

Your guide to 2024 benefits



tih

You lead a big life. We're here for all of it.

Your job is important, but it's only one part of a much larger picture. We've designed our benefits package to support your whole life—both at work and away.

Explore this Benefits Enrollment Guide and the information at Benefits.tihinsurance.com to learn about your options for 2024. Then decide what's best for you and your family—no matter who you are, how you live, or what you need.



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Overview

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Overview

What are my 2024 benefit options?

Benefits-eligible full-time and part-time teammates may enroll in:

- Medical
- Dental
- Vision
- HSA and FSAs
- Supplemental teammate and dependent life insurance
- Buy-up disability
- Optional benefits
- Vacation purchase (during annual enrollment only)

In addition, you have the following company-paid benefits:

- GuidanceResources, our employee assistance program
- Basic teammate life and business travel accident insurance
- Core disability
- Paid time off
- Peak Health well-being program
- CarePlus Mobile Health: Well-being program tracking and rewards
- Hinge Health: Virtual physical therapy services
- Virta: Diabetes control and prevention, pre-diabetes reversal, and weight-loss treatment
- myStrength: Stress, sleep, and mental health resources
- Ovia and Progyny: Family building benefits



Use ALEX®, our decision support resource, to get a personalized recommendation on benefit plans to consider before you enroll. ALEX® is our online benefits counselor. Answer a few questions about your health care needs and ALEX will provide personalized guidance on the benefit plan that makes the most sense for you. The process is easy, fun, and confidential. You can use ALEX from any computer, tablet or smartphone at MyAlex.com.

Understanding your benefit costs

Medical premiums, life insurance, and disability benefits are based on your Benefits Annual Rate (BAR). The BAR reflects your total annual cash compensation, not just your annual base pay. Your BAR is calculated for you in Workday so the rates in annual enrollment reflect your individual BAR.

Medical premiums, life insurance and disability benefits will be based on your BAR*, which is calculated as:

$$\begin{array}{l} \text{Regular pay} \\ \text{(annualized) as} \\ \text{of Sept. 30, 2023} \end{array} + \begin{array}{l} \text{Eligible cash bonuses,} \\ \text{compensation, incentives, overtime,} \\ \text{and premium pay** from} \\ \text{Oct. 1, 2022 – Sept. 30, 2023} \end{array} = \begin{array}{l} \text{Your Benefits} \\ \text{Annual Rate} \\ \text{(BAR)} \end{array}$$

See 2024 premiums:

- Medical
- Dental and Vision

Who is eligible for benefits?

You're eligible for benefits if you're scheduled to work at least 20 hours per week and are classified as a "regular" teammate (not a temporary or contract teammate). New hires are eligible for benefits on the first day of the month following their date of hire.

You can also enroll your eligible dependents, which include:

- Your legal spouse
 - Your domestic partner
 - Your children, step children, adopted children, children for whom you have legal guardianship, and your domestic partner's children up to age 26.
- (A dependent child's eligibility will end at the end of the month in which the child turns 26.)
- Your children age 26 or older who are permanently and totally disabled, and who were disabled before age 26.

If you and your spouse/domestic partner are both employed by TIH, only one of you can cover a dependent child. In addition, you cannot elect to cover each other.



Get prepared to add dependents to your benefit plans by gathering their information, including Social Security number and date of birth. You'll be required to enter this information into Workday during the enrollment process.

**For new hires, your BAR is your base pay alone. See the full BAR definition on Benefits.tiinsurance.com link

**For active regular full-time or part-time exempt teammates

Support my health

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Medical benefits

What are my 2024 benefit options?

The company offers six medical plan options:

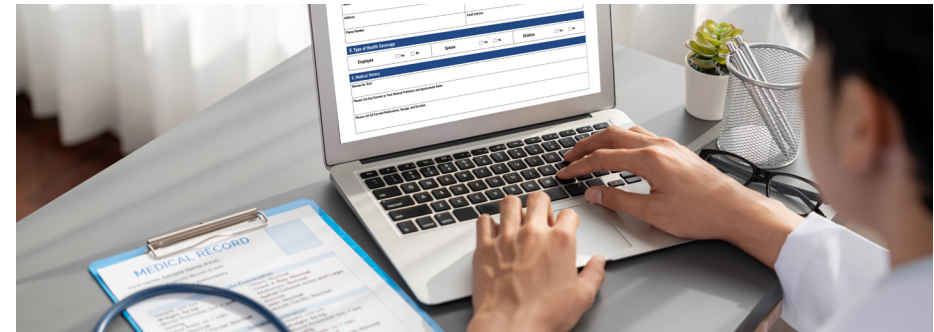
- \$500 deductible preferred provider organization (PPO)
- \$1,500 deductible preferred provider organization (PPO)
- \$250 deductible accountable care organization (ACO)
- \$2,500 high-deductible health plan (HDHP)
- \$4,000 high-deductible health plan (HDHP)
- No-deductible exclusive provider organization (EPO)

Choose from two carriers:

Aetna

- For the PPO and HDHP plans, Aetna offers a broad network of providers nationwide. You can use any provider you choose, but your plan pays a higher benefit when you use a network provider so you save more. Aetna also has a narrow, select network that helps increase value and reduce costs. It's available in select geographic areas.
- For the ACO plan, Aetna offers a more personal experience. You'll have a primary care provider who'll coordinate your care. Providers have next-day appointments for primary care, specialty care, and diagnostic services; and many have extended hours and Saturday appointments. This plan is available in select geographic areas. Only in-network providers can be used; out-of-network services aren't available except in emergencies.

For either plan, check [Aetna's website](#) to see if your provider is in network.



