



2025

SSCP Management Full-Time Open Enrollment Guide (Non-Texas)

SSCP



Important Contacts

Coverage	Phone	Website
Medical & Prescription - UHC Group Number: 917399 UHC Mobile App: Health4Me	EPO: 866-633-2446 HDHP: 866-314-0335 <i>Download on the App Store or Google Play</i>	www.myuhc.com/
Medical & Prescription - Pan American Group Number: SE786 Mobile App: HealthiestYou	877-999-5382 <i>Download on the App Store or Google Play</i>	www.palig.com/us-provider-networks
Dental - Cigna Group Number: 3339600 Mobile App: MyCigna	800-244-6224 <i>Download on the App Store or Google Play</i>	www.cigna.com
Vision - EyeMed Group Number: 9744517 Mobile App: EyeMed	866-268-4063 <i>Download on the App Store or Google Play</i>	www.eyemedvisioncare.com
Life and AD&D - Lincoln Life/ADD & Disability Group Number: 09-LF1210 HC/AI/CI Group Number: 1128909	800-790-7790 Email: FileClaim@LFG.com (ACC, CI, HI) Email: GroupLifeClaims@LFG.com (Life)	www.mylincolnportal.com (Life/Disability) www.Lincolnfinancial.com (ACC, CI, HI)
401k - Ameritas	800-745-9995	www.ameritas.com
WEX Benefits - Flexible Spending Accounts	866-451-3399	www.wexinc.com/discovery-
Employee Assistance Program (EAP) Mobile App: GuidanceNow	888-628-4824 <i>Download on the App Store or Google Play</i>	www.guidanceresources.com Username: LFGSupport Password: LFGSupport1

To review your current benefits please visit the online self-service benefit portal at <https://lfg.benselect.com/sscpmanagement>

This guide highlights the main features of many of the benefit plans sponsored by SSCP Management. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. SSCP Management reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Welcome to Your Benefits!

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family, and be sure to act before the enrollment deadline.

This brochure highlights the main features of our employee benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. The Company reserves the right to change or discontinue its employee benefits plans at any time.

How To Enroll

ENROLL BY November 22, 2024!

Make Sure You:

- Log in to <https://lfg.benselect.com/sscpmanagement>

OR

- Call the Enrollment Center 1-866-503-6111

To Complete your 2025 enrollment

2025 OPEN ENROLLMENT

At SSCP Management a lot of planning and care goes into offering the right benefits for you and your entire family. As we prepare for 2025, our benefit priorities remain unchanged: keep our plans competitive, cost-effective, and useful for you and your family, so you can thrive both personally and professionally.

This time of Open Enrollment gives you an opportunity to review your family needs and choose the benefits that are right for you. If you do not make your elections in <https://lfg.benselect.com/sscpmanagement> **by November 22, 2024**, *you will not have benefits in 2025 unless you have a life event. Call 1-866-503-6111 or email openenrollment@sscpmanagement.com with any questions.*

All Confirmed Coverages will begin on January 1st, 2025.

Important Notice!

If you enroll in Medical Coverage, you are automatically enrolled in Vision coverage AND the company provides \$20,000 of Basic Life Insurance which requires that you designate a beneficiary.

*** Please visit <https://lfg.benselect.com/sscpmanagement> for all Mandatory Notices located in the library ***

It is your responsibility to check your pay stubs to ensure that you are covering your premium costs. Failure to pay all or parts of your premium, may cause your coverage to be canceled whether you receive notice or not.

If you have questions, you may contact the enrollment center at 1-866-503-6111 or view your current year benefits before you start the enrollment process.

Read It, Review It, Select It, and Confirm It!

	Action	How
Step 1	✓ Read your 2025 Enrollment Benefit Guide	Sent to you via PeopleMatter, or Emailed to your Restaurant location
Step 2	✓ Review the plan comparison, the premiums, & your chosen provider's network to ensure they take the plan.	SBC's can be found in Forms Library in the enrollment portal; or check out the Carrier Resource on in your Guide.
Step 3	<div>✓ Select the plans that fit your needs</div> <div>✓ Gather Birthday and SSN information for all dependents and beneficiaries.</div> <div>*All Dependent musts have a valid SSN or TIN</div>	<div>Login: https://lfg.benselect.com/sscpmanagement or Call the Enrollment center 1-866-503-6111 to select the plans that fit your needs.</div> <div>Hours of Operation: 8:30 am – 5 pm CST; Monday – Friday</div> <div>Extended Hours During Open Enrollment:</div> <ul style="list-style-type: none">• Tues & Thurs 8:30 am CST – 7:00 pm CST• Sat 11/16 9:00am CST – Noon CST
Step 4	<div>✓ Confirm your choices by reviewing the confirmation page sent to your email address</div> <div>✓ Corrections made after your deadline are not guaranteed to take effect in 2025</div>	<div>Confirmation reports will be sent to your email address within 24 hours of sign-off.</div> <div>*This is an important step to confirm you have finished the enrollment process*</div>

