery?

With home delivery you can safely and conveniently have your prescriptions delivered to you. This can help ensure you don't miss a dose. Simply ask your provider to send your prescription to your PBM's mail-order pharmacy, visit optumrx.com, or call the toll-free number on your member ID card to speak to a customer service advocate.

I am going to be out of town for an extended period. How do I ensure I have medication during that time?

If you are going to be out of town for an extended period and need extra medication, contact Member Services either through the My RxBenefits member portal or by calling the number on the back of your member ID card to request a vacation override. You must provide the Member Services representative with both the date you are leaving and the date you are returning. RxBenefits will override the quantity limits, and you can pick up your medication at your local pharmacy.

We are here to help

- **Chat:** With a live agent by registering for the RxBenefits member portal at Member.RxBenefits.com, Monday-Friday, 9:00 a.m. to 6:00 p.m. Central
- **Email:** CustomerCare@RxBenefits.com, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central
- **Call:** Talk to RxBenefits Member Services at 1-800-334-8134, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central



Access your pharmacy benefits information 24/7 from any device by registering on the My RxBenefits member portal at **Member.RxBenefits.com**.

Once registered, you can view and download your ID card, set up your communication preferences, access real-time prior authorization status and up to 18 months of PA and claims history, chat with a live agent, and so much more.





International Pharmacy Program

\$0 copay available on over 100 brand-name medications when ordered through RxManage

The International Program allows you to order from a formulary of over 100 medications*. Have a 30-day supply of each medication before placing your first order. Receive your order 10-15 working days after the order has shipped.

About RxManage

RxManage removes the borders and barriers to medications. We source from dispensing pharmacies in New Zealand, Australia, United Kingdom, and Canada.

Using the QR code below, you can easily order brand-name medications. They will be delivered to your home and dispensed safely and accurately by our international network of doctors and pharmacists in Tier 1 countries. We also offer automatic refills, so you'll never run out.

*Drug Coverage Subject to Change

90 90-day supply

 **Email us at**
inquiries@rxmanage.com

 **Order online**
Use QR code

 **Order by phone**
1-800-883-8841

Ordering is easy!

Submit your order using the QR code below or via our call center.

The RxManage call center is open 9am - 9pm Monday to Friday (EST) and 9am - 4pm Saturday and Sunday to answer simple questions or take your orders.



rxmanage.com



How to access your medication with ease

RxManage helps you get brand-name medications delivered right to your home, safely dispensed by our network of international doctors and pharmacists in Tier 1 countries. We also offer automatic refills, so you'll never run out.



GET IN TOUCH

 1-800-883-8841

 www.rxmanage.com

STEP ONE

Check the **RxManage formulary** if you have a copy, or call us at 1-800-883-8841 to confirm if your medication is listed.

STEP TWO

If you see your medication, scan the QR code (on the left) or call the call center at **1-800-883-8841** to create an account and get your order started.

STEP THREE

Email, upload, or fax your prescription to 1-800-883-1814. If you prefer, we can request one from your doctor. Just include your doctor's name and phone/fax number in your order comment with the note "Please contact my doctor."

Quick Tip: Take a photo of your prescription and email it to us or upload it to your account.

STEP FOUR

If you're ordering refrigerated medication, we'll need ID documents. Please provide an image of your passport or ID (driver's license or state-issued ID card). Send these to us as you would your prescription.

STEP FIVE

Our team will notify you once we have everything needed to get your order underway.

STEP SIX

Shipping takes **10-15 working days** for all medications other than those needing refrigeration, which **take 3-5 days**.



GoodRx

Save BIG on Prescriptions with GoodRx!

Compare prices. Save instantly.
Watch your savings stack up.



Get the app
or visit
[GoodRx.com](https://www.GoodRx.com)



What is GoodRx?

GoodRx helps you find the **lowest prescription prices** at pharmacies near you. It's **free for everyone** – no sign-ups, no fees, no insurance required. Many team members save **up to 80%** on their medications.

How it Works?

Search for your medication.
Compare prices at local pharmacies.
Show the GoodRx coupon at checkout.
Save instantly – no waiting, no paperwork.

Why Use GoodRx?

