



isolved™

2024 Benefits Guide

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Welcome to Your isolved Benefits.

Employee Benefits Overview / Eligibility Requirements

At isolved, it's our employees who make the difference in our success. That's why, each year, you can choose from a variety of benefits that can make a real difference in your life. We offer a broad range of benefits, including health care, dental insurance, vision insurance, life insurance, disability insurance, and much more. You can customize a benefits program that's exactly right for your personal situation.

The benefits described in this guide are to help you achieve your healthcare goals and protect your loved ones. We strive to provide a benefits package that will meet your needs while balancing the cost to you and isolved. Please review it carefully and make your elections before the deadline. All elections you make will be effective the first of the month following your date of employment or date of eligibility. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

Thank you for being a valued part of our employee family with isolved.



New Hire Enrollment Take Action!

Your Enrollment To-do List

1. **REVIEW** this guide and the isolved Benefits Portal at [isolvedeebenefits.com](https://www.isolvedeebenefits.com)
2. **CONSIDER** your health and benefit needs
3. **ENROLL** or **MAKE CHANGES** at <https://myisolved.com/cloudservice/login>
4. **ADD** or **DROP** family members if needed

How to Enroll

Follow these important steps to enroll in your benefits.

1. Determine Your Needs

Be a smart health care consumer and ask yourself the following questions:

- **Who should I cover?** Estimate your coverage options for all dependents who meet eligibility requirements.
- **How much did I spend on health care last year?** Consider your past expenses to help you plan for your future needs.
- **Will I need more, or less, health coverage next year?** Estimate the amount of health care you will require in the upcoming year.

2. Review Your Options

Review this benefit guide to compare your options and evaluate plan costs and potential savings. You are also encouraged to use the resources available on the isolved Benefits Portal at www.isolvedeebenefits.com

3. Ways to Enroll in Your Benefits

Log in to your isolved Employee Self-Service profile to enroll in or make changes to your benefits.

4. Confirm Your Elections

Review your confirmation summary carefully to make sure your benefits and dependent information are correct.

Benefits Cost

isolved pays the full cost of many of your benefits. For others, isolved and you share the cost, or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means the cost comes out of your pay after taxes are deducted. The chart below shows who pays for each benefit and the related tax treatment.

Benefit	Who Pays	Payroll Deduction
Medical, Prescription	isolved/You	Pretax
Dental	isolved/You	Pretax
Vision	isolved/You	Pretax
Basic Life Insurance	isolved	N/A
Voluntary Life Insurance	You	After-tax
Disability	isolved	N/A
Flexible Spending Accounts	You	Pretax
Health Savings Accounts	isolved/You	Pretax
Group Accident	You	After-tax
Group Critical Illness with Cancer	You	After-tax
Hospital Indemnity	You	After-tax
LegalShield and IDShield	You	After-tax
Pet Insurance	You	After-tax



Eligibility

If you are a full-time employee regularly scheduled to work at least 30 hours per week, you are eligible for benefits. Part-time employees who work at least 20 hours per week are eligible to enroll in Voluntary Life, Flexible Spending Account (FSA), Dependent Care FSA, Health Savings Account, Critical Illness, Accident and Hospital Indemnity and the 401(k). Most of your benefits are effective on the first of the month following your date of hire. You may also enroll your eligible dependents for coverage.

This typically includes the following*:

- Your legal spouse or domestic partner
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

Qualifying Life Events

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

Qualified Life Event	Documentation Needed
<p>Change in marital status</p> <ul style="list-style-type: none"> • Marriage • Divorce / Legal Separation • Death 	<ul style="list-style-type: none"> • Copy of marriage certificate • Copy of divorce decree • Copy of death certificate
<p>Change in number of dependents</p> <ul style="list-style-type: none"> • Birth or adoption • Step-child • Death 	<ul style="list-style-type: none"> • Copy of birth certificate or copy of legal adoption papers • Copy of birth certificate plus a copy of the marriage certificate between employee and spouse • Copy of death certificate
<p>Change in employment</p> <ul style="list-style-type: none"> • Change in your eligibility status (i.e., full-time to part-time) • Change in spouse's benefits or employment status 	<ul style="list-style-type: none"> • Notification of increase or reduction of hours that changes coverage status • Notification of spouse's employment status that results in a loss or gain of coverage



Changing benefits after enrollment during the year, you cannot make changes to your medical, dental, vision, Dependent Care, or Flexible Spending Accounts unless you have a Qualified Life Event. If you do not contact Internal HR Benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

Helpful Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – On an out-of-network claim when a health care provider bills a patient for the difference between what the patient's health insurance reimburses and the provider charges.

Copay – A fixed dollar amount you pay the provider at the time of service.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each contract year (7/1 to 6/30) before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services and some preventive medications.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

Embedded Deductible – Only a single member of a family needs to meet the individual deductible before coinsurance begins; the entire family deductible does not need to be met.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a

reduced rate compared to care received by out-of-network providers.

Non-Embedded Deductible – The entire family deductible amount must be met before the plan begins to pay, even if only one family member has medical costs.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase, and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You may share this cost with the company and pay your portion through regular payroll deductions.

