



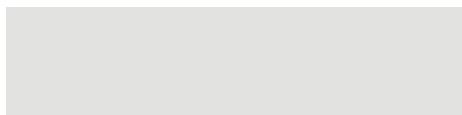
2025

Employee Benefits

**Building the
future of your
healthcare.**

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Welcome!



Thank you for helping us build the future of healthcare. None of this is possible without the right team driving us forward. We are excited that you are a part of our team.

OUR BENEFITS MISSION

At Truepill, we truly value the dedication that goes into your work every day. We're proud of our talented employees and understand that our success is because of you.

We are committed to keeping in mind the unique and diverse needs of all our employees. That's why as a team member of the Truepill family, you have access to a comprehensive, quality benefits package designed to offer flexibility and security for

you and your family. Our goal is to ensure that you have the resources to develop and succeed both in your career and your personal life.

This guide provides an overview of our employee benefits program. We encourage you to review the information in this guide to learn about your options and choose the best coverage for you and your family.



CONNECT WITH OUR DEDICATED BENEFITS TEAM IF YOU HAVE QUESTIONS

To support our dedication to your health and wellbeing, we provide you with access to a team of benefits specialists who can help with questions around the enrollment process, coverage specifications,

qualifying life events, and claims. They can do much of the footwork so you can remain engaged at home or at work. Use the contact information below to reach one of our benefits specialist

truepillbenefits@acisure.com

925-299-7213

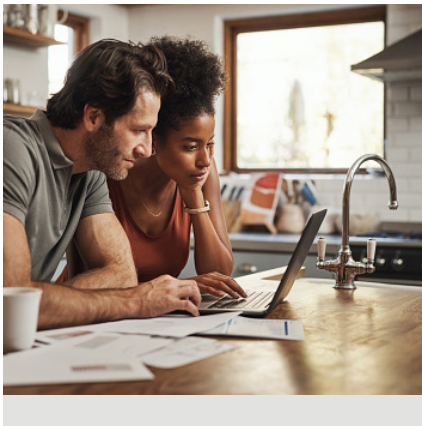
Eligibility

You and your eligible dependents qualify to participate in the employee benefits plans when you work a minimum of 30 hours per week.



Who can I enroll?

- Your spouse or domestic partner¹
- Your children or a child under your legal guardianship up to age 26
- Disabled children over age 26



When do I enroll?

- Within 31 days of your benefits eligibility date, life event, or during Open Enrollment
- Your coverage is effective the first of the month following your date of hire or status change



Can I change plans?

- Mid-year election changes are only permissible within 31 days after experiencing a qualifying event such as getting married/divorced, having a baby, or losing other coverage

DEPENDENTS

Only certain dependents qualify for coverage under the plans, including your spouse, domestic partner, and natural/adopted children, and stepchildren.

TIMING

Enrollments are limited to your initial new hire or change to FT status period, and during Open Enrollment. This is why it's so important to take the time to make thoughtful decisions.

PARAMETERS

The elections you make are locked in for the plan year unless you experience a qualifying life event. Log into Paylocity to submit qualifying enrollment changes.

¹ Under current tax law, coverage for domestic partners must be assessed on a post-tax basis and any premium contributions we make on behalf of your domestic partner are generally considered taxable income.

Our benefits offering

Whether you rarely get sick or need outpatient surgery, medical benefits play an important role in keeping you healthy. To help you manage your unique needs and those of your family, Truepill offers comprehensive medical plan options through Anthem and Kaiser. All plans offer full-scope medical and prescription coverage, but your choice is personal and unique to you. Please review benefit designs and carrier options carefully to pick a plan that is best suited for you.

OUR MEDICAL PLANS ARE AVAILABLE IN THREE LEVELS OF COVERAGE. THE SPECIFICATIONS OF THESE PLANS RANGE FROM BRONZE TO PLATINUM.

STANDARD

Bronze

Great for those who are condition-free, infrequent users, but still want strong overall coverage.

- Lower cost
- High deductible
- Plan pays up to 100% after deductible
- Most services and Rx subject to deductible
- HSA-compatible plan design
- Free preventive care

PREMIUM

Gold

A solid choice for those who want a lower out-of-pocket risk on the front end.

- Mid-range cost
- Trend-level deductible
- Mix of copays and coinsurance
- Certain services subject to deductible
- Free preventive care

PREMIUM+

Platinum


These plans provide the best point-of service cost containment and predictability.


