

Make Your Benefits a Priority



2024

exterro[®]

Employee Benefits Overview

Take a Closer Look

Our mission is to be the leading provider of Data Risk Management platforms. The people of Exterro are our most important asset in achieving this mission. Helping you and your family achieve and maintain good health physically, emotionally and financially is the reason we offer you the benefits program described in this overview. This overview is meant to help you understand the benefits that are available to you and how best to use them. Please review it carefully and be sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While this guide is comprehensive, it is a summary and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your benefit policy booklets or summary plan descriptions (SPDs). These are available in the Cigna Portal and the Forms Library in ADP. The policy booklets state how all benefits are paid.

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices supplement for more details.

The benefits in this summary are effective: January 1, 2024 – December 31, 2024

TABLE OF CONTENTS

Who Can You Cover	2
Making the Most of Your Benefits Program	3
Cost of Coverage	4 – 5
Medical Benefits	6
Prescription Drug Benefits	7
Healthcare Resources	8 – 11
Dental Benefits	12
Vision Benefits	13
Health Savings Account (HSA)	14
Flexible Spending Account (FSA)	15 – 16
Life and Disability Insurance	17 – 18
Voluntary Supplemental Benefits	19 – 20
Other Programs	21
For Assistance	22
Key Terms	23 – 24

Who Can You Cover

Who is Eligible?

Employees working 30 hours or more per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in the plans outlined in this overview:

- ▶ Your spouse (the person who you are legally married to under state law, including a same-sex spouse).
- ▶ Your domestic partner is eligible for coverage.
 - ▶ Domestic partner enrollment requires a signed attestation of partnership.
- ▶ Your children (includes your domestic partner's children):
 - ▶ Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - ▶ Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - ▶ Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.



Who is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- ▶ Parents, grandparents, and siblings.
- ▶ Employees who work less than 30 hours per week or employees residing outside the United States.

When Can I Enroll?

Coverage begins on the 1st of month following date of hire or immediately if you start on the first day of the month.

Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

You can make changes to your benefits during the year if you experience a qualifying event. There are deadlines for making changes after an event occurs, noted in parenthesis below. These changes include, but are not limited to:

- ▶ Birth or adoption of a baby or child
- ▶ Loss of other healthcare coverage
- ▶ Eligibility for new healthcare coverage
- ▶ Marriage
- ▶ Death of a spouse or dependent
- ▶ Divorce

Make sure to notify Human Resources right away if you have a qualifying life event during the year and need to make a changes to your coverage election.

Making the Most of Your Benefits Program

Stay Well!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

Ask Questions and Stay Informed

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

Get a Primary Care Provider

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

Using the Emergency Room

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

An Apple a Day

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

Take Your Pills!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

Going to the Doctor?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- ▶ Your plan ID card
- ▶ A list of your current medications
- ▶ A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.



Cost of Coverage — Medical / Rx

Exterro shares in the cost of coverage for your medical benefits. Monthly premiums are displayed below. In general, any premiums you pay for health coverage are deducted from monthly paychecks on a pre-tax basis (before federal, state, and social security taxes are calculated), so you pay less in taxes.

PLEASE NOTE: Domestic partner contributions, are regulated by the IRS and generally must be made on an after-tax basis. Similarly, the company contribution toward the cost of domestic partner coverage and his/her dependents is taxable income to you. Contact your tax advisor for more details on how this tax treatment applies to your specific situation.

Exterro pays the full cost of the employee only monthly medical premium for the HDHP / HSA plan and pays 90% of the employee only monthly medical premium for the PPO plan. Additionally, Exterro contributes 50% toward spouse/domestic partner (DP) and child(ren) monthly premiums.

Cigna PPO Plan Premiums

Employee costs shown below are per pay period.

CIGNA PPO PLAN — 2024 MEDICAL / RX PREMIUMS (Employee contributions are shown per pay period)			
Contribution Tiers	Total Premium	Exterro Funding	Employee Contribution (per pay period)
Employee Only	\$996.54	\$896.89	\$49.83
Employee + Spouse	\$2,092.76	\$1,445.00	\$323.88
Employee + Child(ren)	\$1,893.46	\$1,345.35	\$274.06
Employee + Family	\$2,989.66	\$1,893.45	\$548.11

Cigna HDHP / HSA Plan Premiums

Employee costs shown below are per pay period.

CIGNA HDHP / HSA PLAN — 2024 MEDICAL / RX PREMIUMS (Employee contributions are shown per pay period)			
Contribution Tiers	Total Premium	Exterro Funding	Employee Contribution (per pay period)
Employee Only	\$749.79	\$749.79	\$0.00
Employee + Spouse	\$1,574.54	\$1,162.17	\$206.19
Employee + Child(ren)	\$1,424.56	\$1,087.18	\$168.69
Employee + Family	\$2,249.32	\$1,499.56	\$374.88

Cost of Coverage — Dental and Vision

Exterro shares in the cost of coverage for your Dental and Vision benefits. Monthly premiums are displayed below. In general, any premiums you pay for health coverage are deducted from monthly paychecks on a pre-tax basis (before federal, state, and social security taxes are calculated), so you pay less in taxes.