GoodRx works **with** or **without** insurance – use it when it offers a better price than your copay. It's accepted at **70,000+ pharmacies** nationwide. **Coupons** are great for uncovered prescriptions, high deductible plans, or when you do not have health insurance coverage.

HELPFUL TERMS

Words commonly used in health care



Health care lingo can be confusing. Here are some terms you might need to know.

Claim: A request for payment that you or your health care provider submits to your health insurance company after you receive services.

Copay (or copayment): A set rate you pay for doctor visits, prescriptions and other types of care. For example, you might pay \$20 for a doctor visit and \$5 for a generic prescription.

Deductible: The set amount you pay for medical services and prescriptions before your coinsurance kicks in fully. For example, you'd meet a \$1,000 deductible after your payments for various medical services add up to \$1,000.

Coinsurance: The percentage of covered health care costs you pay after you've met your deductible. For example, you might pay 20 percent at that point, and your plan pays 80 percent.

Network: The facilities, providers and suppliers your health plan contracts with to provide health care services. You will typically pay less for services received in network versus out of network.

Out of pocket: Your costs for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services, plus costs for services that aren't covered.

Subscriber: The person who enrolls in a health plan. There is only one subscriber per health plan. The subscriber can add eligible dependents to a family health plan.

Prior authorization: A decision verifying that a service, prescription drug or type of treatment is medically necessary. Certain services and medications require prior authorization before you receive them, except in an emergency.

Premium: The amount you pay for your health plan's coverage, usually every two weeks or monthly.



Primary care physician (PCP): The main doctor and primary contact for your health care services.

Specialist: A doctor or health care professional who focuses on a specific area of medicine. For example, orthopedic surgeons, dermatologists and cardiologists are specialists.

Telehealth: Allows a patient to connect with a health care provider with virtual visits through an electronic device such as a smartphone or computer. Licensed telehealth providers offer nonemergency consultations for a variety of conditions and can prescribe medication when appropriate.

WHERE SHOULD YOU GO WHEN YOU NEED CARE?

Your primary care physician should be your first call for routine medical care. But what if your doctor's office is closed? Or it may be an emergency?

Here are tips to help you choose the right type of care for various situations:

Doctor's Office	Urgent Care Center	Emergency Room
 Your primary care physician, or regular doctor, is the best option for routine medical care like: ◆ Annual checkups, physicals ◆ Health screenings, immunizations ◆ Prescription refills And unexpected health issues, if they can wait a day, like: ◆ Sprained muscles ◆ Minor cuts and bruises ◆ Cold and flu symptoms, including fever, coughing, sore throat and mild nausea ◆ Sinus or respiratory infections ◆ Urinary tract infections ◆ Seasonal allergies ◆ Pinkeye ◆ Migraines ◆ Rashes, insect bites, sunburn, other skin irritations	 If you can't wait for an appointment with your regular doctor, an urgent care center may be your best option for unexpected health issues like: ◆ Minor fractures and sprains, especially if an X-ray is required ◆ Minor cuts and animal bites, especially if stitches may be required ◆ Cold and flu symptoms, including fever, coughing, sore throat and mild nausea ◆ Sinus or respiratory infections ◆ Urinary tract infections ◆ Seasonal allergies ◆ Pinkeye ◆ Migraines ◆ Rashes, insect bites, sunburn and other skin irritations	 Go to the ER or call 911 for potentially life-threatening conditions like: ◆ Heavy, uncontrolled bleeding ◆ Signs of a heart attack, like chest pain that lasts more than two minutes ◆ Signs of stroke, such as numbness, sudden loss of speech or vision ◆ Loss of consciousness or sudden dizziness ◆ Major injuries such as broken bones or head trauma ◆ Coughing up or vomiting blood ◆ Severe allergic reactions



FAST, HASSLE-FREE HEALTH CARE

Virtual appointments are part of your benefits

You have access to telehealth. MDLIVE's national network of board-certified doctors provides convenient, personalized care. No surprise costs. No hassle.



Using MDLIVE is as easy as 1-2-3:

- 1 Log in to [My Health Toolkit](#)® to get started. From your desktop, select [Providers & Services](#), then [Telehealth](#). From the My Health Toolkit app, select [Find Care](#), then [Video Visit](#).
- 2 Request an appointment.
- 3 Feel better faster.