- Higher cost
- Low or no deductible
- Lowest copays
- Certain services subject to deductible
- Lowest out-of-pocket maximum
- Free preventive care

Medical Plans: Bronze

The high-deductible plan builds in a front-end deductible that you're required to first pay before the plan benefits are put into effect. Enrolling in the Bronze level qualifies you to open a Health Savings Account (HSA) which is an appealing feature to many seeking tax advantages. Kaiser requires you and your family members to select a primary care doctor to guide and coordinate your care strictly through the Kaiser system. Anthem members can access care through network or non-network providers.

Benefits Specifications	Kaiser Bronze HMO (HSA)	Anthem Bronze HSA	
	In-network Only	In- network	Non-network
Deductible Individual / Family	\$5,500 / \$11,000	\$3,500 / \$7,000	\$10,500 / \$21,000
Out-of-pocket Maximum Individual / Family	\$7,000 / \$14,000	\$5,500 / \$11,000	\$16,500 / \$33,000
Preventive Care	\$0	\$0	50% after deductible
Office Visit - Primary Care	\$50 after deductible	20% after deductible	50% after deductible
Office Visit - Specialist	\$50 after deductible	20% after deductible	50% after deductible
Urgent Care Visit	\$50 after deductible	20% after deductible	50% after deductible
Inpatient Hospitalization	40% after deductible	20% after deductible	50% after deductible
Outpatient Services	40% after deductible	20% after deductible	50% after deductible
Emergency Room	40% after deductible	20% after deductible	20% after deductible
Diagnostic Lab / X-ray Advanced Imaging	40% after deductible 40% after deductible	20% after deductible 20% after deductible	50% after deductible
Chiropractic	Not covered	20% after deductible Max 30 visits per year	50% after deductible Max 30 visits per year
Prescription Deductible	See medical deductible	See medical deductible	See medical deductible
Prescription Medication Tier 1 - Generic Tier 2 - Brand Name Tier 3 - Non-preferred Brand Name Tier 4 - Specialty	\$15 after deductible 40% after deductible Not applicable 40% after deductible	\$5-\$15 after deductible \$40 after deductible \$60 after deductible 30% up to \$250 after deductible	50% up to \$250 after deductible 50% up to \$250 after deductible 50% up to \$250 after deductible 50% up to \$250 after deductible


PROVIDER SEARCH:
kp.org
anthem.com



PHONE:
KP: 800-464-4000
Anthem: 800-888-8288


Contributions for medical coverage participation are deducted on a pre-tax basis. Under current tax law, coverage for domestic partners must be assessed on a post-tax basis and any premium contributions we make on behalf of your domestic partner are generally considered taxable income.

Medical Plans: Gold

The Gold Plans offer solid coverage with mid-level deductibles and copays for many basic services. The Gold Plans do not qualify you to open or contribute to a Health Savings Account (HSA). Kaiser requires you and your family members to select a primary care doctor to guide and coordinate your care strictly through the Kaiser system. Anthem members can access care through network or non-network providers.

Benefits Specifications	Kaiser Gold HMO	Anthem Gold PPO	
	In-network Only	In- network	Non-network
Deductible Individual / Family	\$1,000 / \$2,000	\$1,000 / \$2,000	\$3,000 / \$6,000
Out-of-pocket Maximum Individual / Family	\$3,000 / \$6,000	\$5,000 / \$10,000	\$15,000 / \$30,000
Preventive Care	\$0	\$0	50% after deductible
Office Visit - Primary Care	\$20	\$25	50% after deductible
Office Visit - Specialist	\$20	\$50	50% after deductible
Urgent Care Visit	\$20	\$50	50% after deductible
Inpatient Hospitalization	20% after deductible	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	20% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Diagnostic Lab / X-ray	\$10	20%	50% after deductible
Advanced Imaging	20% up to \$150	20% after deductible	50% after deductible
Chiropractic	Not covered	\$25 Max of 24 visits per year	50% after deductible Max 24 visits per year
Prescription Deductible	None	None	None
Prescription Medication			
Tier 1 - Generic	\$10	\$10	\$10
Tier 2 - Brand Name	\$30	\$35	\$35
Tier 3 - Non-preferred Brand Name	Not applicable	\$70	\$70
Tier 4 - Specialty	20% up to \$200	\$70	\$70


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anthem.com


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Contributions for medical coverage participation are deducted on a pre-tax basis. Under current tax law, coverage for domestic partners must be assessed on a post-tax basis and any premium contributions we make on behalf of your domestic partner are generally considered taxable income.