Your Annual Enrollment Elections, by law, will remain unless you have a Qualifying Mid-Year change of life event. The list of qualified life events is governed by the IRS.

(For Example: Change in Legal Marital status, Change in number of dependents, Change in employment status that cause you, your spouse or dependent to gain or lose benefits)

SELERIX BENEFITS ENROLLMENT PORTAL

We are proud to provide you with an online self-service benefit portal and enroller assisted option to facilitate your benefits enrollment.

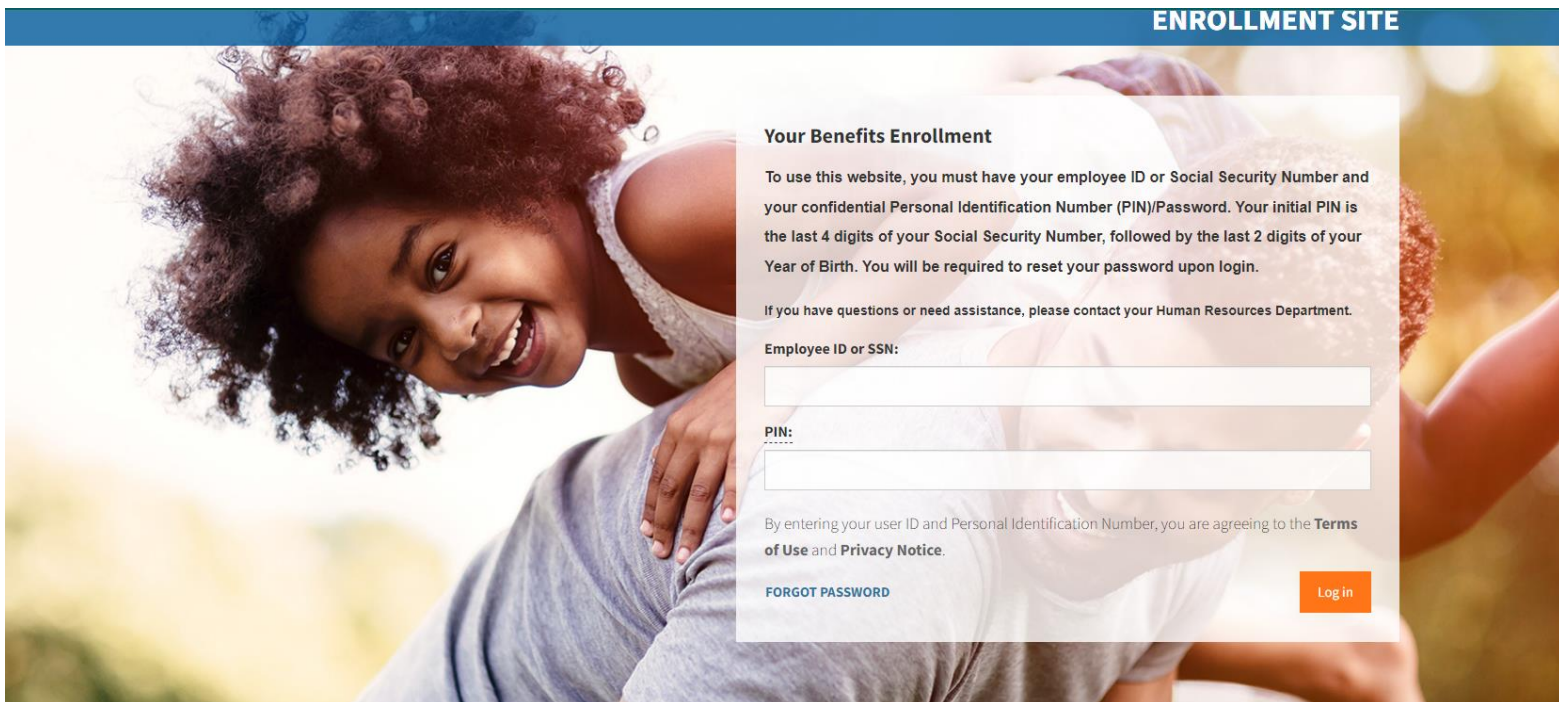
You Must log-In if you want to make any changes to your benefits for 2025.