PLEASE NOTE: Domestic partner contributions, are regulated by the IRS and generally must be made on an after-tax basis. Similarly, the company contribution toward the cost of domestic partner coverage and his/her dependents is taxable income to you. Contact your tax advisor for more details on how this tax treatment applies to your specific situation.

Dental Premiums

Employee costs shown below are per pay period.

METLIFE DENTAL PPO PLAN PREMIUMS (Employee contributions are shown per pay period)			
Contribution Tiers	Total Premium	Exterro Funding	Employee Contribution (per pay period)
Employee Only	\$41.25	\$36.88	\$2.18
Employee + Spouse	\$83.40	\$45.57	\$18.92
Employee + Child(ren)	\$91.11	\$47.15	\$21.98
Employee + Family	\$142.51	\$57.73	\$42.39

Vision Premiums

Employee costs shown below are per pay period.

EYEMED VISION PLAN PREMIUMS (Employee contributions are shown per pay period)			
Contribution Tiers	Total Premium	Exterro Funding	Employee Contribution (per pay period)
Employee	\$7.47	\$6.72	\$.38
Employee + Spouse	\$14.19	\$8.40	\$2.90
Employee + Child(ren)	\$14.94	\$8.59	\$3.18
Employee + Family	\$21.96	\$10.35	\$5.81

Medical Benefits

Medical Benefit Overview

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

The information below is only a summary of benefits. Please refer to the Cigna plan summaries detailing coverage information, limitations, and exclusions. Any deductibles and coinsurance shown in the chart below are amounts for which you are responsible.

CIGNA OPEN ACCESS PLUS (OAP) PLANS				
MEDICAL PLAN OPTIONS	PPO PLAN		HDHP / HSA PLAN	
Benefit Provision	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Per Calendar Year				
Single	\$1,000	\$2,000	\$3,300	\$6,600
Family	\$2,000	\$4,000	\$6,000	\$12,000
Annual Out-of-Pocket Maximum				
Single	\$4,000	\$8,000	\$5,000	\$10,000
Family	\$8,000	\$16,000	\$10,000	\$20,000
Coinsurance	20%	40%	20%	40%
Primary Care Office Visit	\$25 copay	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	\$40 copay	40% after deductible	20% after deductible	40% after deductible
Preventive Care	Covered in full	40% after deductible	Covered in full	40% after deductible
Telehealth Primary Care Services	\$25 copay	40% after deductible	20% after deductible	40% after deductible
Telehealth Secondary Care Services	\$40 copay	40% after deductible	20% after deductible	40% after deductible
Lab/X-Ray/Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospitalization	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care Facility	\$50 copay	\$100 copay	20% after deductible	40% after deductible
Emergency Care (copays waived if admitted)	\$150 copay		20% after deductible	
Mental Health/Substance Abuse				
Office Visit	\$40 copay	40% after deductible	20% after deductible	40% after deductible
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Acupuncture (12 visit limit per year)	\$40 copay	40% after deductible	20% after deductible	40% after deductible
Chiropractic Care (20 visit limit per year)	\$40 copay	40% after deductible	20% after deductible	40% after deductible
Hearing Exam	20% after deductible ¹	40% after deductible	20% after deductible ¹	40% after deductible
Durable Medical Equipment (DME)	20% after deductible	40% after deductible	20% after deductible	40% after deductible

¹ Cigna Hearing Aid Benefit— Maximum of 2 devices (one per ear) per 36 months, includes testing and fitting of hearing aid devices.

Prescription Drug Benefits

Prescription Drug Benefit Overview

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs.

Any deductibles and coinsurance shown in the chart below are amounts for which you are responsible.

CIGNA OPEN ACCESS PLUS (OAP) PLANS				
YOUR MEDICAL PLAN	PPO PLAN		HDHP / HSA PLAN	
Benefit Provision	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Benefit				
Supply Limit	30-day supply	Not covered	30-day supply	Not covered
Generic	\$10 copay	Not covered	20% after deductible	Not covered
Preferred Brand	\$30 copay	Not covered	20% after deductible	Not covered
Non-Preferred Brand	\$60 copay	Not covered	20% after deductible	Not covered
Specialty	20% up to \$400 maximum	Not covered	20% after deductible	Not Covered
Mail Order Benefit				
Supply Limit	90-day supply	Not covered	90-day supply	Not covered
Generic	\$20 copay	Not covered	20% after deductible	Not covered
Preferred Brand	\$60 copay	Not covered	20% after deductible	Not covered
Non-Preferred Brand	\$120 copay	Not covered	20% after deductible	Not covered
Specialty	20% up to \$400 maximum	Not covered	20% after deductible	Not Covered