MDLIVE®

MDLIVE is an independent company that provides a telehealth platform on behalf of your health plan.
Copyright © 2024 MDLIVE Inc. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE Inc.

Comprehensive & Affordable Health Benefit Offering



HSA popularity on the rise

It's no surprise the adoption of HSAs is on the rise with the numerous benefits they provide team members. With the triple tax advantage, funds go in tax-free, grow tax-free, and are distributed tax-free for qualified medical, dental, and expenses.



individually owned,
portable accounts



rollover of
unused funds

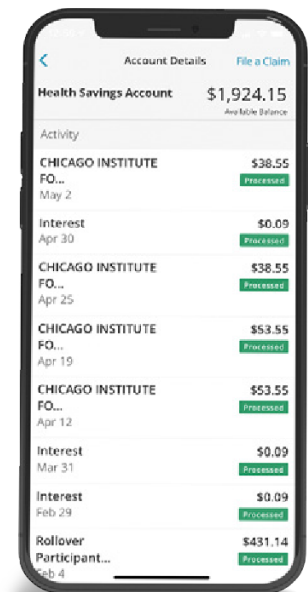


triple tax
savings



investment
options

Beyond providing savings in the immediate year, financial advisors say picking a high-deductible health plan with a health savings account can be a smart way to save for retirement—and future healthcare costs.

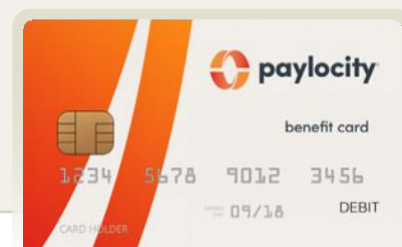


Access to funds at your fingertips!

Paylocity's Debit Smart Card gives team members instant access to their elected funds on a single card. Paying for qualified medical, dental, vision, and commuter expenses has never been easier than with a debit card loaded with your account balances from multiple plans.

No more hassle. Paired with an HSA, the Paylocity Debit Smart Card allows team members to:

- Stay compliant with IRS guidelines by using the benefit card on qualified expenses
- No more claims forms
- Eliminate the need to pay out-of-pocket for qualified expenses



USING YOUR FSA



YOUR OPTIONS

Healthcare FSAs provide reimbursement for out-of-pocket medical, dental, and vision care expenses, such as deductibles, prescriptions, check-ups, and more.

Dependent Care FSAs help pay for eligible child and adult care services, such as preschool, before or after school programs, daycare, summer camps (not overnight camps), and more. Eligibility includes:

- a child under the age of 13, or
- a child, spouse, or other dependent who is physically or mentally incapable of self-care and resides with you for more than half the year and regularly spends at least 8 hours a day in your home.



LEFTOVER FUNDS

Your plan includes a 75 day grace period option. The grace period option allows for an extended period of time at the end of the plan year in which you can continue to incur expenses to use your remaining FSA balance. Refer to your Summary Plan Description (SPD) for detailed information regarding your plan.

BY REDUCING YOUR TAXABLE INCOME WITH AN FSA, **YOU SAVE** FICA, FEDERAL, STATE, AND LOCAL TAXES AND INCREASE YOUR TAKE-HOME PAY.

HOW IT WORKS

Example: An employee makes \$2,000 each month and decides to participate in their employer's Flexible Spending Account. As a result, their insurance premiums and health and daycare expenses are paid with tax-free dollars, giving them an additional \$100 each month!

Without the Plan

Monthly Expenses	
Employee's Gross Earnings	\$2,000
FICA, Federal, State Taxes	- \$500
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Net Earnings	\$1,100

With the Plan

Monthly Expenses	
Employee's Gross Earnings	\$2,000
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Adjusted Gross Earnings	\$1,600
FICA, Federal, State Taxes	- \$400
Net Earnings	\$1,200

FSA's MADE EASY

You have 24/7 access to your FSA benefit plan and funds. With the self-service portals, modern mobile app, and debit smart card, manage your account anywhere, anytime. We make accessing TPA benefit plans convenient and intuitive with:



Self-Service Employee Portal

Fully engage with benefit accounts and funds with our HIPAA-compliant portal. Enroll in benefits, submit claims, upload receipts, track expenses, view balances and activity, and much more.