Medical Plans: Platinum

The Platinum Plans offer premier coverage with minimal or no deductibles and copays for many basic services. The appeal of the Platinum Plans is predictability of costs for most services, and a low out-of-pocket maximum. Kaiser requires you and your family members to select a primary care doctor to guide and coordinate your care strictly through the Kaiser system. Anthem members can access care through network or non-network providers.


Benefits Specifications	Kaiser Platinum HMO	Anthem Platinum PPO	
	In-network Only	In- network	Non-network
Deductible Individual / Family	None	\$250 / \$500	\$1,000 / \$2,000
Out-of-pocket Maximum Individual / Family	\$3,000 / \$6,000	\$2,500 / \$5,000	\$7,500 / \$15,000
Preventive Care	\$0	\$0	50% after deductible
Office Visit - Primary Care	\$20	\$15	50% after deductible
Office Visit - Specialist	\$40	\$30	50% after deductible
Urgent Care Visit	\$20	\$50	50% after deductible
Inpatient Hospitalization	\$250 / day up to \$750	20% after deductible	50% after deductible
Outpatient Services	\$125	20% after deductible	50% after deductible
Emergency Room	\$100	20% after deductible	20% after deductible
Diagnostic Lab / X-ray	\$10	20%	50% after deductible
Advanced Imaging	\$100	20% after deductible	50% after deductible
Chiropractic	Not covered	\$15 Max 24 visits per year	50% after deductible Max 24 visits per year
Prescription Deductible	None	None	None
Prescription Medication			
Tier 1 - Generic	\$10	\$10	\$10
Tier 2 - Brand Name	\$30	\$35	\$35
Tier 3 - Non-preferred Brand Name	Not applicable	\$70	\$70
Tier 4 - Specialty	20% up to \$250	\$70	\$70

PROVIDER SEARCH:



kp.org
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PHONE:



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Contributions for medical coverage participation are deducted on a pre-tax basis. Under current tax law, coverage for domestic partners must be assessed on a post-tax basis and any premium contributions we make on behalf of your domestic partner are generally considered taxable income.

Health Extras: My Benefits Work

We offer employees the chance to purchase additional benefits to support mental health virtual care, fertility advocacy, and caregiving concierge.

Benefits Specifications	Network Only	Monthly Cost
Teladoc Behavioral Health	\$25	\$17.75
Fertility Advocacy	Included	
Caregiving Concierge	Included	

YOUR BENEFITS ARE JUST A TAP AWAY

My Benefits Work™, the mobile app and member portal for your benefit program, puts all your benefits in the palm of your hand.

EASY ACCESS

All of your benefits are accessible from the dashboard. Tap a benefit to see a brief description of how it works, and buttons will direct you to get started.

VIEW BENEFIT CARDS IN MY WALLET

Store and view all your benefit cards in one place with My Wallet. Easily add your insurance cards with a quick picture, and change the order of cards to fit your preferences. When you need to access a phone number or present the card to a provider, just tap the card and flip it to the front or back.



CHAT WITH BEN

BEN, the Benefit Expert Navigator, is available 24/7 to guide your benefit experience. Ask him to add a dependent, update your profile, and direct you to your benefits.

DEPENDENTS HAVE ACCESS, TOO!

Add your spouse and legal dependents to your account and they'll be able to use your benefit program, too. BEN can help you add and edit their information, or you can do it yourself under the "More" tab of the app.

Dependents 18 and older can create their own unique logins under your account. Invite them to create a profile and they'll receive an email to get started.




Get started with My Benefits Work today:

1. Download the My Benefits Work app on the App Store or Google™ play
2. Use your Member ID and Group ID to register
3. Enjoy your benefits!



Teladoc behavioral health visits are not available for children under 18.