All medical plans include:

- Comprehensive medical, behavioral health, and prescription coverage through CVS (except for Kaiser Permanente, which has its own pharmacy benefit)
- Free in-network preventive exams and prescriptions
- In-network and out-of-network care (except for the Aetna ACO plan and Kaiser Permanente – unless it's an emergency)
- Tools and resources to help you get the most out of your medical plan
- Telehealth services through Teladoc (Kaiser Permanente has its own telehealth service)

Kaiser Permanente

- Kaiser Permanente has a network of providers and health care facilities in parts of California, Colorado, the Mid-Atlantic (Maryland, Virginia, and Washington, D.C.), and Pacific Northwest (Oregon and Washington). Their health care facilities offer many services under one roof, often including a pharmacy. You must choose your doctor on [Healthy.KaiserPermanente.org](https://www.healthy.kaiserpermanente.org), but you can switch to another network provider at any time. Your doctor and specialist will coordinate your care. You must use a Kaiser Permanente provider for your care to be covered (except in an emergency). You'll have the option of the Kaiser EPO or Kaiser \$2,500 HDHP Plan.

Aetna narrow network, ACO, and Kaiser plans are only available in certain areas, so refer to your enrollment options in Workday to see if you live within their service areas.

How do the medical plan options compare?

\$500 PPO

- You pay copays for in-network doctor visits and regular prescriptions before the deductible applies.
- After the deductible, you pay 10% coinsurance in-network and 50% out-of-network.
- The deductible and out-of-pocket maximum are **embedded**.
- You can enroll in the **Health Care Flexible Spending Account (FSA)** to pay for eligible health care expenses.

\$1,500 PPO

- You pay copays for in-network doctor visits and regular prescriptions before the deductible applies.
- You receive \$500 of coverage, or \$1,000 per family, for **Everyday Care** before meeting your deductible.
- After the deductible, you pay 20% coinsurance in-network and 50% out-of-network.
- The deductible and out-of-pocket maximum are **embedded**.
- You can enroll in the Health Care FSA to pay for eligible health care expenses.

\$250 ACO

- You pay copays for in-network doctor visits and regular prescriptions before the deductible applies.
- There is no coinsurance to pay for in-network providers. Out-of-network providers aren't covered, except in emergencies.
- The deductible and out-of-pocket maximum are **embedded**.
- You can enroll in the **Health Care FSA** to pay for eligible health care expenses.

\$2,500 HDHP

- You pay out-of-pocket for medical and prescription expenses until you reach your annual deductible.
- Once you meet the annual deductible, you pay 20% coinsurance in-network and 50% out-of-network.
- The annual deductible and out-of-pocket maximum are **aggregate**.
- You can enroll in the **Health Savings Account (HSA)** and receive a contribution: \$500 for individual and \$1,000 for a family.
- You can also enroll in a **Limited Purpose Flexible Spending Account (FSA)**.

\$4,000 HDHP

- You pay out-of-pocket for medical and prescription expenses until you reach your annual deductible.
- Once you meet the annual deductible, you pay 20% coinsurance for in-network and 50% out-of-network.
- The deductible and out-of-pocket maximum are **embedded**.
- You can enroll in the **HSA** and receive a contribution: \$500 for individual and \$1,000 for a family.
- You can also enroll in a Limited Purpose **FSA**.

What you pay in-network

	\$500 PPO	\$1,500 PPO	\$250 ACO	\$2,500 HDHP	\$4,000 HDHP	Kaiser \$2,500 Plan*	Kaiser EPO
Preventive care	0%	0%	0%	0%	0%	0%	0%
Copays (Primary/specialist visits)	\$30/ \$40	N/A	\$30/ \$60	N/A	N/A	N/A	\$25
Deductible (Individual/Family)	\$500/ \$1,000	\$1,500/ \$3,000	\$250/ \$500	\$2,500/ \$5,000	\$4,000/ \$8,000	\$2,500/ \$5,000	N/A
Coinsurance	10%	20%	0%	20%	20%	20%	N/A
Out-of-pocket maximum (Individual/family)	\$1,500/ \$3,000	\$2,500/ \$5,000	\$1,250/ \$1,500	\$4,000/ \$8,000	\$5,500/ \$11,000	\$4,000/ \$8,000	\$1,500/ \$3,000

*Available in parts of California; Colorado; Georgia; Maryland; Virginia; Washington, D.C.; Oregon; and Washington

You can earn medical credits to offset your medical premium cost by participating in Peak Health. See the 2024 medical premiums on [Benefits.tihinsurance.com](https://benefits.tihinsurance.com)

How can I get more from my medical plan?

Take advantage of the programs, services, and tools offered by your medical plan carrier. Log in to your carrier's website or call the number on the back of your medical plan ID card, to access the following, if available:

- **Cost estimator tools:** Get an estimate of the cost for a variety of procedures in your area. This can help you plan for out-of-pocket costs and shop around for a provider whose fees are in line with the estimated costs for your area.
- **Behavioral health:** In addition to behavioral health condition coverage, the medical plan carriers provide additional education, support, tools, and programs to help you and your family manage and improve your emotional health.
- **Discount programs:** As a member, you can receive discounts on a variety of health and lifestyle-related products, programs and services, such as fitness centers, over-the-counter vitamins and supplements, and hearing aids.

Use a network provider

Aetna and Kaiser Permanente offer a network of doctors and facilities chosen for cost and quality standards. When you use out-of-network providers you don't get the same negotiated rates as you do with network providers, and you pay a separate out-of-network annual deductible and a higher portion of the cost after the deductible is met. Out-of-network providers aren't covered by the Aetna ACO or Kaiser Permanente plans, except in emergencies.

Anytime, anywhere care

With **Teladoc**, you can talk virtually to a high quality health care provider who can discuss your health concerns, review treatment options, and even prescribe medication.

Plan details, including what is and isn't covered, are available in the plan's Summary of Benefit Coverage (SBC) and Summary Plan Description (SPD). Both of these documents can be found at Benefits.tiinsurance.com. You can also call the number on the back of your ID card.



Get free preventive care and stay healthy

If you're enrolled in a medical plan, you can get preventive care at no cost to you when you use in-network providers. That means free annual physicals, immunizations, routine screenings, and more. Schedule an annual physical and talk to your doctor about what preventive care might be right for you.

Family building benefits

Two benefits are available for teammates who are ready to start or add to their family: **Ovia** and **Progyny**.

– Ovia provides reproductive health support through resources, care advocates, and coaches for teammates who don't need medical intervention to build their family.

The Ovia professionals guide you throughout your fertility, pregnancy, parenting, and menopause journey, and the resources provide on-demand personalized health programs.