Healthcare Resources

Cigna Resources to Improve Your Whole-Person Health

When you know more about your plan, you can make better choices around health and spending.

myCigna.com or the myCigna® App

First, register on [myCigna.com](https://mycigna.com) or the [myCigna® App](#). Once you've registered, you can:

- ▶ Understand what's covered in your plan
- ▶ Find in-network doctors, hospitals and facilities and sort them by location, reviews and Cigna's quality rating
- ▶ Get cost estimates for appointments, procedures and medications
- ▶ Compare costs for 30- and 90-day medications and see if lower-cost alternatives are available
- ▶ Find retail pharmacies that offer a 90-day supply
- ▶ Manage and track claims
- ▶ Get alerts when new plan documents are available
- ▶ View or print a copy of your Cigna ID card
- ▶ Access a variety of health and wellness resources, including an online health assessment, health tracking tools and My Health Assistant digital coaching

Virtual Care

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider or connect with an MDLIVE® provider at [myCigna.com](https://mycigna.com).

Right from your phone, tablet, or computer, you can:

- ▶ Connect 24/7 with board-certified doctors and pediatricians for minor medical conditions, such as seasonal allergies, colds and flu, or upper respiratory infections
- ▶ Schedule appointments with licensed therapists or psychiatrists for behavioral or mental health conditions, such as stress and depression
- ▶ Have a prescription sent directly to your pharmacy, if appropriate

Virtual Wellness Screenings

Virtual wellness screenings are convenient and covered at no cost to you. Here's how they work:

- ▶ Complete your MDLIVE online health assessment
- ▶ Choose an in-network lab and schedule an appointment
- ▶ Choose an MDLIVE provider and schedule your virtual visit
- ▶ Go to your lab appointment and you'll get a notification when the results are available in the MDLIVE customer portal
- ▶ Attend your virtual visit; you'll receive a summary of your screening results for your records

Healthcare Resources

Cigna Resources to Improve Your Whole-Person Health (continued)

Cigna One Guide®

Now it's easier for you to take control of your health and health spending.

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It's Cigna's highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools, and reminders can help you stay healthy and save money.

Your One Guide team is a click away to help you:

Make smart choices

- ▶ During enrollment, use the Cigna Easy Choice Tool to compare plan options online
- ▶ Get personal recommendations based on what matters most to you
- ▶ Enroll confidently in your 'best fit' plan

Understand your plan

- ▶ Know your coverage and how it works
- ▶ Get answers to all your health care or plan questions

Get care

- ▶ Find an in-network doctor, lab or urgent care center
- ▶ Connect to health coaches, pharmacists and more
- ▶ Stay on track with appointments and preventive care
- ▶ Take advantage of dedicated one-on-one support for complex health situations

Save and earn

- ▶ Maximize your benefits and earn incentives (if provided by your employer)
- ▶ Get cost estimates and service comparisons to avoid surprises

Specialty Medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds as well as pharmacists, are specially trained to help with your specific needs.

- ▶ Personalized, 24/7 support
- ▶ Condition-specific education on medication therapy and side effects
- ▶ Help with the medication approval process
- ▶ Financial assistance programs, if needed



Start using Cigna One Guide today—by app, chat or phone.

Download the myCignaSM app* or call **888.806.5094** to talk with your personal guide.



** The downloading and use of the myCigna mobile app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data charges apply.*

For more information,
call **800.351.3606**

Healthcare Resources

Cigna Resources to Improve Your Whole-Person Health (continued)

Behavioral Care

214,000 in-network behavioral health care providers. 67,000 of those are virtual. Whether you're dealing with a behavioral health condition, going through a rough time or looking for substance use support, you can find the one that fits your needs, either in person or virtually. To find a virtual provider:

- ▶ Go to [myCigna.com](https://mycigna.com) > Find Care & Cost
- ▶ Search for "Virtual Counselor" under "Doctor by Type"
- ▶ Call to make an appointment with your selected provider

Online visits with Cigna Behavioral Health network providers cost the same as in-office visits. Costs vary by plan.

Preventive Care

It's important to catch any issues while they're still small. That's why we cover eligible preventive care services at no extra cost, including:

- ▶ Screenings for blood pressure, cholesterol and diabetes
- ▶ Testing for colon cancer
- ▶ Clinical breast exams and mammograms
- ▶ Pap tests
- ▶ Additional covered procedures listed on [myCigna.com](https://mycigna.com)

Since your physical and emotional health are connected, make sure to talk about how you're feeling at your annual check-up.

In-Network Care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at [myCigna.com](https://mycigna.com).

RecoveryOne for Cigna includes:

- ▶ Virtual physical therapy at no additional cost
- ▶ A private video consult with a virtual physical therapist
- ▶ Customized plans to meet your needs—from the comfort and convenience of wherever you are
- ▶ A multimedia app that guides you through your personalized exercises
- ▶ Video, voice and chat conversations with your support team

Case Management Programs

Take advantage of our personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses such as cancer, end-stage renal disease, neonatal care and pain management.