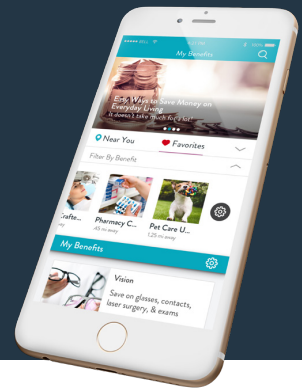


MEMBER PORTAL:
<https://memberportal.newbenefits.com/login>

Due to state regulatory policies the My Benefits Work benefit is not available in WA, UT or VT

HOW TO ACCESS YOUR BENEFITS WITH MY BENEFITS WORK™

My Benefits Work is your new mobile app, making it easier to access and use your benefits anytime, anywhere. Follow these simple steps to register your account with My Benefits Work.



1. Download

Download My Benefits Work from the App Store or Google™ play

2. Register

Register your account on the app or the web portal, www.MyBenefitsWork.com – you only need to register once and your login will work for both.

3. Enter ID

Use your Group ID and Member ID from the front of your membership card.

4. Enter Email

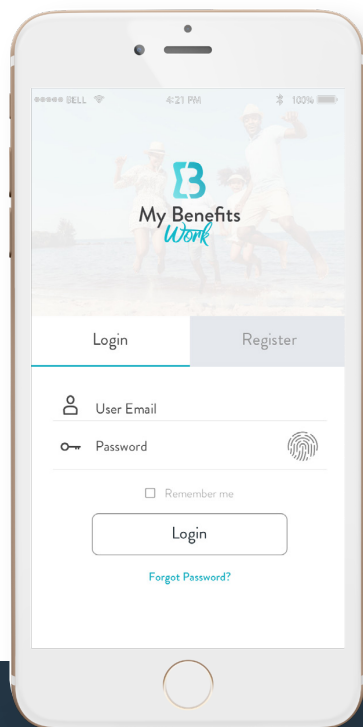
Enter your email address – this will be your username for the app and portal.

5. Enter Phone

Enter your mobile phone number and a password, then proceed.

6. Confirm

You will be prompted to confirm your account through text message or email. Enter the code and continue.



After you've registered with My Benefits Work, start exploring!

- Complete the tutorial
- Rearrange your benefits on the homepage
- Add dependents
- Read the educational blogs
- Chat with BEN, your Benefit Expert Navigator chatbot

Employee Assistance Program: Anthem

Truepill employees are automatically enrolled in the Anthem Employee Assistance Program (EAP) at no additional cost. The EAP provides members and their families with confidential, personal and online/web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.



Counseling

- Up to 6 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



Emotional Well-being Resources

- Digital tools to improve emotional well-being
- Team up with an experienced clinical coach
- Practice mindfulness on the go



Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



Other anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues

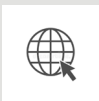


Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

We are ready to support you

You can call us at **800-999-7222**, or go to anthemEAP.com and enter your company code: Truepill Inc



INFORMATION:

anthemEAP.com



PHONE:


800-999-7222

Dental Plan: MetLife


Our dental plan through MetLife offers three levels of coverage through their Exclusive Provider Organization (EPO) and Preferred Provider Organization (PPO) networks, and also through non-contracted providers. The level of coverage for services varies by the participating status of your provider.

Benefits Specifications	MetLife Dental PPO		
	EPO	PPO Network	Non-network
Deductible Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum	\$3,000 per covered person		
Preventive Care Services Cleaning, exam, x-ray	\$0	\$0	\$0
Basic Services Fillings, periodontics and endodontics	20%	20%	20% + excess fees
Major Services Crowns, bridges, dentures	50%	50%	50% + excess fees
Orthodontia Lifetime Maximum	\$3,000 per covered child up to age 19		
Orthodontic Procedures Children up to age 19	50%	50%	50% + excess fees

If you need treatment that is expected to exceed \$300, you should request a Predetermination of Benefits or Pre-treatment Estimate before services are performed. Your provider can submit this request to MetLife on your behalf. Both you and your provider will receive an estimate of your out-of-pocket cost after the plan benefits are applied. This helps you plan for the cost of your treatment. This is especially helpful if you seek care from a non-contracted dentist. Since non-network dentists do not need to honor pre-negotiated pricing, they may charge patients more than Usual, Customary & Reasonable (UCR) fees which can result in balance bills due from you.



PROVIDER SEARCH:
metlife.com



PHONE:
800-438-6388

Contributions for dental coverage participation are deducted on a pre-tax basis. Under current tax law, coverage for domestic partners must be assessed on a post-tax basis and any premium contributions we make on behalf of your domestic partner are generally considered taxable income.