– Progyny provides family building medical care and resources to couples or individuals who need help having a baby. This includes coverage through a large network of fertility specialists for infertility treatment, in-vitro fertilization, egg freezing, and adoption.

Ovia and Progyny services are available to teammates enrolled in a TIH medical plan.



Prescription drug coverage

How are prescription drugs covered?

Access to prescription medications is important to maintaining and improving your health. Aetna plans include prescription drug coverage. Kaiser Permanente has its own exclusive pharmacy benefits.

Certain preventive medications are covered at 100% with no deductible required. In addition to preventive medications, there are four benefit tiers for prescription drugs that range from lowest to highest in cost:

- **Tier 1:** Generally contain generic drugs that are cost-effective alternatives to brand name drugs
- **Tier 2:** Generally contains preferred brand name drugs chosen for their clinical value and cost effectiveness
- **Tier 3:** Generally contains nonpreferred brand drugs
- **Tier 4:** Specialty drugs, such as gene therapies and biotechnological medications

	\$500 PPO \$1500 Upfront advantage \$250 ACO	\$2,500 HDHP* \$4,000 HDHP
Preventive	\$0	\$0
Retail		
Tier 1 - Generic	\$10	20% after deductible
Tier 2 - Preferred brand name	\$30	
Tier 3 - Non-preferred brand name	\$70	
Mail order deductible		
Tier 1 - Generic	\$20	
Tier 2 - Preferred brand name	\$60	
Tier 3 - Non-preferred brand name	\$140	
Tier 4 - Specialty	20% \$50 min - \$150 max **	20%**

*Kaiser \$2,500 HDHP plan coverage is the same as the Aetna \$2,500 HDHP coverage (PrudentRx doesn't apply).

**If the drug is on the PrudentRx drug list: \$0 copay if enrolled in PrudentRx; 30% coinsurance if not enrolled.

How can I save money on my prescription drugs?

Here are three easy ways to save on your prescription benefits:

- Use generics whenever possible. They're the most cost-effective option and chemically identical to a brand name.
 - Fill your prescriptions using the most appropriate method
 - Network retail pharmacies for 30-day prescriptions
 - Mail order for maintenance or 90-day prescriptions
 - **CVS Specialty** for specialty medications
- Use **Scripta**, a benefit that helps you save money by:
 - Searching for the best prices for your prescriptions
 - Creating monthly, personalized savings reports that list lower-priced drug options and savings strategies for the medications you take
 - Providing you and your doctor with information to help decide which drugs are best for your health and your wallet
- PrudentRx \$0 copay cards for eligible specialty medications. (To enroll, PrudentRx will contact teammates who take eligible medications.)

CVS prescription delivery is the most convenient and cost-effective way to fill your maintenance and 90+ day prescriptions. You pay an amount equal to two copays or coinsurance after your deductible for two 30-day supplies, but you receive a 90-day supply. And the medication is delivered to your home. No waiting in line at the pharmacy.

Optional benefits

What benefit plans can supplement my medical coverage?

When you're hurt, hospitalized, or become critically ill, you can get financial help beyond what your medical plan pays for your care.

Each optional benefit plan pays you a cash benefit when you or a covered dependent experience a covered illness, accident, or hospital stay.

- You can use your payment in any way you choose: For medical expenses, mortgage payments, transportation, household help, etc.
- You can cover your spouse/domestic partner and dependent children too.

Accident insurance

- Pays a benefit for a wide variety of services, such as ambulance, emergency room treatment, and hospitalization.
- The amount you receive depends on your treatment and injuries.

Critical illness insurance

- Helps offset the financial effects of a critical illness, such as cancer, heart attack, or stroke.
- You choose your coverage amount:
 - Teammate - From \$10,000 up to \$50,000 in increments of \$5,000
 - Spouse/Domestic Partner - 50% of teammate coverage amount
 - Child - 100% of teammate coverage amount. Children are automatically included with teammate coverage

Hospital indemnity plan

- Pays a benefit in the event of hospitalization and in some cases, for treatment received for an accident or sickness.
- Pays \$500 per covered person per year for hospital admission and \$100 per day for a stay, up to 365 days.
- Additional payments are based on the length of time you are hospitalized and the level of care required.



Accident and critical illness insurance include one paid wellness test each year. It's a valuable incentive for important tests and screenings.

Dental benefits

What are my dental benefit options?

When you feel better you smile more. Keep your smile healthy with a dental plan. You can choose between two dental plans administered by Aetna:

Aetna Dental PPO

- Allows you to see any dentist. As always, benefits are greater when you get care from dentists who are part of the [Aetna dental network](#).
- Diagnostic and preventive care are 100% covered with no deductible required.
- The first time you or any enrolled dependent receives basic or major dental services, you'll first pay an annual deductible of \$50 per individual, up to \$150 for a family.
- After the deductible is met, the plan plays a portion of the cost for covered services, and you pay the remaining balance.

Aetna Dental DMO

- Provides benefits only when you get care from dentists who are part of the [Aetna network](#). No out-of-network benefits are available.
- There is no annual deductible or benefit maximum.

	Aetna Dental PPO	Aetna Dental DMO
Premium costs	\$\$\$	\$\$
Includes out-of-network services	Yes	No
In-network (you pay)		
Deductible	\$50/\$150	\$0
Annual benefit maximum	\$1,500	None
Preventive	\$0	\$0
Basic	20% after deductible	Copays based on a fee schedule
Major	50% after deductible	Copays based on a fee schedule
Orthodontia	Children only	Children and adults

Vision benefits

What are my vision benefits options?

Regular eye exams help you maintain healthy vision. You can choose between two vision plans – the Premier and Base Plans – that cover expenses for regular eye exams, frames, lenses, and contact lenses. Both plans are administered by VSP.