You also have access to My Health Assistant on [myCigna.com](https://mycigna.com) to help you:

- ▶ Control stress
- ▶ Lose weight and eat better
- ▶ Enjoy exercise
- ▶ Quit tobacco
- ▶ Manage diabetes, Chronic obstructive pulmonary disease, asthma and other conditions

Enroll online today. Go to [myCigna.com](https://mycigna.com) > Wellness > My Health Assistant—Online Coaching Program.

24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network, you can call the number on your Cigna ID card, day or night.

Healthcare Resources

Cigna Resources to Improve Your Whole-Person Health (continued)

Tips to Help You Save Money

Find where to get prescription drugs

- ▶ Find the complete list of covered medications on [myCigna.com](https://mycigna.com)
- ▶ Use cost comparison tools on [myCigna.com](https://mycigna.com) to compare prices and purchase mail order prescriptions
- ▶ Use generics when possible
- ▶ Know what brand-name drugs are covered in your plan
- ▶ Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service

Choose the right provider

- ▶ Know which providers are in your network by going to [myCigna.com](https://mycigna.com) > Find Care & Costs
- ▶ Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone
- ▶ Use in-network national labs to help save money

Know where to go for care

- ▶ Use an emergency room for true emergencies
- ▶ Don't wait: Locate an in-network convenience care clinic or urgent care center near you, before you need it
- ▶ Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area

Be proactive about your health

- ▶ Get information on the cost of medications and treatments to avoid surprises
- ▶ Use your preventive care benefits, learn your core health numbers and make use of the health improvement tools at [myCigna.com](https://mycigna.com)



Dental Benefits

Dental Benefit Overview

Regular visits to your dentist can help more than protect your smile, they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes and heart disease.

Exterro provides you with comprehensive dental coverage through MetLife.

Understanding Your Dental Benefits Plan

MetLife’s Preferred Dentist Program (PDP) is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice — in or out of the network.

- ▶ Plan benefits for in-network covered services are based on a percentage of the negotiated fee — the fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- ▶ Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

Once you’re enrolled you may take advantage of online self-service capabilities with **MyBenefits**.

- ▶ Check the status of your claims
- ▶ Locate a participating dentist
- ▶ Access MetLife’s Oral Health Library
- ▶ Elect to view your Explanation of Benefits online

To register, just go to:

www.metlife.com/mybenefits and follow the easy registration instructions.

METLIFE DENTAL PPO BENEFIT SUMMARY

Benefit Provision		In-Network	Out-of-Network
Calendar Year Deductible (applies to Type B & C services only)		\$50 Individual / \$150 Family	
Annual Plan Maximum (per individual)		\$2,250	\$2,250
Type A — Preventive Services		Plan pays 100%	Plan pays 80%
Type B — Basic Restorative Services	Fillings	Plan pays 80% after deductible	Plan pays 70% after deductible
	Root Canals	Plan pays 80% after deductible	Plan pays 70% after deductible
	Periodontics	Plan pays 80% after deductible	Plan pays 70% after deductible
Type C — Major Restorative Services		Plan pays 50% after deductible	Plan pays 40% after deductible
Orthodontic Services (applies to adult and child up to the dependent age limit)	Orthodontia	Plan pays 50%	Plan pays 50%
	Lifetime Maximum	\$2,000 per Individual	
	Dependent Age Limit	Eligible for benefits until the age of 26	

Vision Benefits

Vision Benefit Overview

Vision benefits are so much more than an eye exam. They help you save money, stay healthy and see everything life has to offer. Exterro provides you with a comprehensive vision plan through EyeMed which includes vision exams, hardware benefits and more. Your annual vision allowances become effective on January 1st.

EyeMed's Insight Provider Network is the place to start. See who you want, when you want. You have thousands of providers to choose from — independent eye doctors, your favorite retail stores, even online options. This plan also offers benefits in the form of reimbursements for certain expenses with out-of-network providers.

EYEMED INSIGHT NETWORK — VISION BENEFIT SUMMARY

Benefit Provision	In-Network (member cost)	Out-of-Network (member reimbursement)
Exam Services		
Eye Exam (once per plan year)	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
Frame		
Frames (once per plan year)	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
Standard Plastic Lenses (once per plan year)		
Single	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive — Standard	\$0 copay	Up to \$50
Progressive — Premium Tier 1 / 2 / 3 / 4	\$30 / \$40 / \$55 / \$175 copay	Up to \$50
Contact Lens (once per plan year; in lieu of lenses)		
Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$105
Disposable	\$0 copay; plus balance over \$150 allowance	Up to \$105
Medically Necessary	\$0 copay; paid in full	Up to \$210
Fit and Follow-up — Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up — Premium	10% off retail price	Not covered

Find an Eye Doctor

- ▶ [866.804.0982](tel:866.804.0982) or go to eyemed.com (click on "Find an eye doctor")
- ▶ EyeMed Members App
- ▶ For LASIK, call [1.800.988.4221](tel:1.800.988.4221)

Heads Up

You may have additional benefits.