Preventive Care – Routine health care, including annual physicals, screenings, and recommended vaccines to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Benefits Acronyms

AD&D = Accidental Death & Dismemberment
LTD = Long Term Disability
FSA = Flexible Spending Account
OOPM = Out-of-Pocket Maximum
HDHP = High Deductible Health Plan

PPO = Preferred Provider Organization
HRA = Health Reimbursement Arrangement
STD = Short Term Disability
HSA = Health Savings Account

Medical Benefits

\$4,000 HSA Base Plan

Your medical plan is likely the most important decision you will make as a new employee, and we want to make it as easy as possible. The following plan options through BCBSNC includes in-network and out-of-network benefits. To find healthcare providers that participates in the BCBSNC network, visit www.blueconnectnc.com. For more information on the medical plan, visit the isolated Benefits Portal at www.isolvedeebenefits.com

HSA Base Plan	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE	Embedded Deductible	Embedded Deductible
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
ANNUAL OUT OF POCKET LIMITS (includes deductible and copays)		
Individual	\$6,550	\$13,100
Individual within a Family	\$6,550	\$13,100
Family	\$13,100	\$26,200
COINSURANCE	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
TELADOC TELEHEALTH VISITS (Acute and Behavioral Health)	\$55 (until deductible met), then 20%	Not Applicable
OFFICE VISITS - Primary Care Physician	20% after plan deductible	50% after plan deductible
OFFICE VISITS - Specialist	20% after plan deductible	50% after plan deductible
PREVENTIVE CARE	100%, deductible waived	Not Covered
INPATIENT - Hospital	20% after plan deductible	50% after plan deductible
OUTPATIENT - Hospital	20% after plan deductible	50% after plan deductible
EMERGENCY ROOM	20% after plan deductible	
URGENT CARE	20% after plan deductible	

Medical Benefits

\$2,000 HSA Buy-Up Plan

HSA Buy-Up Plan	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE	Non-Embedded Deductible	Non-Embedded Deductible
Individual	\$2,000	\$4,000
Individual within a Family	\$4,000	\$8,000
Family	\$4,000	\$8,000
ANNUAL OUT OF POCKET LIMITS (includes deductible and copays)		
Individual	\$4,000	\$8,000
Individual within a Family	\$6,650	\$13,300
Family	\$8,000	\$16,000
COINSURANCE	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
TELADOC TELEHEALTH VISITS (Acute and Behavioral Health)	\$55 (until deductible met), then 20%	Not Applicable
OFFICE VISITS - Primary Care Physician	20% after plan deductible	50% after plan deductible
OFFICE VISITS - Specialist	20% after plan deductible	50% after plan deductible
PREVENTIVE CARE	100%, deductible waived	Not Covered
INPATIENT - Hospital	20% after plan deductible	50% after plan deductible
OUTPATIENT - Hospital	20% after plan deductible	50% after plan deductible
EMERGENCY ROOM	20% after plan deductible	
URGENT CARE	20% after plan deductible	

Medical Benefits

PPO Copay Plan

PPO Plan	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE	Embedded Deductible	Embedded Deductible
Individual	\$2,000	\$4,000
Individual within a Family	\$2,000	\$4,000
Family	\$4,000	\$8,000
ANNUAL OUT OF POCKET LIMITS (includes deductible and copays)		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
COINSURANCE	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
TELADOC TELEHEALTH VISITS (Acute and Behavioral Health)	\$40 copayment	Not Applicable
OFFICE VISITS – Primary Care Physician	\$40 copayment	50% after plan deductible
OFFICE VISITS – Specialist	\$75 copayment	50% after plan deductible
PREVENTIVE CARE	100%, deductible waived	Not Covered
INPATIENT – Hospital	20% after plan deductible	50% after plan deductible
OUTPATIENT – Hospital	20% after plan deductible	50% after plan deductible
EMERGENCY ROOM	\$350 copayment	
URGENT CARE	\$75 copayment	

Pharmacy (Rx) Benefits

Drex

When you enroll in an isolated medical plan, you automatically receive prescription drug coverage with Drex. Drex brings you a transparent prescription program and unique portal for your non-high cost/non-specialty drugs.

Transparency of costs and options for pharmaceuticals allows participants to be smart consumers of their healthcare needs. You have access to all national pharmacy chains and most smaller local pharmacies.

Once you are enrolled in the plan, create a member account at: drex.com

Access Your Rx Benefits:

1. Get your script

You've gone to the doctor, gotten your diagnosis, and now it's time for your doctor to give you your prescription. Most people will just have someone call this info into their "regular" pharmacy, but you're not most people. You get to work with your doctor and Drex to find the best price.

2. Login to your Drex account and scroll through prices and locations

Just enter your prescription info into the search bar and get a list of all your local pharmacies, and the cost of your prescription at each spot. Most people don't even know that they have a choice when it comes to filling a prescription, and that's okay if you didn't know that either. Now you do. And that's what matters.

3. Go to the best pharmacy for you

Now you get to look through your options, and decide what to do next. Maybe driving the extra few minutes is worth the savings, maybe it's not. That's your call. And that's called freedom. This might take some getting used to, but with Drex you're in control.

4. Be Well

Drex keeps a full history of your prescriptions, so you can see what you have taken, and when. You have the data and you decide what to do with it. Most other prescription platforms only help people save money, and some customers may just want that. Drex is an advocate for your overall wellness.

Pharmacy Benefits

BCBSNC HDHP \$4,000 HSA Base Plan

Prescription Drugs	You Pay
Retail (30-day supply) Generic/Preferred Brand/Non-Preferred Brand & Specialty	20% after plan deductible
Mail Order (up to a 90-day supply) Generic/Preferred Brand/Non-Preferred Brand	20% after plan deductible

BCBSNC HDHP \$2,000 HSA Buy-up Plan

Prescription Drugs	You Pay
Retail (30-day supply) Generic/Preferred Brand/Non-Preferred Brand & Specialty	20% after plan deductible
Mail Order (up to a 90-day supply) Generic/Preferred Brand/Non-Preferred Brand	20% after plan deductible

BCBSNC PPO Copay Plan

Prescription Drugs	You Pay
Retail (30-day supply) Generic: Brand: Specialty:	\$15 copay \$45 copay 25% (minimum \$50/maximum \$200)
Mail Order (up to a 90-day supply) Generic/Preferred Brand/Non-Preferred Brand	3 x retail copayments (\$45 / \$135)

Medical/Rx Plan Cost

Your monthly and per pay period deductions for medical/Rx are shown here.