	Premier plan	Base plan
Premiums	\$\$\$	\$\$
Prescription glasses		
WellVision exam	100% covered; every calendar year	– \$10 copay; every calendar year
Frames	<ul style="list-style-type: none"> – \$0 copay – Every calendar year – \$180 allowance for a wide selection of frames – \$200 allowance for featured frame brands – 20% savings on the amount over your allowance – \$100 Costco® frame allowance 	<ul style="list-style-type: none"> – \$20 copay for frames and prescription lenses – Every other calendar year – \$150 allowance for a wide selection of frames – \$170 allowance for featured frame brands – 20% savings on the amount over your allowance – \$80 Costco® frame allowance
Lenses	<ul style="list-style-type: none"> – 100% covered – Every calendar year – Single vision, lined bifocal, and lined trifocal lenses – Polycarbonate lenses for dependent children 	<ul style="list-style-type: none"> – \$20 copay for frames and prescription lenses – Every calendar year – Single vision, lined bifocal, and lined trifocal lenses – Polycarbonate lenses for dependent children
Contact lenses		
Instead of glasses	<ul style="list-style-type: none"> – Up to \$60 copay; every calendar year – \$180 allowance for contacts; copay does not apply – Contact lens exam (fitting and evaluation) 	<ul style="list-style-type: none"> – Up to \$60 copay; every calendar year – \$150 allowance for contacts; copay does not apply – Contact lens exam (fitting and evaluation)
Other programs and discounts		
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> – \$20 copay as needed – Services related to diabetic eye disease, glaucoma, and age-related macular degeneration. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	

See a side-by-side comparison of your vision options on Benefits.tiinsurance.com. Go to VSP.com to search for network providers in your area.

See premiums for both vision plans on Benefits.tiinsurance.com.

Peak Health program

How do I improve my health and medical premium costs with Peak Health?

The Peak Health premier well-being program helps you improve your health. It provides health and fitness education, including information about disease prevention and adverse behaviors that may affect your physical well-being. The program also provides direct access to evaluations by a health care professional on a regular basis.

Peak Health is administered through Peak Health. You'll work with a Peak Health nurse to establish realistic and attainable health goals. As you work toward those goals, you can advance through the five phases of the program. All information and evaluations are completely confidential.

Find information about enrolling in Peak Health on Benefits.tiinsurance.com.

By participating in Peak Health, you may qualify to earn medical credits that can offset your medical premium cost.

To earn medical premium credits you must:

- Qualify for phases 2 through 5 of the program by the Peak Health nurse.
- Meet the requirements of the phase.
- Complete the Health Assessment each year. Your medically enrolled spouse/ domestic partner must also complete the Health Assessment.
 - If your spouse/domestic partner doesn't complete the Health Assessment, you'll receive only the teammate portion of the credit.

What happens if I'm unable to participate in any of the Peak Health activities or achieve my health goals?

Discuss your options with your Peak Health nurse during your appointment or call 252-237-5090.



What to expect at a Peak Health appointment

The Peak Health nurse will review the following:

- Complete blood work
- Weight and body composition
- Blood pressure
- Resting heart rate
- Cardiorespiratory fitness with a six-minute submaximal bike test

The nurse will identify issues or potential risks and create a plan of action with you to improve your health and progress through the program.

Five phases of Peak Health

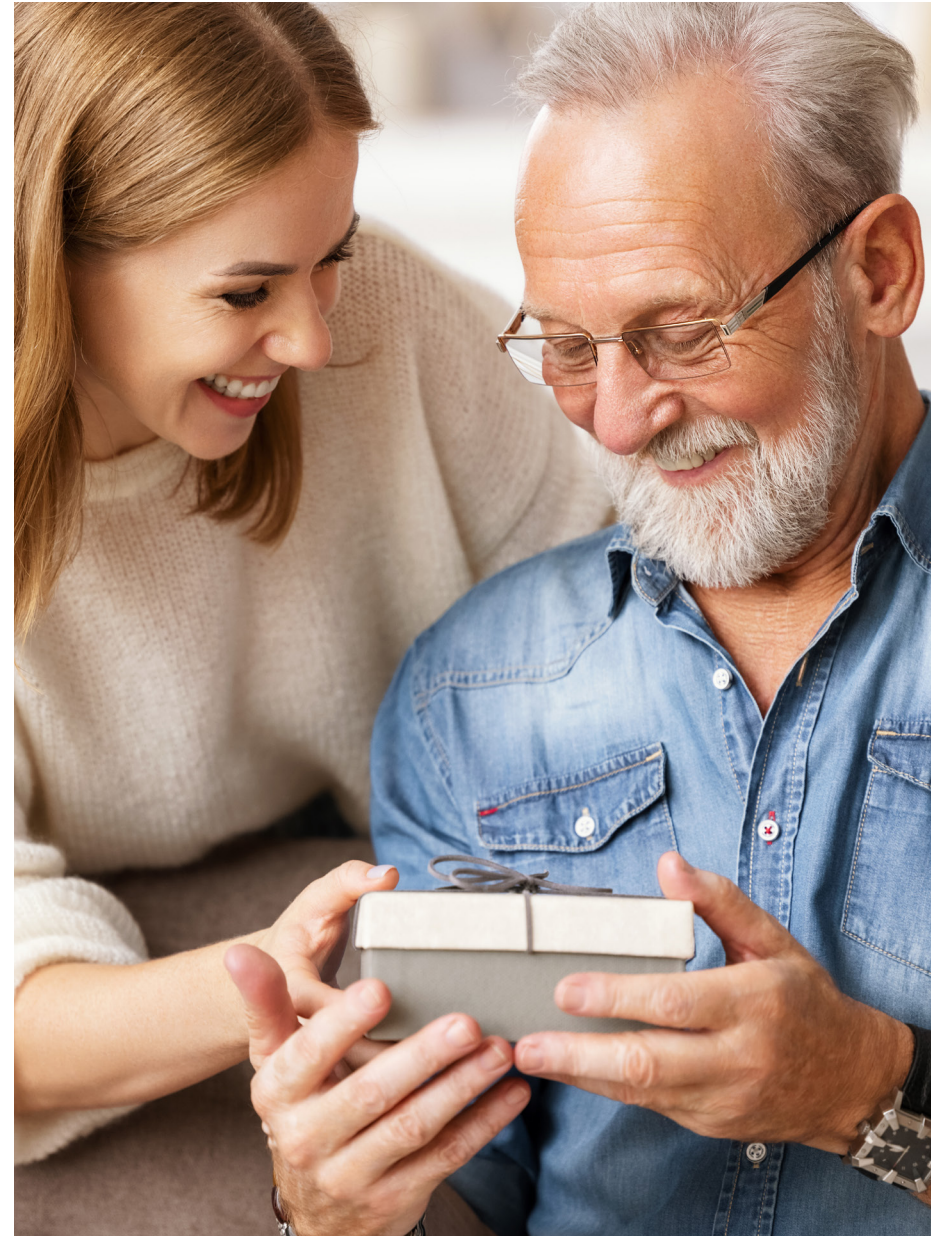
To determine your Peak Health phase, the Peak Health nurse will assess your health and compare your results to the program's clinical standards.