Mobile App

Conveniently access your FSA balances, submit claims, and more with our Mobile App! Rest easy knowing sensitive account information is never stored on the device and secure encryption is used to protect all transmissions.



Debit Smart Card

Pay for qualified expenses with a debit card loaded with account balances. No more claim forms. No more paying out-of-pocket. No more hassle.

FSA, HSA, HRA, 213D

Eligible Medical Expenses

Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses.*

- Acupuncture
- Addition treatments smoking, alcohol, & drug therapy
- Ambulance fees
- Braille books and magazines
- Breast Pump
- Chidbirth classes mother-to-be expenses only
- Chiropractic & osteopath care
- Coinsurance
- Contact lenses, solutions, & cleaners
- CPAP devices and apparatus cleaner
- Deductibles
- Dental & orthodontia fees
- Diagnostic & laboratory testing fees
- Eyeglasses with prescription
- Guide dog
- Hearing aids & batteries
- Hospital bills
- Insulin & diabetic supplies
- Laser eye surgery
- Mobility Aids crutches, wheelchairs, etc.
- Nurse fees
- Obstetrical expenses
- Oxygen
- Physician fees
- Psychologist fees or individual therapy
- Routine physicals
- Special communication equipment for the deaf
- Surgical & operation fees
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Tuition at special school for learning disabled requires a letter of medical necessity
- X-rays

*Eligible items subject to change

Over-The-Counter Items

Eligible without a doctor's prescription

- Acid controllers
- Allergy & sinus
- Antibiotic products
- Anti-itch & insect bite
- Anti-parasitic treatments
- Asthma flow meters
- Band-aids
- Blood pressure monitors
- Callous, corn, & wart removers
- Cholesterol tests
- Cold sore remedies
- Contact lens solution
- Cough, cold, & flu
- Crutches
- Diabetes care: blood test strips, glucose kits, monitors, and tests
- First aid kits
- Gauze & gauze pads
- Heating pads
- Hemorrhoidal preps
- Incontinence supplies for adults
- Medical bracelets/necklaces
- Medical tape
- Menstrual products
- Nasal strips
- Nebulizers
- Ointments
- Orthopedic shoe inserts
- Pain relief
- Reading glasses
- Respiratory treatments
- Rubbing Alcohol
- Sleep aids
- Stomach remedies
- Sunburn Creams
- Sunscreen (SPF 15+)
- Supports & braces
- Thermometers

Expenses That May Not Be Claimed

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants, or treatments including Retin-A or vein surgery. [To be eligible, treatments must be proven medically necessary.]
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Insurance premiums, including contact lens insurance programs
- Hygiene items
- Expenses reimbursed by an HSA or HRA

Dual Use

Requires doctors letter – To be eligible, treatments must be proven medically necessary.

- | | | |
|--|---------------------------------------|---|
| • Accommodations made for disabling medical conditions | • Foot spa | • Orthopedic shoes only the cost above a regular shoe qualifies |
| • Activity trackers* | • Gloves and masks | • Special supplements |
| • Baby Rash Ointments | • Herbs | • Weight Loss Programs |
| • Feminine anti-Fungal/anti-itch | • Humidifier | |
| | • Massagers | |
| | • Minerals, vitamins, & multivitamins | |

Note: Plan restrictions may apply. Check with your plan administrator.

For more information please contact us at batinfo@paylocity.com

USING YOUR HSA/FSA FOR ORTHODONTIA

You can use your healthcare Flexible Spending Account (FSA) to pay for your eligible orthodontia expenses. Please see the commonly asked questions below.

Who is eligible?

- You, your spouse and your eligible dependents

What is eligible?

- Only the portion of your orthodontic expense not paid by your dental insurance or any other plan is considered an eligible expense.
- It is recommended to verify in advance what portion of the expense the dental insurance and/or any other plan will approve for payment. Use your FSA benefit to pay for only the balance you will be responsible for paying out of pocket.

How do I pay for my orthodontic services?

- Pay for services with your benefit card
- Pay for services out of pocket and request reimbursement via portal, mobile, app, or claim form.

I received a discount from the orthodontia office for services by paying the full amount due upon banding. Can I be reimbursed this full amount?