BCBSNC HDHP \$4,000 HSA Base Plan

Coverage Tier	Employee Monthly Cost	Employee Per Pay Period Cost
Employee	\$50	\$25
Employee + Spouse	\$290	\$145
Employee + Child(ren)	\$254	\$127
Employee + Family	\$379	\$189

BCBSNC HDHP \$2,000 HSA Buy-up Plan

Coverage Tier	Employee Monthly Cost	Employee Per Pay Period Cost
Employee	\$139	\$70
Employee + Spouse	\$369	\$185
Employee + Child(ren)	\$321	\$160
Employee + Family	\$531	\$266

BCBSNC PPO Copay Plan

Coverage Tier	Employee Monthly Cost	Employee Per Pay Period Cost
Employee	\$222	\$111
Employee + Spouse	\$509	\$255
Employee + Child(ren)	\$441	\$221
Employee + Family	\$738	\$369

Telehealth Virtual Visits

Teladoc

Feeling under the weather? Telehealth services put you in control of when and where you access care services without driving to a doctor’s office. Virtual visits give you direct 24/7/365 access to board-certified doctors, including primary care, pediatrics, and family medicine.

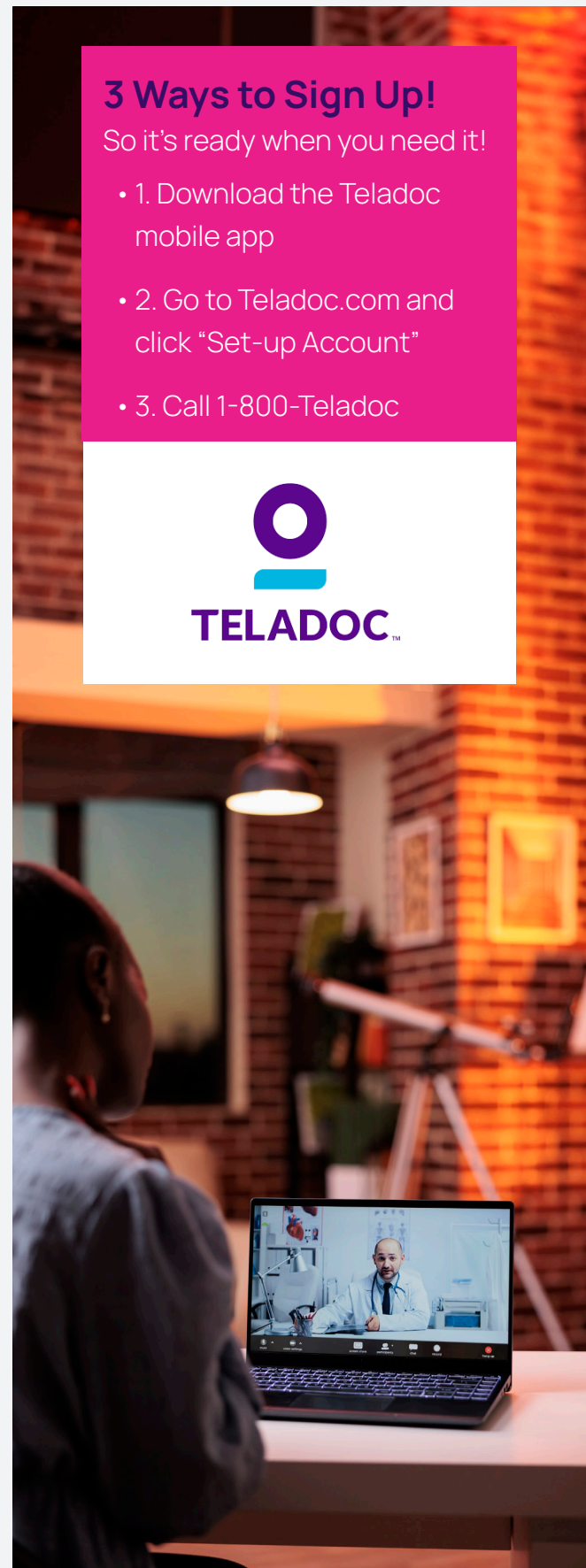
Teladoc can handle many common, non-emergency health problems:

- Acne
- Allergies
- Asthma
- Cough, cold and flu
- Fever
- Headache
- Pink Eye
- Sinus Problems
- And more

Teladoc and BCBS of NC now also offer a way to address behavioral health concerns discreetly and conveniently. Teladoc offers an easy, affordable and uncomplicated way to speak with a licensed counselor or psychiatrist.

Why Use Teladoc behavioral services?

- Access to secure confidential sessions with state-licensed mental health professionals
- Video and telephone options to suit those suffering with conditions like PTSD and anxiety
- Online tools to search for providers and stay in touch with them between sessions



How the Health Savings Account (HSA) Works

- When you enroll in one of the BCBS High Deductible Health Plans, a Health Savings Account (HSA) will be opened on your behalf through isolved Benefit Services. The HSA allows you to pay for eligible health care expenses, such as deductibles, doctor's visits, and prescriptions. As HSA makes it easy to pay for current health care costs and save for future health care needs in retirement.

Benefits of an HSA

- The company contributes FREE money to your account.
- You can set aside tax-free* money to pay for out-of-pocket health care expenses.
- An HSA is your bank account. If you leave the company, the account goes with you.
- All unused contributions roll over year to year.
- HSAs can make a great retirement savings account and may be invested by the account holder.
- Employee HSA contributions can be stopped, started, or changed anytime throughout the plan year.

HSA Contributions

You can contribute pre-tax dollars from your paycheck up to the annual IRS maximums. When you enroll in an HSA, you will receive a debit card to pay for eligible health care expenses. isolved will automatically contribute to your HSA on a quarterly basis if you enroll in an HDHP medical plan (the PPO plan is not eligible for an employer-funded HSA contribution). HSA contributions cannot exceed the annual IRS maximums.