Your total score on the clinical standards will determine your overall health status, your Peak Health phase, how soon the nurse would like to meet with you again, and the medical credit you qualify for.

Phase	Total score	General health status	Months until next visit	Medical credit earned
1	Less than 35	High health risk	4	No
2	35-47	Moderate health risk	4	Yes
3	48-69	Low health risk	4	Yes
4	70-91	Healthy	8	Yes
5	92-100	Very healthy	12	Yes

If you qualify for Phases 2-5, you'll receive a medical credit on your paycheck starting the month following your appointment.

Regardless of what your phase is, Peak Health will support you on your journey to achieve goals that lower your health risks, improve your health, and reach a higher Peak Health phase.



Peak Health's clinical evaluation considers the following outcomes and actions:

Outcome/risk factor	Criteria	Rating	Scoring range
Tobacco/nicotine use	<ul style="list-style-type: none"> - Not using (never, or not in the last 12 months) - Health care provider has certified you're medically unable to stop smoking - Enrolled in a stop-smoking program in last 12 months - Using a stop-smoking aide 	- Based on status of the criteria	-40 to 8
Cardiovascular fitness	Results from modified version of YMCA Submaximal Cycle Ergometer Test (measures heart rate as exercise intensity increases)	For age and gender: <ul style="list-style-type: none"> - Above average - Average - Below average - Poor 	0 to 10
Body composition (body fat percentage or body mass index)	Guidelines from American College of Sports Medicine and National Institutes of Health	For age and gender: <ul style="list-style-type: none"> - Very low risk - Low risk - Moderate risk - High risk - Very high risk 	0 to 12
Metabolic syndrome risk	(See metabolic syndrome risk components.)		
Up to date on lab work	Required blood tests	<ul style="list-style-type: none"> - Up to date or not required - Less than six months overdue 	-60 to 0
Up to date on preventive health exams	Screenings per age and gender	<ul style="list-style-type: none"> - Up to date or not required - Less than six months overdue 	-60 to 0
Status of any follow-up with physician for health issues	n/a	<ul style="list-style-type: none"> - Complete or not required - Incomplete 	-80 to 0

Metabolic syndrome risk

Metabolic syndrome is defined as having any three of these five risk factors. It's associated with increased risk of heart disease, stroke, and type 2 diabetes. (Based on guidelines from the [American Heart Association](#).)

Outcome/risk factor	Criteria	Rating	Scoring range
Triglycerides	Ideal value: Less than 150 mg/dL	<ul style="list-style-type: none"> - Ideal - High but taking meds or under provider supervision - High 	0 to 14
HDL ("good cholesterol")	Ideal value: <ul style="list-style-type: none"> - Men - More than or equal to 40 mg/dL - Women - More than or equal to 50 mg/dL 	<ul style="list-style-type: none"> - Ideal - Low but taking meds or under provider supervision - Low 	0 to 14
Blood pressure	Ideal value: Less than 130/85 mm HG	<ul style="list-style-type: none"> - Within ideal range - Pre-diabetic - High but taking meds or under provider supervision - High 	0 to 14
Fasting glucose	Ideal range: 65 - 99 mg/dL	<ul style="list-style-type: none"> - Within ideal range - Pre-diabetic - High but taking meds or under provider supervision - High 	0 to 14
Waist circumference	Ideal: <ul style="list-style-type: none"> - Men - Less than 40 inches - Women - Less than 35 inches 	<ul style="list-style-type: none"> - Ideal - 2 inches out of range - More than 2 inches out of range 	0 to 14

Help me save

3.0

Health Care savings account

How can I save for health care expenses?

One reason to consider enrolling in the \$2,500 HDHP Plan or \$4,000 HDHP is the HSA. It offers a number of advantages you don't get in a Health Care FSA and gives you more flexibility and control over how you manage and spend your health care dollars.

To be eligible for the HSA, you must enroll in a high-deductible health plan:

- \$2,500 HDHP
- \$4,000 HDHP
- The \$500 PPO plan, the \$1,500 PPO plan, \$250 ACO plan, and Kaiser EPO aren't eligible for the HSA

Who is eligible for the HSA?

To be eligible to make pretax contributions to your HSA, you must not be covered by another health plan, such as a health plan sponsored by your spouse/domestic partner's employer, a general purpose Health Care FSA or Medicare parts A, B, or D. In addition, if you've received VA benefits within the last three months, are enrolled in Tricare, or can be claimed as a dependent on another individual's federal tax return, you're not eligible to make pretax contributions.

How do I determine how much to contribute to the HSA?

When determining an HSA contribution amount, you should consider your anticipated health care expenses for the coming year, your budget, and estimated savings needed for health care during retirement. Your best bet is to contribute more than you'll need to meet your deductible and coinsurance (up to the IRS contribution limit). Additionally, consider that the company will contribute up to \$1,000 when you enroll in coverage other than teammate-only. This approach will help you start to build savings for the future. Your funds roll over from year to year, and they belong to you, so if you leave the company they go with you. You can change your contribution amount at any time.

Once your HSA balance reaches \$1,500, you can invest in mutual funds. Watch your account grow as you save for retirement!

Here's how the HSA works

Tax-free money goes in

- You receive a contribution of \$500 for individual coverage and \$1,000 for all other coverage levels twice per year (half in January/half in July).
- In addition, you can make personal pretax contributions up to the IRS limits:
- \$3,650 for teammate-only coverage
- \$7,300 for all other coverage levels
- If you're age 55, you can make an additional \$1,000 catch-up contribution
- The contribution limit includes any personal contributions you make and contributions the company makes to the HSA

Balance grows tax-free

- The balance in your account rolls over from year to year (regardless of which medical plan you enroll in for the future) and goes with you if you leave the company.