- The FSA plan reimburses based on date of service/treatment. In regards to orthodontia the banding date is considered the date of service. You are able to use the funds available in the plan year corresponding to the date of service to pay for expenses.

I set up a payment plan to pay for orthodontia services. The plan is set to extend over more than one year. Am I able to use FSA funds from more than one plan year?

- The FSA plan reimburses based on date of service/treatment. Orthodontia is considered ongoing treatment therefore you are able to pay the monthly amount due in the plan year corresponding to the date of service.

What documentation is required to request reimbursement?

- To request reimbursement please provide documentation verifying (1) provider's name (2) patient name (3) description of service (4) amount due. For orthodontic services, a copy of the original contract is recommended

Should I submit documentation if I use my benefit card to pay for my services?

- As noted in the benefit card terms and conditions, save the detailed receipts AND payment contract documents provided by your orthodontist. To be compliant with the benefit, Paylocity may send a request for this documentation to verify your eligible expense.

What should I do if my insurance pays more than expected?

- If your other plan (Dental insurance) pays more than expected after you have received reimbursement from your account, then you are responsible for paying the "covered" portion back to your account.



Your One–Stop Shop for Eligible Health Essentials!

- **100% Eligibility Guarantee**

Every product is guaranteed to be HSA– or FSA– eligible. If an item you buy isn't accepted by your HSA or FSA, you will be refunded – no questions asked.

- **Earn Rewards While You Shop**

Join our free rewards program and earn points on every purchase. Use your points for discounts on future orders.

- **Free Shipping**

Get free shipping on all orders over \$50.00 after coupons and tax.

- **Products for a Variety Healthcare Needs**

First aid, baby care, weight loss, dermatology, eye care, and more!

Visit [HSAStore.com](https://www.HSAStore.com) or [FSAStore.com](https://www.FSAStore.com) to start shopping today!

TRANSPORTATION MANAGEMENT ACCOUNT (TMA)

Save on Work-Related Parking & Transit

WHAT IS A TMA PROGRAM?

A TMA is a pre-tax benefit that allows team members to pay for **work-related** transportation and parking expenses. This account reimburses team members for expenses such as buses, vanpooling, and subway or commuter-train costs. Not only does a TMA offer team members a way to save money on daily expenses, but also provides a green alternative that helps the environment!

Team Members who participate in the TMA program have increased spending power and substantial tax savings because they are using tax-free dollars to pay for qualified expenses.

WHAT PLANS CAN BE OFFERED UNDER AN TMA?

There are two plans offered under a TMA: Parking and Transit. In 2026, team members are eligible to contribute up to \$340 monthly to each plan.

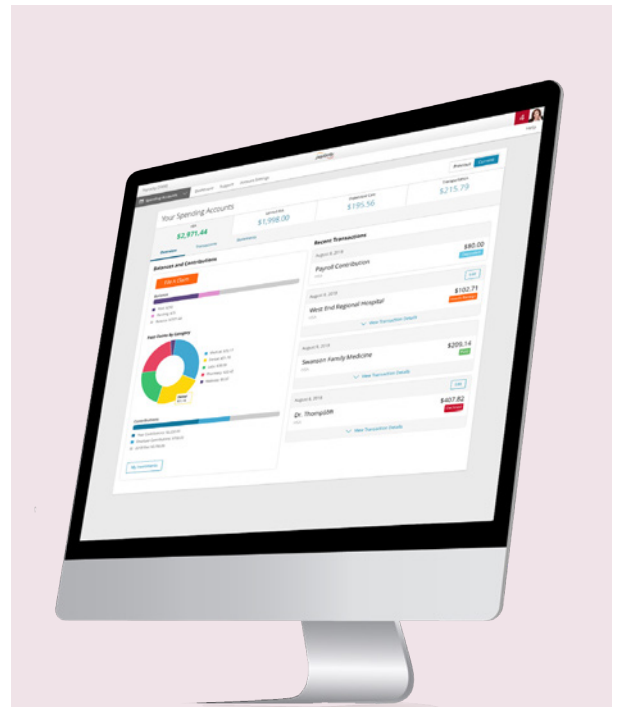
The Parking plan reimburses team members for parking expenses related to work such as paying to park in a parking garage at or near the their place of employment. Under the Parking plan, expenses such as parking at or near a mass transit station are also reimbursable.