- *If you are not eligible to enroll in an HSA, please notify the isolved Benefits Department.



How the Health Savings Account (HSA) Works

Coverage Tier	2024 Company Contribution HSA \$4,000 Base Plan	2024 Maximum HSA Contribution (IRS)	2024 Maximum Employee HSA Contribution
Employee Only	\$900	\$4,150	\$3,250
Employee + Spouse	\$1,200	\$8,300	\$7,100
Employee + Child(ren)	\$1,200	\$8,300	\$7,100
Employee + Family	\$1,800	\$8,300	\$3,500
Coverage Tier	2024 Company Contribution HSA \$2,000 Buy-Up Plan	2024 Maximum HSA Contribution (IRS)	2024 Maximum Employee HSA Contribution
Employee Only	\$500	\$4,150	\$3,650
Employee + Spouse	\$800	\$8,300	\$7,500
Employee + Child(ren)	\$800	\$8,300	\$7,500
Employee + Family	\$1,100	\$8,300	\$7,200

Eligible HSA Expenses

- Medical care (deductibles, coinsurance, prescriptions)
- Dental care (exams, dental procedures, orthodontics)
- Vision care (exams, glasses, contacts)
- For a complete list, refer to IRS Publication 969 or the HSA store eligibility list

<https://hsastore.com/hsa-eligibility-list>

HSA & FSA - Know The Difference!

In Order to Contribute to an HSA

- The IRS has several eligibility requirements that must be met to open an HSA.
- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered under any other non-qualified plan, including your spouse's Health Care FSA
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Already Have an HSA?

- You are encouraged to transfer previous account balances to isolved HSA for ease of administration and to avoid paying monthly administration fees.
- Transfer instructions are available by calling 1-800-300-3838 or via your isolved benefit services portal.

HSA Tax Advantages

1. Your contributions to the HSA are not taxed.
2. Payments of qualified health care expenses are tax-free.
3. Earnings are tax-free.*

Questions? Refer to IRS Publication 969 for complete HSA rules or the isolved Benefit Services HSA resource center at <https://www.isolvedbenefitservices.com/resources/hsa-resource-center/participants>

*State taxes may still apply in CA, NJ, and AL. For detailed tax implications of an HSA, please contact your professional tax advisor.

How Your HSA Works with an FSA

While you can't contribute to both the HSA and the Health Care FSA at the same time, HSA enrollees are eligible to enroll in the Limited Health Care FSA for eligible dental and vision expenses. Consider using these dollars first for eligible expenses, since the Limited Health Care FSA is funded immediately, and you will lose any unused funds at the end of the plan year.

How the Medical Plans Compare in Cost

Medical Plan Exposure	PPO Plan		\$2,000 HSA Buy-up Plan		\$4,000 HSA Base Plan	
	Employee Only	Family	Employee Only	Family	Employee Only	Family
Deductible	\$2,000	\$4,000	\$2,000	\$4,000	\$4,000	\$8,000
Out-Of-Pocket Maximum	\$6,000	\$12,000	\$4,000	\$8,000 (Ind: \$6,550)	\$6,550	\$13,100
Employee Contributions	\$2,664	\$8,856	\$1,668	\$6,372	\$600	\$4,548
isolved HSA Contributions	\$0	\$0	\$500	\$1,100	\$900	\$1,800
Total Out-of-Pocket Exposure Best Case	\$2,664	\$8,856	\$1,168	\$5,272	\$0	\$2,748
Total Out-of-Pocket Exposure Worse Case	\$8,664	\$20,856	\$5,168	\$13,272	\$6,550	\$15,848

Top 4 Reasons to Enroll in an HSA Plan

1. isolved puts **FREE** money into your account every year!
2. Contributions, interest, and qualified purchases are all tax-free.
3. It's your account, your HSA goes with you if you retire or leave the company.
4. Funds never expire. There's no "use it or lose it" provision.

HSA & FSA - Know The Difference!

Below, we've outlined the key differences between a Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) so you can see which is right for you and your family, the advantages to each and why they are offered.

HSA – Health Savings Account

An HSA is an individual owned benefits plan funded by the employee. Employees must be enrolled in the High Deductible Health Plan (HDHP) to be eligible, which will lower insurance premiums.

HSAs have a triple-tax advantage, meaning distributions for qualified medical expenses and investment

returns are tax free, and contributions are tax-deductible. They can also be invested, which lets employees grow their dollars!

- [Control](#) - Owned by the employee
- [Funding](#) - Employer and/or employee funded
- [Health Plan Eligibility](#) - Must be enrolled in a High-Deductible Health Plan
- [Invest Funds?](#) – Yes

FSA - Flexible Spending Account

An FSA is an employer-owned account that employees use to set aside funds for qualified expenses. FSAs offer pre-tax savings on eligible expense like medical or dependent care services. FSAs will also save you money! For example, if an employee is enrolled in the Medical FSA, he/she reduces the taxable income, which reduces the amount subject to Social Security and Medicare. You won't have to pay Social Security or Medicare tax on funds going into your FSA.

- [Control](#) - Owned by the employer
- [Funding](#) - Employee funded
- [Health Plan Eligibility](#) - Must be offered a group health plan by employer
- [Invest Funds?](#) - No

Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) allows you to set aside a portion of your salary, before taxes, to pay for qualified health or dependent care expenses, because that portion of your income is not taxed, you end up with more money in your pocket. There are two types of FSAs – the Health Care FSA, and the Dependent Care FSA.



Medical Health Care FSA for Non – HSA Account Holders

Used to pay for services not covered by your medical, dental or vision such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, dental expenses, contact lenses and eyeglasses.