- ▶ 40% off additional complete pair of prescription eyeglasses
- ▶ 20% off non-covered items, including non-prescription sunglasses

Log into eyemed.com/member to see all benefits included with your plan.



Health Savings Account (HSA)

HSA Benefit Overview

Do you want to save money on taxes? A Health Savings Account (HSA) is a tax-advantaged, portable (you own it!) savings account that is offered if you enroll in the Cigna HDHP / HSA medical plan.

Exterro contributes money into HSA accounts quarterly if you elect this plan. You may also choose to contribute money to your account through pre-tax payroll deductions to save for out-of-pocket healthcare expenses. Any money that you don't spend grows year after year and can be used in the future, even after you retire. WEX Inc. administers this program.

HSA CONTRIBUTIONS AND LIMITS			
Contribution Tier	2024 IRS Limit	Exterro Contributes	You Can Contribute*
Employee	\$4,150	\$500	Up to \$3,650
Family	\$8,300	\$1,000	Up to \$7,300

Using Your Money

You can use the money in your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP) for you, your spouse or tax dependents even if they are not enrolled on your plan. For a full list of those expenses, go to [irs.gov](https://www.irs.gov). In general, your HSA can be used for these expenses without penalty:

- ▶ Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- ▶ Dental care services
- ▶ Vision care services
- ▶ Prescription drugs
- ▶ Over-the-counter (OTC) medications prescribed by your doctor
- ▶ Certain medical equipment

When possible, use your HSA debit card to pay for expenses. Make sure that you keep records of your receipts and any OTC prescriptions. You will need them to provide that you spent the money on qualified expenses if you are audited by the IRS.

Eligibility

You are not eligible to open or contribute to an HSA account if you are:

- ▶ Covered by a non-high deductible health plan (Cigna PPO plan)
- ▶ You or your spouse are enrolled in a regular healthcare flexible spending account
- ▶ Covered under Medicare or Medicaid
- ▶ Claimed as a dependent on someone else's tax return

Setting Up Your HSA

Your health savings account will be automatically set up with WEX if you choose the Cigna HDHP / HSA medical plan. WEX will send new account holders a welcome packet and debit card. You can register on the WEX website to manage your account, pay bills for qualifying expenses and print forms, including tax forms related to the account.

Non-Qualified Expenses

If you use HSA funds for non-qualified expenses before you are age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only.

Flexible Spending Account (FSA)

FSA Benefit Overview

A Flexible Spending Account (FSA) lets you set aside money-before it's taxed-through payroll deductions to be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. You must re-enroll in this program each year. WEX Inc. administers this program.

Important Considerations

- ▶ Expenses must be incurred between 1/1/2024 and 12/31/2024. Receipts for reimbursements can be submitted up to 90 days after the end of the year.
- ▶ Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- ▶ You can keep (roll-over) up to \$610 of unused money for use in the next plan year. Unused amounts above \$610 will be lost, so it is very important that you plan carefully before making your election.
- ▶ FSA funds can be used for you, your spouse and your tax dependents only.
- ▶ You can use the FSA for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the Exterro health plan.
- ▶ You cannot use the FSA for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents. **Important:** Questions about the tax status of your dependents should be addressed with your tax advisor.
- ▶ Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.

Healthcare FSA

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental or vision costs including plan deductibles, copays, coinsurance amounts and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$3,200 in 2024. If you are enrolled in the Cigna HDHP / HSA medical plan, you can participate in the Limited Purpose Healthcare FSA which covers out-of-pocket vision and dental expenses ONLY.

Dependent Care FSA

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home childcare, before or after school care and daytime summer camps for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account through pre-tax payroll deductions.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to \$5,000 per household for eligible dependent care expenses for the year. This amount does not roll over to the following year.



Flexible Spending Account (FSA)

Transit Benefit Overview

Transit FSA offers you a way to save pre-tax money to pay for work related public transportation and parking expenses. WEX Inc.

administers this program.

- ▶ Pay for public transportation such as mass transit — bus, train, subway, light rail (MAX in the Portland Metro Area) related to your work commute
- ▶ This benefit is for the employee only, dependents are not covered under the Transit FSA benefit
- ▶ The monthly contribution limit for the Transit FSA is \$315 for 2024
- ▶ Parking at your home (even if you work from home), tolls, carpooling or gas are NOT covered
- ▶ Transit FSA is a “use it or lose it” plan, there is no carryover provision



Adoption Benefit Overview

Adoption FSA offers you a way to save pre-tax money to pay for adoption expenses.