The Transit plan provides reimbursement for work-related transit expenses such as bus, ferry, and subway fares.

Team members should estimate their monthly transportation and/or parking expenses. This amount will be evenly deducted from their paycheck on a pre-tax basis each pay period.

Team members are allowed to make changes to their election once monthly at anytime throughout the year. Any unused funds are rolled over from month-to-month.

Team Members use Paylocity's Debit Smart Card to pay for qualified parking/transit expenses at approved merchants. If participants are unable to use their card for purchases, they may submit a claim for reimbursement. Expenses will only be paid up to the amount available in their account.



THE PAYLOCITY DIFFERENCE

With Paylocity's game-changing benefit administration technology, you can offer the same great TMA, but with an easily accessible, enhanced team member experience. Because this program is through Paylocity, team members can access their TMA in the same place they request time off or view paystubs, streamlining disparate systems and time-consuming tasks.



TRANSPORTATION MANAGEMENT ACCOUNT (TMA) Eligible Expenses

Per IRS regulations, the following, while not intended to be complete, illustrates examples of eligible transportation and parking expenses. Expenses must be incurred during the Plan Year from which you are requesting reimbursement. Expenses are considered incurred when service is rendered, not when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered. Expenses are those incurred in connection with travel between the employee's residence and place of employment.

ELIGIBLE TRANSPORTATION EXPENSES



Any pass, token, farecard, voucher, or similar item that entitles a person to transportation on mass transit facilities.



Mass transit facilities may include: bus, ferry, rail, subway, monorail, streetcars, and tramcars, among others.



The three types of vanpools that may qualify as a qualified transportation fringe benefit are: employer-operated, employee-operated, and private or public transit-operated.

ELIGIBLE PARKING EXPENSES

Parking is "provided" to an employee if the employer pays (directly to a parking lot operator or by reimbursement to the employee), or the employer provides the parking on premises that it owns or leases.



Parking provided to an employee at or near the business premises of the employer.



Parking provided to an employee at or near a location from which the employee commutes to work by mass transit, vanpooling, or in a commuter highway vehicle, by car pool, or by any other means.

Note: Does not include parking at or near employee's home.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA) Eligible Expenses

Per IRS regulations, the following, while not intended to be complete, illustrates examples of eligible dependent care expenses. Expenses must be incurred during the Plan Year from which you are requesting reimbursement. Expenses are considered incurred when service is rendered, not when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered.

Note: Regardless of the amount of your claim, you will only be reimbursed up to the amount in your account at the time the claim was submitted. Therefore, you may need to continue to pay your provider prior to submitting a claim for reimbursement.

For additional information: https://www.irs.gov/publications/p503#en_US_2017_publink1000203267.

ELIGIBILITY RULES



Your child under the age of 13.



Your spouse or adult dependent (may include parent or relative) who is physically or mentally incapable of self-care and lived with you for more than half the year.

EXAMPLES OF ELIGIBLE EXPENSES



Adult Day Care



After School Programs



Preschool



Summer Day Camps (not overnight)



Welcome to Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1 Read through this information.

2 Find out more about your benefits.

3 Talk to your employer if you need help or have any questions.

Your coverage options



Dental insurance

Taking care of teeth and overall health



Vision insurance

Looking after your eyesight and related health issues



Life insurance

Protecting your family's financial future



Disability insurance

Coverage if you're temporarily unable to work



Critical illness insurance

Taking care of the expenses if you're critically ill



Accident insurance

Helping you cover expenses after an accident



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2021.

You will receive these benefits if you meet the conditions listed in the policy.