Limited Purpose FSA for HSA Account Holders

If you are an HSA account holder, you can contribute to a limited purpose FSA. These funds can be used to pay for qualified dental or vision out-of-pocket expenses. You cannot use these funds for medical expenses.



Dependent Care FSA

Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

It's Easy To Use These Accounts:

First, you contribute to the account(s) with pretax dollars deducted from your paycheck. That means no taxes (federal, state or Social Security) will be withheld from any of those dollars.




Then you may use your FSA debit card or submit claims (along with appropriate documentation) to be reimbursed for those expenses from the dollars in your account.

Important Notes!

Important: There is a **“use it or lose it”** rule imposed by the IRS. In other words, if you do not spend all the money in your FSA by the deadline, any unused dollars in your account(s) after the deadline will be forfeited. You may roll over \$610 into the 2023 plan year. Any dollars remaining over the roll over threshold will be forfeited per IRS regulations for pretax contributions.

For more information, visit isolvedeebenefits.com or the isolved Benefit Services at www.isolved-benefitservices.com/resources/fsa-resource-center/participants

Comparing (FSA) Flexible Spending Accounts

 <p>Health Care FSA</p>	 <p>Limited Purpose FSA</p>	 <p>Dependent Care</p>
<p>Contribute up to \$3,050 per year, pretax.</p>	<p>Contribute up to \$3,050 per year, pretax.</p>	<p>Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns</p>
<p>Receive a debit card to pay for eligible medical expenses.</p>	<p>Receive a debit card to pay for eligible dental and vision expenses.</p>	<p>You must submit claims and be reimbursed if you enroll in this FSA,; no debit cards are provided (funds must be available in your account).</p>
<p>Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications and dental expenses.</p>	<p>Eligible expenses include eyeglasses, contact lenses and dental expenses.</p>	<p>Can only be used to pay for eligible dependent care expenses including day care, after-school programs, summer day camps and elder care programs.</p>
<p>Submit claims up to March 31st of the following year for expenses from January 1 to December 31.</p>	<p>Submit claims up to March 31st of the following year for expenses from January 1 to December 31.</p>	<p>Submit claims up to March 15th of the following year for expenses from January 1 to December 31.</p>
<p>If you do not spend all the money in the FSA by December 31st you may roll over up to \$610 into the 2024 plan year. Any dollars remaining over the roll over threshold will be forfeited per IRS regulations for pretax contributions.</p>	<p>If you do not spend all the money in the FSA by December 31st you may roll over up to \$610 into the 2024 plan year. Any dollars remaining over the roll over threshold will be forfeited per IRS regulations for pretax contributions.</p>	<p>If you do not spend all the money in the FSA by December 31st per IRS regulations, unused dollars will be forfeited for pretax contributions</p>

Top 4 Reasons to Enroll in an HSA Plan

1. isolated puts FREE money into your account every year!
2. Contributions, interest, and qualified purchases are all tax-free.
3. It's your account, your HSA goes with you if you retire or leave the company.
4. Funds never expire. There's no "use it or lose it" provision.

Comparing (FSA) Flexible Spending Accounts

How You Can Save on Taxes With FSAs

Here’s an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses. Note: This is an example is based on 10% taxes; your savings will vary based on your specific tax rate.

	Medical Plan Exposure PPO Plan		Dependent Care FSA	
	Without Account	With Account	Without Account	With Account
	Your Taxable Annual Income	\$35,000	\$35,000	\$35,000
Account Deposit (Before Taxes)	N/A	\$3,050	N/A	\$5,000
Taxable Wages	\$35,000	\$31,950	\$35,000	\$30,000
Federal & Social Security Taxes	\$3,500	\$3,195	\$3,500	\$3,000
Expense (After Taxes)	\$3,050	N/A	\$5,000	N/A
Take Home (Net)	\$28,450	\$28,755	\$26,500	\$27,000
Annual Tax Savings	\$0	\$305	\$0	\$500

Dental Plan

Dental benefits provide you and your family with comprehensive coverage to keep your smile shining bright! The chart below provides you a brief summary of the key benefits of the dental insurance available from Delta Dental of Michigan. For a complete list of all your dental insurance benefits and restrictions, please refer to your booklet or visit the isolved Benefits Portal at www.isolvedeebenefits.com.

To access the full value of your dental benefits, you are strongly encouraged to utilize In-Network providers. If you use a non-participating PPO provider, you will pay more out-of-pocket since those providers do not have negotiated rates with your dental carrier. You will also be responsible for any amount over reasonable and customary (R&C). Visit www.deltadentalml.com to find participating Delta Premier and Delta PPO providers.

Delta Dental of Michigan	
Calendar Year Deductible	
Individual	None
Family	None
Benefits	
Benefit Maximum (Calendar Year)	\$1,500
Preventive Care Services	100%
Basic Services	80%
Major Services	50%
Orthodontia (dependents up to age 19)	50% (up to \$1,000)

Coverage Tier	Employee Monthly Cost	Employee Per Pay Period Cost
Employee	\$10.67	\$5.34
Employee & Spouse	\$20.14	\$10.07
Employee & Children	\$24.80	\$12.40
Employee & Family	\$38.06	\$19.03

Voluntary Pre-authorization

In the event you need to have dental work estimated to cost \$300 or more, we recommend you have your dentist submit the charges to the carrier for pre-authorization. They will then review the intended treatment plan and let your dentist know how much of the bill they will cover. We recommend this to avoid any billing issues.

View Your Dental Benefits on the isolved Benefits Portal at www.isolvedeebenefits.com

Vision Plan

Your Eyes Deserve VSP

isolved has designed a vision plan that includes coverage for both an annual vision exam as well as vision hardware benefits. You should always use an in-network provider whenever possible to receive the highest benefit level. To find participating providers and retailers, visit www.vsp.com.