FSA Will NOT rollover.

PLEASE GO TO <https://lfg.benselect.com/sscpmanagement> to login. To access the site for the first time, please use the following credentials:

Username: enter your Social Security Number (no dashes)

PIN: Enter the last 4 digits of your Social Security Number plus the last 2 digits of your birth year (i.e. 678970)



ENROLLMENT SITE

Your Benefits Enrollment

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN)/Password. Your initial PIN is the last 4 digits of your Social Security Number, followed by the last 2 digits of your Year of Birth. You will be required to reset your password upon login.

If you have questions or need assistance, please contact your Human Resources Department.

Employee ID or SSN:

PIN:

By entering your user ID and Personal Identification Number, you are agreeing to the **Terms of Use** and **Privacy Notice**.

[FORGOT PASSWORD](#) [Log in](#)

Benefit Counselors can be reached @ **1-866-503-6111** between the hours of 8:30 AM CST and 5 PM CST
Monday through Friday

Extended Hours: Tues Nov 12th, Thurs Nov 14th, Tue 19th, and Thurs 21st: 8:30am – 7pm CST
Saturday Support: 16th: 9:00am - Noon CST

****Leave a voicemail when a benefit counselor is unavailable. You will receive a callback w/in 24 hours.**

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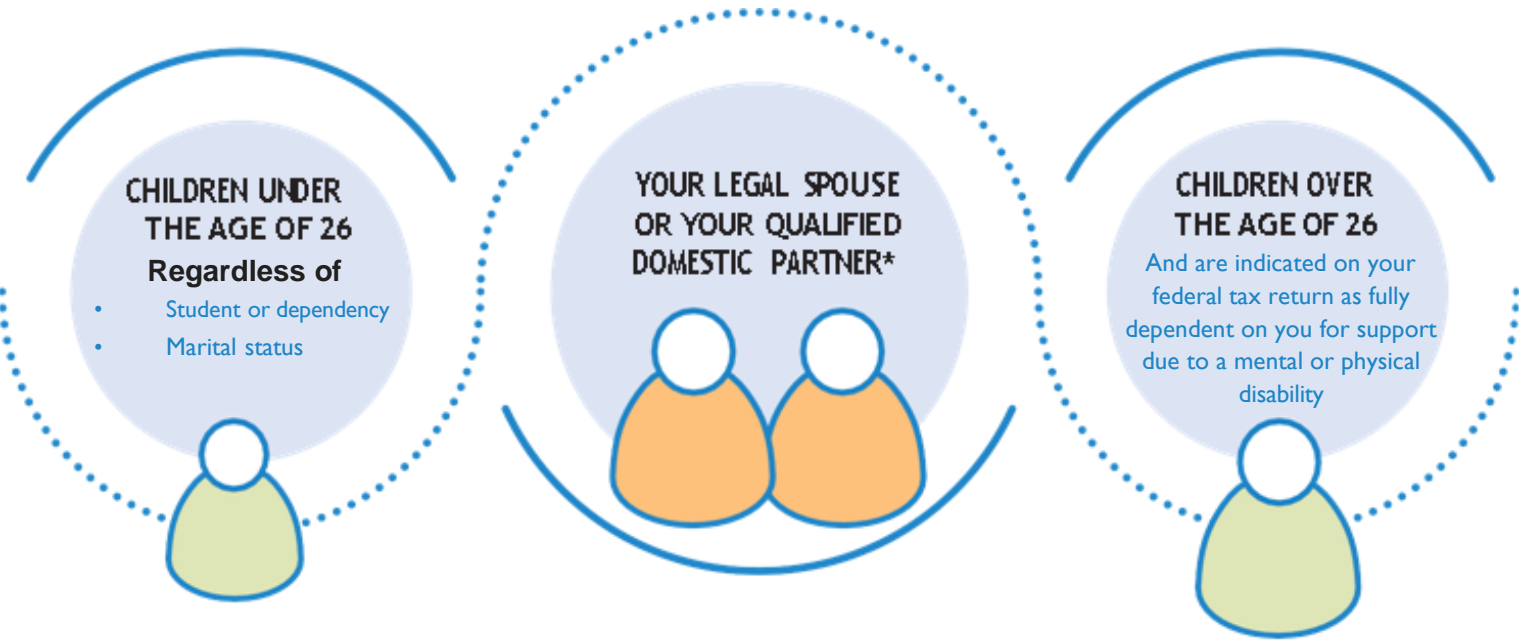
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Eligibility

If you work at least 30 hours per week, you are eligible for benefits. Most of your benefits are effective on the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents could be:



Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a qualified life event. If you do not make changes to your 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).