- ▶ Pay for qualifying adoption expenses with pre-tax dollars
- ▶ Adoptions FSAs are exempt from federal income tax; Social Security, Medicare and state income tax remain taxable
- ▶ The maximum contribution limit for the Adoption FSA is \$16,810 for 2024
- ▶ Employees may change their Adoption FSA benefit elections upon:
 - ▶ The commencement of an adoption proceeding and
 - ▶ The increase in the number of employee dependents, or
 - ▶ The termination of an adoption proceeding.
- ▶ Unlike other FSAs, this is not a use it or lose it plan *see rules



Life and Disability Insurance

If you have loved ones who depend on your income for support, having life and accidental death and dismemberment (AD&D) insurance can help protect your family's financial security.

Basic Life and AD&D Insurance

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, hearing or if you die in an accident. Should you leave the company, you may be able to elect to continue and pay for this coverage. The cost of coverage is paid in full by Exterro. The Basic Life and AD&D coverage is provided through New York Life.

BASIC LIFE AND AD&D BENEFITS (100% Employer Paid)	
Benefit	1 times annual compensation to a maximum of \$100,000
Guaranteed Issue	Full amount
Age Reductions	Age 65 — 65% / Age 70 — 40% / Age 75 — 25% / Age 80 and over — 15%
Earnings Definition	Base earning only (excludes commissions, bonuses, overtime and other extra compensation)
Eligibility Rules/Class	Active, full-time employees working 30 hours per week
Premium Wavier Provisions	9 month waiting period, to age 65. if disabled at age 60 or older, can remain on the plan for up to 12 months

Voluntary Term Life

You may also purchase additional life insurance to protect your family's financial security. The voluntary term life coverage is provided through New York Life.

VOLUNTARY LIFE BENEFITS (100% Employee Paid)	
Employee Benefit	Increments of \$5,000 up to \$500,000 (not to exceed 5 times annual earnings)
Guarantee Issue	\$100,000
Age Reductions	Age 65 — 65% / Age 70 — 40% / Age 75 — 25% / Age 80 and over — 15%
Earnings Definition	Base earning only (excludes commissions, bonuses, overtime and other extra compensation)
Spouse Amount / Guaranteed Issue	Increments of \$5,000 units up to a maximum of \$100,000 (not to exceed 100% of the employee's amount)
Child(ren) Amount / Guaranteed Issue	Increments of \$1,000 up to a maximum of \$10,000 (full amount is guaranteed issue)

Beneficiary Reminder:

Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Evidence of Insurability:

Depending on the amount of coverage you select, you may need to submit an Evidence of Insurability (EOI) form, which involves providing the insurance company with additional information about your health. If you did not select at least \$10,000 when initially eligible, you will need to submit an EOI form for any coverage amount that is selected.

Life and Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. The cost of coverage for Basic Short-Term and Long-Term Disability is paid in full by Exterro.

Short-Term Disability

Short-Term Disability (STD) coverage pays you a benefit if you temporarily can't work full-time because of a non-work-related injury, illness or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. It's important to know that benefits are reduced by income from other benefits you might receive concurrently such as Washington state PFML. STD coverage is provided through New York.

SHORT-TERM DISABILITY BENEFITS (100% Employer Paid)		
Weekly Benefit	Plan pays up to 60% of covered weekly earnings (offset by state PFML)	
Maximum Weekly Benefit	\$1,500 per week	
Elimination Period	Accident	7 days of disability
	Sickness	7 days of disability
Duration*	13 weeks	

Long-Term Disability Insurance

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work full-time because of a non-work related or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security Disability.

If you qualify, LTD benefits begin after short-term disability benefits end. LTD coverage is provided through New York Life.

LONG-TERM DISABILITY BENEFITS (100% Employer Paid)		
Monthly Benefit	Plan pays up to 60% of covered monthly earnings	
Maximum Monthly Benefit	\$7,000 per month	
Pre-Existing Condition	3/12	
Residual	Yes	
Survivor Benefit	100% equal to 3 monthly benefits	
Elimination Period	Accident	90 days of disability
	Sickness	90 days of disability
Definition of Own Occupation	24-month, own occupation	
Eligibility	Active, full-time employees working 30 hours per week	
Social Security Integration	Full family	
Duration*	Social Security (changes based on disability date) Normal Retirement Age (SSNRA)	

* The age at which the disability begins may affect the duration of the benefits.

Voluntary Supplemental Benefits

You have the option of purchasing supplemental benefits through Cigna. You may choose from a menu of supplemental policies designed to help safeguard your income and family in the event of serious illness, disability or death. Enrollment is voluntary and premiums are deducted on a post-tax basis from your paychecks.

These benefits are available to all eligible employees and their eligible family members. For all plans in this section, should you leave the company, you can elect to continue this coverage.