Vision Service Plan (VSP)	
Vision Exams	
Benefit	\$10 copay
Frequency	12 months
Vision Materials	
Materials Copay	\$25 copay
Lenses (Every 12 months)	Included in prescription glasses
Contacts Covered in lieu of frames (Every 12 months)	\$130 allowance

Coverage Tier	Employee Monthly Cost	Employee Per Pay Period Cost
Employee	\$2.99	\$1.50
Employee & 1 Dependent	\$4.33	\$2.17
Employee & 2+ Dependents	\$7.76	\$3.88



Life & Accidental Death and Dismemberment

Your Plan for a Rainy Day

Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance, through Prudential, provides financial security to you and your family if you pass away or become seriously injured.

Basic Life And AD&D Insurance

As an eligible employee, you receive Basic Term Life and AD&D insurance in the amount of 1 x annual salary up to \$200,000. This is payable for death from any cause to any person you name as beneficiary. isolved pays the full cost of this benefit.

Basic Dependent Life And AD&D Insurance

As an eligible employee, your eligible dependents will receive Basic Term Life insurance in the amount of \$5,000 for your spouse and \$2,000 for each dependent child. This is payable for death from any cause to any person you name as beneficiary. isolved pays the full cost of this benefit.

Voluntary Life And AD&D Insurance – Employee Paid

In addition to Basic Life and AD&D, you may buy voluntary Term Life and AD&D coverage at discounted rates. The chart on the following page describes the amount of coverage you can buy for yourself, your spouse, and your child(ren).

Voluntary Dependent Life Insurance- Employee Paid

Provides coverage on:

- Your lawful spouse, including legally separated spouse or your domestic partner (proof of declaration of domestic partnership will be required).
- Your unmarried children from live birth but less than age 26. Handicapped children can continue to be covered with no age limit, if the child is covered prior to age 26.

Evidence of Insurability (EOI)

Increase in coverage for any amounts over guaranteed issue, a re-entry in the plan and participants who enroll 31 days beyond the eligibility period will be required to provide evidence of insurability (EOI) satisfactory to Prudential.

Life & Accidental Death and Dismemberment

Beneficiary

You have the right to designate the beneficiary of your choice. The beneficiary elected on your life enrollment form designates your beneficiary for Basic and Optional coverage. You are automatically the beneficiary under Dependent Life. Remember to keep your Beneficiaries updated, which can be done anytime throughout the year. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor for further guidance on this issue.

Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary as often as needed at



Life & Accidental Death and Dismemberment

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

isolved provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Prudential	
Full-Time Employees	
Basic Benefit Life	1 x annual salary up to \$200,000
Basic AD&D Benefit	Equal to the life insurance benefit or as indicated in the contract based on type of loss
Basic Dependent Life	
Basic Dependent Life Benefit	Spouse: \$5,000 Children: 0- 6 months - \$1,000 6 months to Age 26: \$2,000

Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance

You may purchase additional Voluntary Life and AD&D insurance through Prudential for you and your spouse and dependent children.

Benefit Features	Voluntary Life / AD&D Options		
	Employee	Spouse	Dependent Child(ren)
Coverage Options	Increments of \$10,000 up to the lesser of \$500,000 or 5x annual earnings	Increments of \$5,000	Birth to 6 months: \$1,000 6 months to age 26: \$10,000
Maximum	\$500,00	up to 100% of the employee amount	\$10,000
Guaranteed Issue Amount (Life Insurance Only)	\$250,000	\$50,000	Full Benefit
Guaranteed Issue Period (Life Insurance Only)	Applies during your initial eligibility		

*Benefits begin to reduce by 35% at age 65 for both paid Basic Life and Voluntary Life.

Disability Insurance

Income Replacement When You Need It

If you experience an injury or illness that prevents you from working, disability coverage, through Unum, provides partial income replacement to assist you financially. isolved provides both Short Term and Long Term Disability benefits to all eligible employees at no cost.

Short Term Disability (STD)

Short Term Disability coverage provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury.

Long Term Disability (LTD)

Long Term Disability pays you a portion of your earnings if you cannot work for an extended period of time due to a disabling illness or injury. You will continue to receive benefits if you meet the definition of disability or reach your Social Security Normal Retirement Age. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

Pre-existing Limitations May Apply:

A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

Prudential Short Term Disability (STD)	
Benefit Amount	60%
Weekly Benefit Amount	\$3,000
Elimination Period	Accident: 7 days Sickness 7 days
Benefit Period	12 Weeks

Prudential Long Term Disability (LTD)	
Benefit Percentage	60%
Monthly Benefit Maximum	\$15,000
Elimination Period	90 days
Pre-Existing Waiting Period	12 Months

Employee Assistance Program

Whether you're dealing with personal or work situations, the EAP is here to help. Prudential's Employee Assistance Program via ComPsych offers 3 in-person counseling visits, unlimited phone sessions, and more. All services are completely confidential, there is no cost for using this service, and it available to you, your spouse/domestic partner, dependent children, parents and parents-in-law.

Whatever You Need, We Are Here To Help. Any Time. Any Day.



In Person Guidance



Unlimited 24/7
assistance



Online resources

4 Ways the EAP Makes Life Easier

With the busyness of life, our well-being often gets pushed aside for more pressing needs. A better, healthier life starts with taking time to get the support we need. The Employee Assistance Program (EAP), through ComPsych, is here to help.

1. **Unlimited 24/7 Support**

Anytime you have a question or need a listening ear, counselors are available to take your call. They can also offer referrals for services, including in-person.

2. **Family Resources**

Managing your family's needs can feel overwhelming. The EAP shares the burden by offering guidance and resources for parenting, childcare, and elder care.