Vision Plan: MetLife


Vision coverage is available through MetLife. The plan offers you the best value, choice, and care through their nationwide network of providers. Keep in mind, you'll maximize your benefits by accessing care through a network provider. You can file a non-network benefit claim for a nominal reimbursement amount.

Benefits Specifications		VSP Network	
	Benefit	Frequency	Non-network Benefit Amount
Exam	\$10	Once every 12 months	Up to \$45
Prescription Glasses	\$10	One pair of lenses every 12 months ¹	Up to \$100
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for children up to age 18.	One pair of lenses every 12 months ¹	
Frames	\$150 allowance	One set every 12 months ¹	
Frames	\$150 allowance	Once every 12 months ¹	Up to \$70
Contact Lenses	\$150 allowance	Once every 12 months ¹	Up to \$105
Contact Lens fitting and exam	Up to \$60 copay	Once every 12 months	Not covered

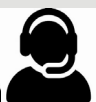
¹Your allowance applies to only one type of vision correction appliance: either frames/lenses or contact lenses.

You can use the member portal to search for network providers, check your coverage, claims history, and search for special member discounts.

If you visit a non-network provider for services, you are responsible for submitting the claim to MetLife. Obtain a form by logging on to www.metlife.com or by calling member services using the phone number below.



PROVIDER SEARCH:
metlife.com



PHONE:
800-438-6288

Contributions for vision coverage participation are deducted on a pre-tax basis. Under current tax law, coverage for domestic partners must be assessed on a post-tax basis and any premium contributions we make on behalf of your domestic partner are generally considered taxable income.

HSA: Health Savings Account

[A Health Savings Account is a great way to pay for eligible medical expenses or save for retirement.](#) If you are concurrently enrolled in an HSA-qualified high deductible medical plan and don't have other health coverage, you are eligible to open and contribute money to an HSA. The money you contribute is not subject to federal income tax.

Unlike a Health Care FSA, you own your HSA for life and your money never expires. If you change jobs or medical plans, or retire, the money is still yours.

The maximum you're allowed to contribute depends on who is enrolled with you on your medical plan. If you enroll just yourself on our HSA-qualified medical plan, you can only contribute up to the prevailing IRS-defined contribution limit for self-only coverage.


Specifications		Health Savings Account (HSA)			
		Self-only Coverage		Family Coverage	
Annual IRS Contribution Limit		\$4,300		\$8,550	
Truepill's HSA Contribution (monthly)	Employee Only	Employee Spouse	Employee Child(ren)	Employee Family	
	\$60	\$80	\$80	\$80	

Contributing to a Health Savings Account helps you set aside pre-tax money up to a limit to pay for a wide variety of qualified health care expenses for you and your eligible dependents. You receive a debit card to use at the point of service, or to pay a bill. Be sure to keep track of your expenses in the event that you are audited by the IRS. For a complete list of eligible expenses refer to [IRS Publication 502](#).


Qualified Expenses

- Copays for health services
- Prescriptions
- Hospital services
- Acupuncture/Chiropractic
- Orthodontia
- Fertility Treatment

Because interest and investment income earned on an HSA is not taxed, HSAs are great retirement savings accounts. HSA participants age 55 and older can contribute an additional \$1,000 annually. After age 65 employees can spend HSA money on non-medical items without paying a penalty. Non-medical withdrawals after age 65 are taxed as income.



INFORMATION:
access.paylocity.com/



PHONE:
800-631-3539

Contributions for health savings accounts are deducted on a pre-tax basis. Under current tax law, coverage for domestic partners under this plan is not allowed.

FSA: Health & Dependent Care

Flexible Spending Accounts (FSA) can help you pay for health or dependent care expenses while saving money on your income taxes. This is because when you participate in one or both plans, you contribute with your pre-tax dollars. **If you underspend your health care FSA by the end of the year, the remaining balance over \$660 will be forfeited if left unclaimed.** You have until March 31 of the following year to submit claims for the preceding year.

The Dependent Care FSA does not permit balance carryovers. You must submit claims by March 31st of the following year or your funds will be forfeited. If you terminate employment in the middle of the plan year, you may be reimbursed for eligible dependent care expenses through the end of that plan year.