- Your balance earns interest and can be invested.

Tax-free money comes out

- Use your money for eligible health care expenses and for your eligible tax dependents' expenses.

Tax-free savings for the future

- Your money can be used to pay for eligible expenses in the future, including retirement.

When you enroll in one of the high-deductible health plans via Workday, you'll be automatically prompted to enroll in the HSA. You'll need to enroll in the HSA to receive the company contribution, even if you're not making personal contributions to your account.

A physical home address (instead of a PO Box) is required to open a HSA account, so be sure one is entered in Workday.

Flexible spending accounts

There are two health care FSAs, a Dependent Care FSA and a Transportation Spending Account (TSA) you can enroll in to set aside tax-free money (through payroll deduction) to help pay for eligible out-of-pocket expenses, depending on your eligibility.

Health Care FSA

- Available if you enroll in the Kaiser EPO, \$1,500 PPO, \$500 PPO, \$250 ACO, or decline medical coverage. You can't enroll if you are in a HDHP.
- Contribution limit for 2024 is \$3,200.
- Use for eligible medical, prescription drug, dental and vision expenses.
- You can carry over some unused balance at the end of the plan year. The carryover limit for 2024 is \$640.

Dependent Care FSA

- Pay yourself back tax-free for eligible dependent care (day care) expenses so you (or your spouse/domestic partner) can work.
- Pay eligible day care expenses for children through age 12, disabled dependent children of any age and elder care.
- Contribution limits for 2024 is \$5000, or \$2500 if filing separately; this is a household maximum.
- This account cannot be used for health care expenses.
- You will forfeit any unused dollars as of Dec. 31.

Limited Purpose Health Care FSA

- Available if you enroll in a HDHP.
- Contribution limit for 2024 is \$3200.
- Use for eligible dental and vision expenses only. Medical expenses aren't eligible since the HSA lets you save tax-free for those expenses.

Transportation Spending Account (TSA)

You can enroll in a TSA to have pretax dollars deducted from your paycheck to assist with the cost of parking and transit cards/passes. You can elect an amount to be withheld per month for parking and transit for the TSA card. (The mass transit FSA and parking FSA are separate elections in Workday.)

Here's what you need to know:

- You should consider the monthly price of parking and any fees for using the card when making your election.
- The pretax deductions are deducted every pay period instead of once a month.
- Elections can be changed monthly as needed in Workday.
- Post-tax deductions are not available.
- Your deductions go into a TSA.
- You'll receive a Benefit Access Visa Card to use to pay for monthly parking directly with the parking garage.
- Your garage provider may set up recurring payments.
- You're responsible for paying for your own parking and transit cards/passes.
- If you're in the Atlanta, Chicago, San Francisco, or Washington DC area, [order mass transit cards](#) with Smart Commute.

If you enroll in the HSA, a Health Care FSA, or a TSA, look for your Benefits Access Visa Card in the mail. You can use your card to pay eligible out-of-pocket expenses at the point of service or sale.

401(k)/Financial well-being

401(k) Plan

The TIH 401(k) Savings Plan, managed by Fidelity, is a cornerstone of your finance planning. You become eligible to enroll upon hire. Learn about the plan's benefits and how it works on Benefits.tihinsurance.com.

Fidelity well-being point solutions

Available to all teammates, Fidelity Investments offers these savings benefits:

- College savings with a 529 account: Save for education expenses including tuition, rent and food, and books.
- Goal booster: Save more successfully for your short-term savings goals by using Fidelity's educational tools and taking advantage of Fidelity's most affordable and saving investment products such as the cash management account, brokered CDs, and money market mutual funds.



Learn more at [Fidelity NetBenefits®](https://Fidelity.NetBenefits) or call the Fidelity Benefits Service Center at 800-835-5095.

Learn more about our financial well-being programs on Benefits.tihinsurance.com.

Support my well-being

4.0

Paid time away from work

We know time away from work is necessary to relax and recharge. You may also need to take time off for sickness or to take care of personal family and health issues. The company offers:

- **Holidays:** The company generally observes 11 standard holidays. Some subsidiaries observe a modified holiday calendar. Find a complete list of holidays on [Benefits.tihinsurance.com](https://benefits.tihinsurance.com).
- **Community time:** Eligible teammates will receive 16 hours of community time to volunteer each year.
- **Well-being time:** Eligible teammates will receive up to eight hours of well-being time for their personal well-being.
- **Sick:** Eligible teammates will receive up to 10 sick days per calendar year. For non-benefits eligible teammates, sick time will accrue at a rate of one hour for every 30 hours worked.
- **Vacation:** Our industry-leading vacation plan offers eligible teammates up to 10 paid vacation days per calendar year. You can carry over up to 40 hours of vacation time to the next calendar year.
 - Once you reach your five-year anniversary or you achieve the title of officer, analyst, associate, or AVP, you'll receive five additional days of vacation for a total of 15 paid vacation days. Starting with your sixth year of service, one additional vacation day is added per calendar year.
 - At 10 years of service or an officer title of vice president or greater, you receive an additional five vacation days for a total of 20 days of paid vacation.
 - At 25 years of service, you receive 25 days of paid vacation.
 - Part-time teammates who work 20-39 hours per week will accrue vacation at the same schedule based on a proration of hours.
 - Teammates in California, Colorado, and Montana can find information about vacation in TIH jurisdictional work/life benefits.

- **Leaves of absence:** You may be eligible for up to 30 days of paid sick leave for yourself or a family member. Teammates who exhaust sick leave for their own health condition may be eligible for disability leave through The Hartford, depending on medical eligibility.
 - Maternity and parental/adoption/foster leaves are up to 10 paid weeks. Birth mothers may combine maternity and parental leave for a total of 20 paid weeks.
- **Peak Health time off:** The time you spend traveling to and from your Peak Health appointment, as well as the appointment time itself, is considered paid time off.