3. **Managing Daily Life**

Juggling the demands of work, family challenges, health issues, and your ever-growing to-do list can be hectic. The EAP offers tools and useful information to handle it all.

4. **Legal and Financial Services**

Whether you need help with a monthly budget or are looking for long-term savings strategies, the EAP offers information and resources for a secure financial future.

Call 1-800-311-4327 to access the EAP or visit [guidanceresources.com](https://www.guidanceresources.com) using company Web ID: GRS311. An employee assistance professional may assess your situation prior to scheduling an appointment to ensure that you are receiving the most appropriate care.

Group Accident Insurance



Just as it sounds, Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing, or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage). The Accident benefit offered is a voluntary benefit and 100% paid for by the employees.

- Emergency Room Treatment
- Hospital Stays
- Fractures and Dislocations
- Medical Exams (including major diagnostic exams)
- Physical Therapy
- Transportation and Lodging (if you are away from home when the accident happens)

How the Plan Works



On his way to work, John was in a car accident.

He was transported by ground ambulance to the emergency room and admitted to the hospital.



He had a dislocated hip and spent five days in the hospital. He had several physical therapy sessions before returning to work.

John submitted his accident claim and received \$5,280 from his accident insurance coverage. He used it towards his deductible, copay and supplemental income for his missed workdays.



John's Accident Insurance Benefits Paid a Total of \$5,280

Ground Ambulance	\$300
MRI	\$150
Dislocated Hip	\$2,250
Emergency Room Treatment	\$150
Hospital Stay Admission	\$900
Urgent Care	\$150
X-Ray	\$45
Hospital Confinement	\$1,125
Physical Therapy (6 Sessions)	\$210

Group Critical Illness Insurance

Critical Illness Insurance pays a \$30,000 lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs or any of your regular household expenses. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



No Deductibles & No Copayments



Guaranteed Renewable



Fully Portable



No Network Restrictions

Group Hospital Indemnity

Hospital Indemnity insurance can pay benefits that help you with the costs of a covered hospital visit for a covered sickness or injury. This coverage helps with out-of-pocket costs and helps families cope with the financial impact of a hospitalization. The benefit is paid directly to the you. You do not have to be covered on the medical plan to enroll in the Hospital Indemnity plan. You can enroll yourself and your eligible family members in this coverage. The Hospital Insurance benefit offered is a voluntary benefit and 100% paid for by the employees.

What is the benefit?

You receive \$1,500 for each covered hospital admission (once per year), the admission to the hospital can be for a covered accident, illness or childbirth.

How does it work?



You enroll in the plan



You have a high fever and go to the Emergency Room



Physician admits the insured into the hospital



You are released after two days.



The Unum Hospital Plan pays you \$1,500

Why is this coverage so valuable?

- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire, without having to answer new health questions.

Pre-existing limitations may apply:

A benefits for a pre-existing condition (defined as a sickness or injury for which medical advice, diagnosis, care or treatment was received or recommended during the 12 months just prior to your effective date) will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.

Wellness Benefit

Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

Accident Wellness Benefit

Prudential pays a Wellness Benefit for one wellness test a year if you are enrolled in the Prudential Accident Plan. The Accident wellness benefit is \$50 per covered member.

Most common tests and screenings

- Blood test for triglycerides
- Fasting blood glucose test
- Mammography
- Pap smear
- Serum cholesterol test to determine HDL and LDL levels

Visit isolvedeebenefits.com to see the list of other test and screenings that are eligible to receive the Accident Wellness Benefit.

Critical Illness Be Well Benefit

Prudential pays a Be Well Benefit for you and your covered family members when you receive important tests and screenings if you are enrolled in the Prudential Critical Illness Plan. The Critical Illness Be Well benefit is \$50.

Be Well Screenings

- Annual exams by a physician including sports physicals and well-child visits
- Cancer screenings including pap smear, colonoscopy
- Cardiovascular function screenings
- Pap smear
- Serum cholesterol test to determine HDL and LDL levels

If you are enrolled in both the Accident and Critical Illness plans, you can receive a total of \$100 in annual Wellness Benefits.

Visit isolvedeebenefits.com for information on How to File a Wellness Claim.

Legal and ID Theft Insurance

Affordable Legal and Identity Theft Protection

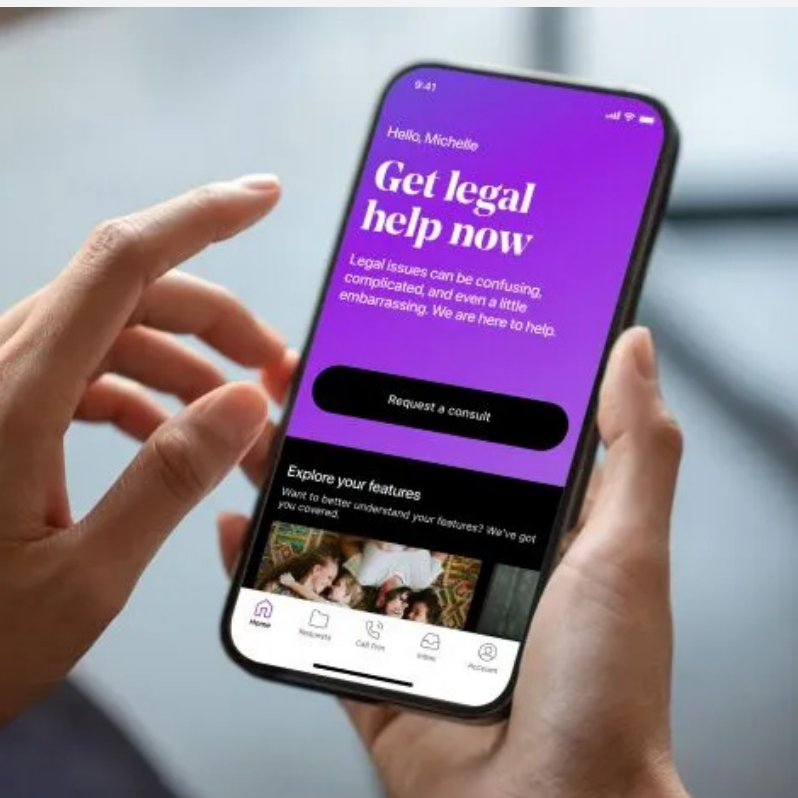
LegalShield and IDShield provide the legal and identity theft protection you and your family need and deserve.