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Sports Facilities Companies LLC

ALL OTHER ELIGIBLE EMPLOYEES

2023-157076 (07/25)

Kit created 11/02/2023

Group number: 00057667



Your dental coverage

Option 1 or 2: Silver or Platinum plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Your Dental Plan	Option 1: Silver		Option 2: Platinum	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	80%	100%	80%
Basic Care	80%	80%	80%	80%
Major Care	50%	50%	50%	50%
Orthodontia	Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit	\$2000		\$4000	
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$800		\$1000	
Rollover Amount	\$400		\$500	
Rollover In-network Amount	\$600		\$750	
Rollover Account Limit	\$1500		\$1500	
Lifetime Orthodontia Maximum	Not Applicable		\$1000	
Dependent Age Limits	26 *		26 *	

***Family coverage** for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.

RATES PER PAY PERIOD - BI-WEEKLY*	SILVER	PLATINUM
Team Member Only	\$10.87	\$11.88
Team Member/Spouse	\$22.08	\$24.28
Team Member/Child(ren)	\$26.49	\$31.43
Team Member/Family	\$40.09	\$46.68

*Rates shown are bi-weekly. Team members in certain states are paid weekly due to state law. Weekly premiums are half the bi-weekly rate in those states.



Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: Silver <i>Plan pays (on average)</i>		Option 2: Platinum <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	80%	100%	80%
	Frequency:	2 in 12 Months		2 in 12 Months	
	Fluoride Treatments	100%	80%	100%	80%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	80%	100%	80%
	Sealants (per tooth)	100%	80%	100%	80%
	X-rays	100%	80%	100%	80%
Basic Care	Anesthesia*	80%	80%	80%	80%
	Fillings‡	80%	80%	80%	80%
	Periodontal Maintenance	80%	80%	80%	80%
	Frequency:	2 in 12 months		2 in 12 months	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%	80%	80%
	Simple Extractions	80%	80%	80%	80%
Major Care	Bridges and Dentures	50%	50%	50%	50%
	Dental Implants	50%	50%	50%	50%
	Inlays, Onlays, Veneers**	50%	50%	50%	50%
	Perio Surgery	50%	50%	50%	50%
	Root Canal	50%	50%	50%	50%
	Single Crowns	50%	50%	50%	50%
	Surgical Extractions	50%	50%	50%	50%
Orthodontia	Orthodontia	Not Covered		50%	50%
	Limits:			Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$2,000 Maximum claims reimbursement	\$800 Claims amount that determines rollover eligibility	\$400 Additional dollars added to a plan's annual maximum for future years	\$600 Additional dollars added if only in-network providers were used during the benefit year	\$1,500 The limit that cannot be exceeded within the maximum rollover account
\$4,000 Maximum claims reimbursement	\$1,000 Claims amount that determines rollover eligibility	\$500 Additional dollars added to a plan's annual maximum for future years	\$750 Additional dollars added if only in-network providers were used during the benefit year	\$1,500 The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2023 The Guardian Life Insurance Company of America.

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2023-158786 (07/25)



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.



Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services	You pay (after copay if applicable):	
	In-network	Out-of-network
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$200 ¹	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$110	
Contact Lenses (Elective)	Amount over \$200	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	Up to \$60	Not Applicable
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses) ^{‡‡}	Every calendar year	
Frames	Every calendar year	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- Family coverage for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands

RATES PER PAY PERIOD - BI-WEEKLY*

Team Member Only	Team Member/Spouse	Team Member/Child(ren)	Team Member/Family
\$3.18	\$6.05	\$7.07	\$9.96

*Rates shown are bi-weekly. Team members in certain states are paid weekly due to state law. Weekly premiums are half the bi-weekly rate in those states.



Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$25,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$300,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Not available
Spouse/Domestic Partner Benefit	N/A	\$5,000 increments to a maximum of \$150,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$25,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$150,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$25,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	35% at age 65 50% at age 70	35% at age 65 50% at age 70

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-I-R-LB-90, GP-I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.



Disability insurance

Short term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Partial income replacement

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **\$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **\$4,800** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Disability insurance

Long term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability may be more common than you might realize, and people can be unable to work for all sorts of different reasons. There are times when many disabilities can be caused by illness, including common conditions like heart disease and arthritis. However, many disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It helps ensure that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Partial income replacement

Jim suffers a heart attack that leaves him unable to work for two years.

Unpaid time off work: **24 months**

Elimination period: **6 months**

After a 6 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **\$2,000** of his monthly income for the remaining **18 months** of his disability or illness.