Voluntary Accident Plan

Accident Insurance provides a lump sum benefit based on the type of injury or covered incident sustained or the type of treatment required while injured away from the office for non-work-related injuries. The purpose of these benefits is to pay you while you are on the road to recovery. For a more complete listing of covered benefits, please reference the Cigna Summary of Benefits for details.

VOLUNTARY ACCIDENT BENEFIT SUMMARY		
Bone Fractures	Open Fractures	Up to \$8,000
	Closed Fractures	Up to \$4,000
	Chip Fractures	25% of Closed Fracture amount
Hospital Admission		Up to \$1,000 per admission
Hospital Confinement		Up to \$200

Voluntary Hospital Indemnity

Hospital Indemnity coverage provides a benefit paid directly to you if you incur a hospital stay resulting from a covered injury or illness. These benefit payments will help pay for out-of-pocket healthcare costs or other household expenses.

VOLUNTARY HOSPITAL INDEMNITY BENEFIT SUMMARY	
Hospital Admission	\$1,000
Hospital Chronic Condition Admission	\$50
Hospital Stay	\$100
Hospital Intensive Care Unit (ICU) Stay	\$200
Hospital Observation Stay	\$100 per 24-hour period

NOTE: There is a 12-month pre-existing condition provision that excludes illnesses diagnosed and/or treated within the last 12 months period and a nine-month pregnancy exclusion clause before enrollment. Benefits will be paid for pregnancies beginning nine months after the original policy effective date.

Voluntary Supplemental Benefits

Voluntary Critical Illness

Critical Illness insurance pays you a lump sum payment at the first diagnosis of a covered illness. It can be used however you choose to pay for expenses which your health insurance plan does not cover.

Illnesses covered at the benefit schedule noted below include:

- ▶ Heart Attack
- ▶ Stroke
- ▶ Cancer

Spouse and children are eligible to elect Critical Illness coverage in the form of a rider attached to the employee's Critical Illness plan.

VOLUNTARY CRITICAL ILLNESS BENEFITS	
Employee Benefit Amount	\$5,000, \$10,000, \$20,000
Spouse Benefit Amount	50% of employee amount
Child Benefit Amount	25% of employee amount



Other Programs

Employee Assistance Program

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Guidance Resources can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free to you and your immediate family members.

Help is available 24/7, 365 days a year by telephone at 1.800.344.9752 or visit www.guidanceresources.com (Web ID: NYLGBS)

The program allows you and your family/household members up to three in-person visits with a counselor each year, per incident at no cost. Additional benefits are available through your medical plan. Review your medical benefit booklet for more information.

ID Theft Insurance

Identity theft is serious. Unwitting victims can spend hundreds, even thousands of dollars and weeks of their own time to repair the damage done to their good names and credit scores. The longer identity fraud goes undetected, the more expensive and difficult it can be to resolve. Some have lost out on job opportunities or been denied loans for education, housing, or cars because of negative information on their credit reports. ID Theft Insurance through Cigna Healthcare, offers protection of your personal information through proactive monitoring and reactive identity restoration and resolution for an affordable monthly premium.

Emergency Travel Assistance

Exterro offers an emergency travel assistance program through NYL GBS Secure Travel. Enrollment is automatic and there is no premium cost to you. This program is available to employees and family members traveling 100 miles or more away from home who experience an emergency medical or personal issue. Services are available 24 hours a day, 365 days a year. Services include replacement of lost or stolen documents, identity theft issues related to lost documents, political and natural disaster evacuation, medical referrals, and assistance with finding and securing medical care. See the For Assistance page for contact information.



For Assistance

If you need to reach out to a plan provider, contact information is provided below:

PLAN	PROVIDER	PHONE #	WEBSITE
Medical / Rx PPO Plan and HDHP with HSA Plan	Cigna	Cigna One Guide: 888.806.5094 Specialty Medications: 877.505.3681	Visit: www.cigna.com Create your online account: www.myCigna.com
Health Savings Account and Flexible Spending Account Administration	WEX, Inc.	Toll-free: 866-451-3399	Visit: https://www.wexbenefitsyou.com/openenrollment to buy eligible products, search for services, and learn about their benefits plans.
COBRA	WEX, Inc.	Toll-free: 877-765-8810 Note: For benefits, select Option 1. For COBRA, select Option 2.	Visit: https://www.wexinc.com/insights/benefits-toolkit
Commuter	WEX, Inc.	Toll-free: 866-451-3399	Visit: https://www.wexinc.com/insights/benefits-toolkit
Dental Plan	MetLife	1-800-ASK-4MET (1-800-275-4638)	www.metlife.com/mybenefits
Vision Plan	EyeMed	888.581.3648	www.eyemed.com/en-us
Employee Assistance Program (EAP)	New York Life	(800) 344-9752	Visit: guidanceresources.com
Life / AD&D, Short-Term and Long-Term Disability Insurance	New York Life	(888) 842-4462 or (866) 562-8421 (Español) Call hours are between 7:00 am – 7:00 pm CST	N/A
Voluntary Term Life / AD&D Insurance	New York Life	(888) 842-4462 or (866) 562-8421 (Español) Call hours are between 7:00 am – 7:00 pm CST	N/A
Voluntary Hospital Indemnity	Cigna	For questions or to check on the status of a claim, call 800.754.3207, 8:00 am–8:00 pm ET.	Visit SuppHealthClaims.com to file online Visit Cigna.com/customer-forms to download PDF claim forms
Voluntary Group Accident	Cigna	For questions or to check on the status of a claim, call 800.754.3207, 8:00 am–8:00 pm ET.	Visit SuppHealthClaims.com to file online Visit Cigna.com/customer-forms to download PDF claim forms
Voluntary Critical Illness	Cigna	For questions or to check on the status of a claim, call 800.754.3207, 8:00 am–8:00 pm ET.	Visit SuppHealthClaims.com to file online Visit Cigna.com/customer-forms to download PDF claim forms
Emergency Travel Assistance	New York Life	From the United States and Canada, call (888) 226-4567 From other locations, call collect (202) 331-7635	Email: ops@us.generaliglobalassistance.com