LegalShield Coverage Includes:

- Legal Consultation and Advice Court Representation
- Dedicated Provider Law Firm Leal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance 24/7 Emergency Legal Access

IDShield Coverage Includes:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only) Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management



For more information, visit

isolvedeebenefits.com or
benefits.legalshield.com/isolved

On-the-go protection!

With the LegalShield and IDShield mobile apps, you have on-the-go access, 24/7!

Pet Insurance

isolated offers employees with the opportunity to save on veterinary costs with Pet Insurance through Nationwide. This plan allows you to get reimbursed for eligible vet bills. See the summary of services below.

- ✓ Cash back on eligible vet bills
Choose from two levels of reimbursement: 70% or 50%*. All plans have a \$250 annual deductible and \$7,500 annual benefit.
- ✓ Simple pricing based on just two factors: ZIP code and species of pet. We're the only company to offer this kind of pricing
- ✓ Available exclusively for employees, not to the general public. We're the only company with a dedicated product for voluntary benefits
- ✓ Same price for pets of all ages Your rate won't go up because your pet had a birthday
- ✓ Use any vet, anywhere No networks, no pre-approvals
- ✓ Optional wellness coverage available
Includes spay/neuter, dental cleaning, exams, vaccinations and more

- Accidents, including poisonings and allergic reactions
- Injuries, including cuts, sprains and broken bones
- Common illnesses, including ear infections, vomiting and diarrhea
- Serious/chronic illnesses, including cancer and diabetes
- Hereditary and congenital conditions
- X-rays, MRIs and CT scans
- Prescription medications and therapeutic diets
- Behavioral treatments



These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply.

- Unlimited, 24/7 access to veterinary professional (\$150 value).
- Easy online account management.
- Mobile claims submission with the free VitusVet app.
- Fast, convenient electronic claim payments
- Multiple-pet discounts applied when enrolling more than one pet.
- Plans also available for birds, rabbits, reptiles and other exotic pets.

401K

isolated 401(k) plan is administered by our carrier partner Fidelity. You are eligible to join the 401(k) Plan if you are 21 years of age or older and at the first of the month following your date of hire. When you become eligible to participate in the Plan, you will be auto enrolled at 6% of your pay which will be deducted on a pre-tax basis unless you elect otherwise. On an annual basis, your Elective Deferral will be increased by 1% by the company unless you have opted out of the automatic escalation on Fidelity's site. Employees also have the option to contribute on a post-tax basis to a Roth 401k Plan. You are always 100% vested in your salary deferrals.

2024 Contribution Limits

Defer up to \$23,000 in employee contributions (combined limit for both pre-tax and Roth contributions) Over age 50, an additional \$7,500 "catch up" is allowed. In addition to standard payroll deduction contributions, participants may roll-over monies from other qualified retirement plans

Company Match

The company will match your contributions at 50% of the first 6% you contribute. Personal contributions are pre-tax and added to your account through convenient payroll deductions. Your isolated match will be contributed each pay period and is subject to the company's vesting schedule. Company Match Vesting Schedule

- 1 Year of Service: 25%
- 2 Years of Service: 50%
- 3+ Years of Service: 100%

Distributions (determination made by Principal):

- Penalty-free after attaining the age of 59½
- Hardship withdrawal (taxes and penalty apply and must meet certain criteria)
- Death
- Disability
- Termination of Employment

(taxes and penalty can be avoided by a rollover into another qualified plan)

Contact Information

General Benefits Questions & Issues

isolved Dedicated Benefits Team

1-855-874-0835

isolvedEEBenefits@filice.com

isolved HR Department

isolvedeebenefits.com

internalhrbenefits@isolvedhcm.com

BlueCross and BlueShield of NC (BCBSNC)

Medical – 14167375

1-877-258-3334

bluecrossnc.com

isolved Benefits FSA, DCA and HSA

1-866-370-3040

isolvedbenefitservices.com

Drex

Prescription

1-844-728-3479

drex.com

Nationwide

Pet Insurance

1-877-738-7874

benefits.petinsurance.com/isolvedhcm

Teladoc (Telehealth)

Telehealth Virtual Visits

1-800-835-2362

teladoc.com

LegalShield / IDShield

Legal and ID Theft Insurance

1-866-470-1694

benefits.legalshield.com/isolved

Delta Dental of Michigan

Dental – 9981

1-800-524-0149

deltadentalmi.com

Fidelity

401(k) – 0728X

fidelity.com

Vision Service Plan (VSP)

Vision – 12252627

1-800-877-7195

vsp.com

IMG

Travel Assistance

1-855-847-2194

assistance@imglobal.com

ComPsych

Employee Assistance Program

1-800-311-4327

guidanceresources.com

Prudential

Life and AD&D – 71920

Disability Insurance – 71920

1-800-842-1718

Accident, Hospital Indemnity &

Critical Illness – 71920

1-800-475-6021

prudential.com

Dedicated Benefits Website



Dedicated Benefits Website

Have questions? For details about all of your benefits, product videos, policy certificates, enrollment and contact information visit the isolved Benefits Portal at isolvedeebenefits.com

This guide is a brief summary of benefits offered to your group and does not constitute a policy. Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD will be available at isolvedeebenefits.com there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.

isolvedTM