Specifications	Flexible Spending Account Plan Options		
	Health Care FSA	Dependent Care FSA	Limited Purpose FSA
Annual Contribution Limit	\$3,300	\$5,000	\$3,300

Health Care FSA


The Health Care FSA plan helps members set aside pre-tax money up to a limit to pay for a wide variety of qualified health care, dental, and vision expenses for you and your dependents. You receive a debit card to use at the point of service, or to pay a bill. Be sure to keep track of your plan because you could lose some of your remaining balance in your account after the end of the plan year. For a complete list of eligible expenses refer to [IRS Publication 502](#).

Limited Purpose FSA


The Limited Purpose FSA plan helps HSA members set aside pre-tax money up to a limit to pay for a wide variety of qualified dental and vision expenses for you and your dependents. You receive a debit card to use at the point of service, or to pay a bill. Be sure to keep track of your plan because you could lose some of your remaining balance in your account after the end of the plan year. For a complete list of eligible expenses refer to [IRS Publication 502](#).

Dependent Care FSA

The Dependent Care FSA plan allows you set aside tax-free dollars up to a limit to help pay for the care of qualified dependents while you work or seek work. Qualified persons include your children under age 13, and parents who are your legal tax dependents. Unused money at the end of the plan year will be automatically forfeited. For a complete list of eligible expenses refer to [IRS Publication 503](#).



INFORMATION:
access.paylocity.com/



PHONE:
 800-631-3539

Contributions for flexible spending accounts are deducted on a pre-tax basis. Under current tax law, coverage for domestic partners under these plans is not allowed.

Commuter: Mass Transit and Parking

This plan helps you pay for commuter expenses on a pre-tax basis. By avoiding taxation, you can save anywhere from 20-40% on these expenses depending on your tax bracket. Your participation is a monthly election unlike the annual commitment of the Health and Dependent Care FSA plans. This means that you can modify or suspend your Commuter Benefits election at any time if your transport needs change. Any unused balance cannot be refunded, but you can spend it down. You will receive a debit card to pay for your transit expenses.

Specifications	Commuter Plan Options	
	Mass Transit	Parking
Monthly Contribution Limit	\$325	\$325


Mass Transit


- Subways, commuter trains
- Buses
- Ferries
- Vanpool
- Rideshare

Qualified Parking

- Parking garages at or near your place of work



 INFORMATION:
access.paylocity.com/

 PHONE:
800-631-3539

Contributions for commuter benefits participation are deducted on a pre-tax basis.

Life & Disability: Prudential


Voluntary group term life insurance is available for you to purchase for yourself and your eligible dependents. If you purchase group term life insurance, it is bundled with accidental death and dismemberment (AD&D) coverage for the same approved amount. This portion of the plan pays benefits if you suffer certain covered injuries. Employees can elect Voluntary Life/ADD coverage in increments of \$50K for Employee coverage, \$25K in Spouse coverage, and \$10K for Child coverage.

Benefits Specifications	Voluntary Term Life and AD&D Coverage		
	Employee	Spouse	Children
Coverage Minimum	\$50,000	\$25,000	\$10,000
Guarantee Issue	\$150,000	\$25,000	\$10,000
Coverage Maximum	\$500,000	\$25,000	\$10,000


Disability coverage is available on a voluntary basis to protect your income in the event that you're unable to work due to a disability. You can purchase short-term and long-term disability coverage to help pay for expenses during your recovery.

Benefits Specifications	Voluntary Short and Long-term Disability Coverage	
	Short-term	Long-term
Benefit	60% of predisability wages up to \$2,500	60% of predisability wages up to \$10,000
Payment interval	Weekly	Monthly
Benefit Duration	Up to 25 weeks	Up to SSNRA ¹
Elimination Period	7 days	180 days

¹Social Security Normal Retirement Age



INFORMATION:
prudential.com



PHONE:
888-598-5671

Disability benefits will be offset by all other sources of income including State Mandated Benefits such as California State Disability Insurance (SDI).

Premiums for life and disability coverage are deducted on a post-tax basis.

Pet Insurance: FIGO

The Pet Protection plan options are offered through FIGO. Between expensive emergency vet bills and basic preventive care, the plans provide coverage to help your pets live healthy, long lives. Select between a full-coverage plan that covers preventive services and illness, or the base plan for chronic illness, surgeries, and injuries. Visit [FIGO](#) to research coverage options for your pet.