This gives him a total of **\$36,000** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your disability coverage

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum \$1000/week	60% of salary to maximum \$6000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	12 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage	We Guarantee Issue \$6000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary includes average bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



Your disability coverage

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract #s GP-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al;
GP-I-STD07-1.0 et al; GP-I-STD-15-1.0 et al. Contract #s
GP-I-LTD94-A,B,C-1.0 et al; GP-I-LTD2K-1.0 et al; GP-I-LTD07-1.0 et al; GP-I-LTD-15-1.0 et al.

Guardian's Group Short Term Disability and Long Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15, #GP-1-LTD07-1.0, et al, GP-1-LTD-15

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Sports Facilities Companies LLC

ALL OTHER ELIGIBLE EMPLOYEES

Kit created 11/02/2023

Group number: 00057667



Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300.**

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800.**

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s) Employee may choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments.

CONDITIONS

Cancer

	1 st OCCURRENCE	2 nd OCCURRENCE
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered

Vascular

Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%

Other

Organ Failure	100%	100%
Kidney Failure	100%	100%
Infectious Contagious Disease	30%	0%

ADDITIONAL CONDITIONS

1st OCCURRENCE ONLY

Addison's Disease	30%
ALS (Lou Gehrig's Disease)	100%
Alzheimer's Disease	50%
Coma	100%
Huntington's Disease	30%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Multiple Sclerosis	30%
Parkinson's Disease	100%
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs
Severe Burns	100%

Childhood Conditions

1st OCCURRENCE ONLY

Cerebral Palsy	100%
Cleft Lip/Palate	100%
Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%



Your critical illness coverage

CRITICAL ILLNESS

Type I Diabetes	100%
Spouse/Domestic Partner Benefit	May choose a lump sum benefit of \$2,500 to \$10,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: \$20,000 For a spouse: \$10,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after

Did you know?

Your Critical Illness plan will pay you and your covered dependents up to \$50 per year when you have at least one routine test performed. Common tests include blood glucose, blood cholesterol, colonoscopy, mammogram, stress test, pap smear, and more. See your Benefits Administrator for more details

WELLNESS BENEFIT

Team Member Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50



Your critical illness coverage

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible

for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # GP-1-CI-14

Condition Definitions

- **Stroke:** Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- **Heart Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- **Coronary Arteriosclerosis:** Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- **Organ Failure:** Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- **Kidney Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.
- **Infectious Contagious Disease benefit** is only payable if: 1) the insured is diagnosed with a covered infectious or contagious disease by a doctor while insured by Guardian and 2) the insured is hospital confined due to the infectious or contagious disease for 5 or more consecutive days. The Infectious Contagious Disease benefit covers Antibiotic resistant bacteria (including MRSA), Coronavirus (including Covid-19), Diphtheria, Encephalitis, Legionnaire's Disease, Lyme Disease, Malaria, Meningitis, Necrotizing fasciitis (flesh eating bacteria), Osteomyelitis, Rabies and Tuberculosis. This benefit will pay for only one Infectious Contagious Disease, once per lifetime.

Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-LAH-12R; GP-1-CI-14



Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your accident coverage

ACCIDENT	
COVERAGE - DETAILS	
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$25,000 Spouse \$12,500 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800
FEATURES	
Air Ambulance	\$1,000
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,000 18 sq inches To 35 sq inches: \$500/\$2,000 Over 35 sq inches: \$1,500/\$6,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$15,000
Concussion Baseline Study	\$25

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SPORTS FACILITIES COMPANIES LLC
ALL OTHER ELIGIBLE EMPLOYEES

Kit created 11/02/2023
Group number: 00057667



Your accident coverage

FEATURES (Cont.)

Concussions	\$500
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$8,000
Doctor Follow-Up Visits	\$50, up to 6 treatments
Emergency Dental Work	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$20/day, up to 30 days
Fractures	Schedule up to \$10,000
Gun Shot Wound	\$750
Hospital Admission	\$1,000
Hospital Confinement	\$250/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$1,500
Laceration	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$500
Outpatient Therapies	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$1,000
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$400
Tendon/Ligament/Rotator Cuff	1: \$750 2 or more: \$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$4,000
X - Ray	\$40

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SPORTS FACILITIES COMPANIES LLC
ALL OTHER ELIGIBLE EMPLOYEES

Kit created 11/02/2023
Group number: 00057667



Your accident coverage

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-I-ACC-18

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability



How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit.'

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is available using most internet browsers.

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