Vacation purchase

During annual enrollment, you can purchase up to 12 additional days of paid vacation with pretax dollars. If you work part-time, the number of vacation days you can purchase may be limited based on your scheduled hours. For example, if you are scheduled for 25 hours per week, you could purchase only 48 hours (four eight-hour units) of vacation.

Keep in mind, days must be purchased in eight-hour increments. When considering vacation purchase, consider all your time-off options. Unused purchased vacation remaining at the end of the year, will be forfeited.

Vacation is used in the following prioritized order: Carried-over vacation from 2023, 2024 vacation per the vacation schedule, additional vacation purchased through annual enrollment.

Learn more about your time away from work benefits at Benefits.tihinsurance.com.



Other benefits and programs

- **GuidanceResources**, our employee assistance program (EAP), offers confidential resources and support in person, online, and by phone to you and your household members. Take advantage of your five complimentary behavioral health visits for support and guidance on many topics related to emotional well-being, legal and financial support, child and elder care referrals, and relationships. Access the Guidance Resources EAP anytime, 24/7. Call 877-369-1785 or log in to GuidanceResources.com using the organization web ID: TIH.
- **Back-up dependent care**: Care.com is there for you if your regular dependent care arrangements fall through. The backup care program offers affordable, vetted, and qualified care for family members of all ages.
- **Discounted gym membership**: Gym discounts with Active&Fit Direct are available for \$28 a month for standard gyms.
- **Virta**: Virta is a medically supervised, research-backed treatment that can reverse type 2 diabetes and prediabetes. People with type 2 diabetes and prediabetes can lower their blood sugar and A1c with Virta, while reducing diabetes medications and losing weight. For people without diabetes, Virta also offers a safe way to lose weight and keep it off.
- **Hinge Health**: Whether you're looking to build strength and flexibility or treat existing pain and injuries, Hinge Health can help. Discover how easy and convenient physical therapy is with Hinge Health, a no-cost, virtual program to help you prevent or recover from muscle and joint pain.
- **CarePlus Mobile Health**: CarePlus Mobile Health makes it easy for benefits-eligible teammates and your medically enrolled spouse or domestic partner to access TIH well-being programs—including Peak Health, podcasts and videos, incentive rewards, and healthy activities.
- **myStrength**: myStrength is a flexible and comprehensive digital program with proven tools and dedicated support for stress, depression, sleep and more—all tailored to your unique needs. With myStrength, you get a personalized plan, one on one coaching and in-the-moment tools. To enroll, visit teladoc.com/mystrength and use registration code TIH.

Learn how to take advantage of these programs on Benefits.tihinsurance.com

Protect my family

5.0

Life and accident insurance plans

What benefits offer protection for me and my family?

Life and Accidental Death & Dismemberment (AD&D) insurance help provide financial security to you and your loved ones in the case of unforeseen events.

You automatically receive Basic Life and Business Travel Accident (BTA) Insurance at no cost to you through The Hartford.

Company-paid benefit plan	Coverage for you
Basic life insurance	1x your Benefits Annual Rate (BAR) up to \$1 million (rounded to the next highest \$1,000).
Business travel accident	4x BAR (rounded to the next highest \$1,000)

You can purchase additional coverage for yourself, your spouse/domestic partner, and child(ren).

Teammate-paid benefit plan	Coverage for you and your dependents
Supplemental teammate Life insurance	<ul style="list-style-type: none"> - 1x – 8x BAR, up to a maximum of \$4 million (basic and supplemental combined) - Guaranteed issue* for up to \$750,000
Supplemental spouse/domestic partner life insurance	<ul style="list-style-type: none"> - Increments of \$10,000 up to \$300,000 or 50% of Basic Teammate Life plus Supplemental Teammate Life - Guaranteed issue of \$100,000
Supplemental child (ren) life insurance	- \$7,500, \$10,000, or \$15,000
AD&D insurance	- 1x-10x BAR, up to a maximum of \$1 million

*This is the amount of coverage you're guaranteed to receive regardless of your health and without EOI required. You can't be declined or turned down for this coverage amount.

** EOI is an application process in which you provide information on your health to be considered for certain types of insurance coverage. EOI is required for certain amounts of life insurance or if you didn't enroll yourself or your dependents when first eligible. If required, you'll be prompted to provide EOI when you enroll. Submitting this information is not a guarantee of coverage, and coverage won't become effective until the EOI is approved.

Imputed income

The value of employer-provided group life insurance coverage in excess of \$50,000 is called "imputed income." It's noncash compensation and although you don't receive cash, you're taxed as if you received cash in an amount equal to the value of this coverage.

For more comprehensive information about how taxes are applied to group life insurance, please consult the [IRS website](#).

Designating a beneficiary

While you are automatically enrolled in Basic Life Insurance, you'll be required to designate a beneficiary to receive your benefit in the event of your death. The beneficiary election also applies to any elected supplemental life insurance coverage. You should review your beneficiaries each year during annual enrollment in Workday.

Depending on the level of coverage selected, you may be required to complete and submit evidence of insurability (EOI)** .

Disability insurance

What benefits provide financial support during a disability?

You receive core disability coverage at no cost to you to help when a non-work-related injury or illness keeps you away from work for an extended period.

Company-paid benefit plan	Coverage for you
Short-term disability core	Replaces 50% of your Benefits Annual Rate (BAR) , up to a weekly benefit maximum of \$8,077
Long-term disability core	Replaces 50% of your BAR, up to a maximum monthly benefit of \$35,000

You can purchase additional coverage for yourself to replace a greater portion of your income.

Teammate-paid benefit plan*	Coverage for you
Short-term disability buy up	Replaces 60% of your BAR, up to a weekly benefit maximum of \$8,077
Long-term disability buy up	Replaces 60% of your BAR, up to a maximum monthly benefit of \$35,000

Subject to pre-existing conditions.



Tools and resources

6.0

Enrollment

How do I enroll for benefits?

Whether you are a new teammate or a current teammate, you'll elect or change your benefit elections using Workday. You can access Workday on Benefits.tihinsurance.com. Follow [these instructions](#) to enroll.

When can I make changes to my benefits?