What is Pet Insurance

A health insurance plan that covers the illnesses and injuries of your pet. This includes veterinarians, ERs, and specialists.



How It Works

If your pet is sick or injured, you can receive treatment from any licensed veterinarian in the US, Puerto Rico, or Canada.



What It Covers

All illnesses and injuries, including hereditary and congenital, are covered as long as they are not pre-existing conditions.

NEED TO KNOW

- ✓ If something unexpected happens to your pet tomorrow, would you be able to afford the treatment they need? Many can handle a small monthly premium, but might not be able to afford a sudden \$5,000 vet bill.
- ✓ For around \$1.20 a day, you can get your pet the protection they need.
- ✓ Call 844-738-3446, text 844-262-8133, or email support@insurefigo.com and mention you're with Truepill for enrollment assistance.



AVERAGE VETERINARY COSTS

Foreign Object Ingestion	♥♥♥♥	\$3,000
Hip Dysplasia	♥♥♥♥♥♥♥♥	\$7,000
Hit By A Car	♥♥♥♥♥	\$3,700
Cancer	♥♥♥♥♥♥♥♥♥♥	\$9,000
Torn ACL	♥♥♥♥♥♥♥	\$5,400



INFORMATION:
[FIGO](#)



PHONE:
844-738-3446

Pet insurance premium is paid directly to FIGO.

Accident & Critical Illness

You can supplement your health coverage with voluntary plans that pay benefits for certain accidents and future onset of serious conditions. You may continue coverage under these plans if your qualifications as an employee change.

Covered Injury	Accident Coverage
	Benefit
Burns	up to \$5,000
Coma	\$15,000
Concussion	\$500
Dental injury	\$500
Internal injury	\$1,500

This plan also provides Accident coverage for you, your covered spouse and your covered children for the amount(s) below:

- You = \$25,000
- Your covered spouse = \$12,500
- Your covered children = \$6,250

Covered Illness	Critical Illness
	Benefit
Invasive Cancer	100%
Coronary Artery Bypass	25%
Heart Attack	100%
Major organ failure	100%
Stroke	100%

This plan also provides benefits if you, your covered spouse, or covered children are diagnosed with one or more of the covered conditions.¹

- You = \$5,000 up to \$50,000
- Your covered spouse = \$2,500 up to \$25,000²
- Eligible Dependent Children = Automatically covered for 25% of your benefit at no additional cost

¹ Time period restrictions applied between onset of illnesses.

² Your spouse's coverage cannot exceed 50% of your coverage amount.



INFORMATION:
prudential.com



PHONE:
 844-455-1002


Premiums for accident and critical illness coverage are deducted on a post-tax basis.

SavvyFi 529

The voluntary SavvyFi 529 plan allows you to save for K-12 education, trade schools, two and four year colleges and student loans without paying taxes on investment growth. The savings can be used for tuition and most other required expenses for education. 529 accounts are also flexible! If plans change, such as a child deciding to not attend college, 529 accounts can be transferred penalty-free to a family member. Alternatively, contributions can be withdrawn for non-education uses with no penalties. Please note investment earnings will be subject to a 10% penalty and increased taxable income. Visit [SavvyFi](https://savvyfi.com) and sign-up anytime using your Truepill email address.

A Benefit For All Employees!

 INFORMATION:
[savvyfi.co](https://savvyfi.com)

 PHONE:
N/A





Home and Auto: Farmers



As a Truepill Employee you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service, and a full suite of products. In addition to auto and homeowners insurance, we offer a variety of other policies and endorsements including condo, renter's, personal excess liability, boat, motorcycle and RV.

You may apply for auto and home insurance through this program at any time. Take advantage of these savings today and call 800-438-6381 and mention your discount code: FJT

 INFORMATION:
myautohome.farmers.com

 PHONE:
800-422-4272

AcrisurePerks

Truepill is excited to offer an employee discount program through AcrisurePerks at no additional cost. This program gives employees discounts on almost everything they buy – from groceries, electronics and clothing to birthday gifts, dining out, skiing and bowling and more!