Key Terms

MEDICAL AND GENERAL TERMS

Allowable Charge	The negotiated amount that in-network providers have agreed to accept as full payment.
Balance Billing	A practice where out-of-network providers bill a member for charges that exceed the plan's allowable charge.
Coinsurance	The percentage cost share between the insurance carrier and a member.
Copay	The dollar amount a member must pay directly to a provider at the time of service.
Explanation of Benefits (EOB)	The statement you receive from the insurance carrier that details how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay your provider until you have received this except for copays.
Family Deductible	The maximum dollar amount any one family will pay out in individual deductibles in a year.
HDHP	High Deductible Health Plan—A health insurance plan with lower premiums and higher deductibles than a traditional health plan. It is intended to incentivize consumer-driven healthcare. Being covered by an HDHP is also a requirement for having a health savings account.
HSA	Health Savings Account—Tax savings bank account that allows pre-tax money to be deferred from paychecks to pay for healthcare expenses.
Individual Deductible	The dollar amount a member must pay each year before the plan will pay benefits for certain services.
In-Network	Services received from providers (doctors, hospitals, etc.) who have agreed to limit their fees for health plan members to a negotiated allowable charge.
Out-of-Network	Services received from providers (doctors, hospitals, etc.) who have not agreed to limit their fees to a negotiated allowable charge. Out-of-network benefits are usually lower and additional balance billing charges will apply whenever the provider charges more than the plan's allowable charge.
Out-of-Pocket Maximum	The maximum amount that you will pay each year for covered services.
Preventive Care	A routine exam—usually once a year that may include a medical or vision physical exam, immunizations, and preventative tests for cancer.

PRESCRIPTION DRUG TERMS

Brand Prescription Drug	A drug which is produced and distributed under patent protection with a trademarked name from a single drug manufacturer. A generic drug may be available if the patent has expired.
Dispense as Written (DAW)	A prescription that does not allow for substitution of an equivalent generic or similar brand drug.
Generic Prescription Drug	A drug which is produced and distributed after a brand name patent has expired.

Key Terms

PRESCRIPTION DRUG TERMS (continued)

Maintenance Medications	Medications taken on a regular basis for an ongoing condition. Examples of maintenance medications include oral contraceptives, blood pressure medication, and asthma medications.
Non-Preferred Brand Drug	A brand drug for which alternatives are available from either the insurance carrier's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.
Preferred Brand Drug	A brand drug that an insurance carrier has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of their clinical effectiveness and their cost.
Specialty Pharmacy	Provides special drugs that are used to treat complex conditions such as multiple sclerosis, cancer, and HIV/AIDS.
Step Therapy	The practice of beginning drug therapy for a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

DENTAL TERMS

Basic Services	Basic services generally include coverage for fillings and oral surgery.
Diagnostic and Preventive Services	Diagnostic and preventive services generally include services such as routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit the frequency of preventive exams and cleanings to two times a year.
Endodontics	Commonly know as root canal therapy.
Implants	Dental implants are surgically implanted replacements for the natural tooth root of missing teeth. Many dental plans do not cover implants.
Major Services	Generally, includes coverage for restorative dental work such as crowns, bridges, dentures, inlays and onlays.
Orthodontia	A benefit that is offered under the dental plan for children. It generally includes services for the treatment of alignment of the teeth. Orthodontia services are limited to a lifetime maximum.
Periodontics	The diagnosis and treatment of gum disease.
Pre-Treatment Estimate	An estimate that the insurance company provides detailing how much they will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

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To Do List

1

Enroll in the first 30 days after date of hire

2

3

4

5

NOTE:

This guide is intended to summarize the benefits you receive from Exterro. The actual determination of your benefits is based solely on the plan document provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.