Unless you have a [qualified life event](#), such as a marriage, divorce, or addition of a child to your family, you can't make changes to your benefit elections until next year's annual enrollment period. If you have a qualified life event, you have 31 days following the event to make changes to your benefits.

What tools and resources are available to help me make good choices?

There are a variety of education and tools available to help you choose and use your benefits well. Explore these tools during annual enrollment or at any time during the year.

alex[®]

Access ALEX, our interactive decision support tool, at MyAlex.com. Using ALEX is fun and easy. Just tell ALEX some basic information about you and your family's health care needs. Then ALEX will recommend the right coverage based on your preferences to help you decide what benefits are best fit your needs and budget.



Save time by knowing these Workday tips:

- Scroll to the bottom of the main benefits screen in Workday to see all benefits and plans available to you.
- During the enrollment process in Workday, you can Save For Later. However, you must go back and Review and Sign, then Submit by the end of annual enrollment to be enrolled.

CarePlus mobile health

The CarePlus Mobile Health app gives you access to health and well-being information at work, home, or on-the go. Benefits-eligible teammates and their medically enrolled spouse/domestic partners can learn about their benefits information and earn rewards. From your desktop, smart phone, or tablet you can access the:

- Health assessment
- Benefit plan summaries
- Digital insurance cards
- Provider and benefit partner contact information
- Peak Health dashboard
- Well-being and fitness challenges and activity tracking
- Resources for you and your medically enrolled spouse/domestic partner
- And more!

Download the CarePlus Mobile Health app now from the Apple App Store or Google Play.

CarePlus support center

CarePlus Mobile Health support is available Monday-Friday, 9 am - 8 pm ET, at 888-690-7533, or email tihcareplus@mcgriff.com.

Benefits website

On the benefits website at Benefits.tihinsurance.com, you'll find overviews of your benefit options, links to carrier sites, and tools.

Teammate care

If you have questions during the enrollment process, call 800-716-2455, option 1, Monday through Friday, from 9 am to 5 pm ET.

Where can I go for answers to my benefit plan questions?

Medical coverage, claims, and to find network providers	<ul style="list-style-type: none"> - Aetna 888-402-1229 - Kaiser Permanente 877-224-0101
Pharmacy benefits, claims, mailorder service, and to find network pharmacies (except Kaiser)	Aetna 888-402-1229
Dental coverage, claims, and to find a network dentist	Aetna 888-402-1229
Vision coverage, claims, and to find a network eye-care provider	VSP 800-877-7195
Telehealth services	Teledoc 800-Teladoc
Qualifying life events	Teammate Care Benefits.tihinsurance.com 8800-716-2455, option 1

Terms to know

Aggregate: There's one family deductible that applies to all covered family members. Once expenses for one person or any combination of family members meet the family deductible, the plan begins paying coinsurance for all covered family members, up to the family out-of-pocket maximum.

Brand name drugs: Brand name drugs – A group of brand name drugs found to be effective in terms of cost, quality, and outcomes. These drugs are included in the formulary or preferred drug list, and your costs are usually lower.

Coinsurance: Percentage of cost of a covered expense that you pay once you meet your deductible.

Copay: Fixed cost you pay at the time you receive care for certain covered services, such as office visits and prescription drugs.

Deductible: Amount you must pay first before your plan pays for covered services. There are separate deductibles for in-network and out-of-network services.

Domestic partner: A covered domestic partner must meet eligibility requirements. You can find more information on the criteria for domestic partner coverage on the benefit website at Benefits.tihinsurance.com.

Embedded: The expenses for each covered family member are capped at the individual amount. When one person meets the individual deductible, the plan begins paying coinsurance for just that family member, up to the out-of-pocket maximum. If deductible expenses for a combination of two or more family members reach the family amount, all covered family members are considered to have met the deductible, and the plan begins paying coinsurance for all covered family members, up to the out-of-pocket maximum.

Evidence of Insurability: Depending upon the level of coverage selected, you may be required to complete and submit evidence of insurability (EOI). EOI is an application process in which you provide information on your health to be considered for certain types of insurance coverage. EOI is required for certain amounts of life insurance or if you did not enroll yourself or your dependents when first eligible. If required, you will be prompted to provide EOI when you enroll. Submitting this information is not a guarantee of coverage, and coverage will not become effective until the EOI is approved.

Generic drugs: An FDA-approved drug that meets the same standards for purity, strength, and safety as its brand name counterpart. A generic drug is usually a lower-cost alternative to a brand-name drug.

Guaranteed issue: This is the amount of coverage you are guaranteed to receive regardless of your health and without EOI required. You cannot be declined or turned down for this coverage amount.

Nonpreferred brand drugs: These are brand-name drugs that aren't on the formulary or preferred drug list and, therefore, typically cost more.

Out-of-pocket maximum: The most you'll pay for care during the year. If your expenses reach the limit, your plan will pay 100% of eligible costs for the rest of the plan year.

Premium: The amount deducted from each paycheck to pay your portion of the cost of benefit coverage.

Preventive medications: Certain preventive medications are available at no charge when purchased with a prescription, due to Health Care Reform. The current list includes: Female contraceptives, folic acid, fluoride and tobacco cessation.

Specialty drugs: Specialty drugs are medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and multiple sclerosis. They sometimes require special handling and administration, such as injection or infusion.

Required notices

View, download, and print legal notices and information about your benefits under the Employee Benefits Plan (the Plan) on Benefits.tihinsurance.com. Federal laws require the company provide you with certain notices that inform you about your rights regarding eligibility, enrollment, and coverage of health care plans. The following section explains these rules. You're not required to take any action. These notices are for your information only. We ask that you read these notices carefully and keep them where you can find them. If you have any questions regarding the benefits contained within this packet, please contact HR Central at 800-716-2455.

- Newborns' and Mothers' Health Protection Act
- Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage Rights
- Women's Health and Cancer Rights Act Notice
- Notice Regarding Wellness Program
- HIPAA Special Enrollment Rights for Medical Plan Coverage
- Important Notice from Your Employer about Your Prescription Drug Coverage and Medicare
- Notice of Privacy Practices
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Illinois Consumer Disclosure Act (820 ILCS 46/1) Essential Health Benefits Comparison
- No Surprises Act

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