AcrisurePerks, powered by **Beneplace**, gives you access to exclusive savings:

- Disneyland, Walt Disney World, Universal Studios, Six Flags and more
- Hotels, flights, rental cars, cruises, movie tickets, concerts, sporting events and more
- 400+ different brands offering exclusive discounts, be sure to visit the site often as new discount deals are constantly being added



How to sign up:

- Go to: acrisure.savings.beneplace.com
- Enter in your work email address
- Create a password

BENEPLACE

And begin saving!

ACRISURE



Scan this QR code to visit Discount Marketplace to find more offers



INFORMATION:

acrisure.savings.beneplace.com



Employee Development Reimbursement

Who is eligible?

- Regular full-time employees

When does eligibility begin?

- After completing 6 months of regular full-time employment

Reimbursement limit:

- \$1,000 per calendar year

Approvals needed:

- Department/Function Manager
- Head of Group/Function

Course requirements:

- Must be current role/work-related
- Professional development
- Software skills
- Technical training
- Must be offered at an accredited institute of learning

Reimbursement procedure:

- Upon completion of training obtain receipt of payment
- Submit payment along with proof via expense reporting

Employee Monthly Contributions

Your contribution amounts for medical, dental and vision coverage will be deducted from your paycheck on a pre-tax basis. Be sure to verify your contribution amounts on your paycheck.

PLAN	EE ONLY	EE + SPOUSE	EE + CHILDREN	EE + FAMILY
Anthem Platinum PPO	\$192.19	\$1,018.77	\$743.25	\$1,638.72
Anthem Gold PPO	\$10.13	\$618.22	\$415.52	\$1,074.28
Anthem Bronze PPO (HSA)	\$0.00	\$0.00	\$0.00	\$63.88
Kaiser Platinum HMO	\$74.57	\$556.21	\$475.94	\$877.31
Kaiser Gold HMO	\$6.67	\$406.84	\$340.14	\$673.62
Kaiser Bronze HMO (HSA)	\$0.00	\$0.00	\$0.00	\$0.00
MetLife Dental	\$0.41	\$20.26	\$35.84	\$59.93
MetLife/VSP Vision	\$0.06	\$3.41	\$3.88	\$8.16
Accident Coverage	\$14.99	\$21.16	\$24.64	\$36.71
Voluntary Life/AD&D and Disability	Rates vary by age and coverage level. Visit the benefits information site for details .			
Critical Illness	Rates vary by age and coverage level. Visit the benefits information site for details .			
FIGO	Rates vary by age, breed and coverage level. Go to FIGO for rates.			



- Health and Dependent Care FSA, and Commuter plan contributions are assessed pre-tax through payroll.
- Contributions to your Health Savings Account can be made pre-tax through payroll deductions, or post-tax by making a deposit into your account.
- Premium for the Voluntary Life/AD&D, Voluntary Short and Long Term Disability, Accident and Critical Illness plans are deducted post-tax through payroll.
- Premium for the FIGO Pet Insurance is billed directly to you and not through payroll deductions.

Benefits Contacts

Contact your insurer or plan administrator directly for assistance, or connect with the Acrisure Benefits Team.

Carrier / Partner	Coverage	Group ID	Contact Detail
Anthem Blue Cross	Medical	LO6731	800-888-8288 anthem.com
Kaiser Permanente	Medical	723001	800-464-4000 kp.org
Anthem	Employee Assistance Program	Truepill Inc.	800-999-7222 anthemEAP.com
MetLife	Dental Vision	246054	855-638-3931(vision) 800-942-0854 (dental) metlife.com
Prudential	Life & Disability Accident & Critical Illness	71405	888-598-5671 844-455-1002 prudential.com
Paylocity	Health Care FSA Dependent Care FSA Commuter Benefits	Truepill	800-631-3539 access.paylocity.com/
Paylocity	Health Savings Account	Truepill	800-631-3539 access.paylocity.com/
Farmers	Home and Auto	FJT	800-422-4272 myautohome.farmers.com
SavvyFi	529 Plan	Truepill	N/A https://savvyfi.co/enroll/
Acrisure Benefits Team	Benefits Advocacy	Truepill	925-299-7213 truepillbenefits@acrisure.com

This document only provides highlights of the benefits offered at Truepill and all subsidiaries. If there are inconsistencies between this document and the legal plan documents, the legal plan documents will govern. Truepill may modify, amend or terminate any of the company-sponsored benefit plans offered at any time, with or without notice. This document does not serve as a contract or offer of employment.