Qualified Life Event		Documentation Needed
Change in Marital Status	Marriage	Copy of marriage certificate
	Divorce/legal separation	Copy of divorce decree
	Death	Copy of death certificate
Change in Number of Dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in Employment	Change in your eligibility stat us (i.e., full time to part time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse’s benefits or employment status	Notification of spouse’s employment stat us that results in a loss or gain of coverage

**Benefits terminates on the last day of the month of your employment termination*
**The company has the right to conduct a legal spouse and dependent audit to verify individual are eligible for coverage.*

WELLNESS WORKS, BUT WE CAN DO MORE

We encourage you to participate in the many wellness benefits that our medical plan with UHC has to offer. Getting and staying healthy is one of the best things we can do to keep our health care costs down while improving our quality of life. Financial health — for us as individuals and for our benefit plans — is another key piece of the picture. That's why we offer programs like the ones below to help you get the most value out of your health care dollars



Virtual Visits lets you video chat with a doctor 24/7. If you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone.

Use a Virtual Visit for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- And more

Virtual Therapy. Virtual therapy offers confidential counseling and includes:

- Private video sessions- A quicker way for the whole family to get care. Get 1-on-1 support — in your home and at a time that's convenient for you.
- Help with coping — for children, teens and adults. Your licensed virtual therapist may provide a diagnosis, treatment and medication if needed.
- Similar standard of care as in-person visits. You can see the same therapist with each appointment and establish an ongoing relationship.

Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Addiction
- Anxiety
- Depression
- Mental health disorders

Rally is designed to help you make changes to your daily routine, set smart goals and track your progress. You'll get personalized recommendations to help you move more, eat better and improve your health—and have fun doing it.

Real Appeal® is an online weight loss program that provides personal coaching to help you and eligible family members lose weight and keep it off. On average, participants lose 10 pounds after attending just 4 online sessions.

Plus, so many other programs! Please see you're your HR department for more information or visit the document library at <https://lfg.benselect.com/sscpmanagement>

Medical

COMPARING YOUR 2025 UHC MEDICAL OPTIONS

When it comes to medical coverage, The company offers the following choices through UHC and Pan American. You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs.

For more details on our 2025 benefit plans — how they work, what they cover, and what they cost — visit www.MyUHC.com or log in to <https://lfg.benselect.com/sscpmanagement>

MEDICAL OPTIONS – UHC (United Healthcare)

	UHC Simple Plan (EABE)		UHC Base Plan (DQW6)		UHC Buy Up Plan (DQW5)	
	IN-NETWORK ONLY	OUT-NETWORK ONLY	IN-NETWORK ONLY	OUT-NETWORK ONLY	IN-NETWORK ONLY	OUT-NETWORK ONLY
Calendar Year Deductible						
Individual	\$6,350	\$10,000	\$2,000	\$5,000	\$1,000	\$5,000
Family	\$12,700	\$20,000	\$4,000	\$10,000	\$2,000	\$10,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	\$6,350	\$20,000	\$6,500	\$10,000	\$6,500	\$10,000
Family	\$12,700	\$40,000	\$13,000	\$20,000	\$13,000	\$20,000
Coinsurance / Copays						
Preventive Care	No charge	30% after deductible	No charge	50% after deductible	No charge	50% after deductible
Primary Care Physician	100% after deductible	30% after deductible	\$0 Copay	50% after deductible	\$0 Copay	50% after deductible
Specialist	100% after deductible	30% after deductible	\$100 Copay	50% after deductible	\$100 Copay	50% after deductible
Virtual Visit	Up to \$54	30% after deductible	\$0	50% after deductible	\$0	50% after deductible
Lab/X-Ray	100% after deductible	30% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Complex Imaging (CT/PET scan/MRIs)	100% after deductible	30% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Inpatient Care	100% after deductible	30% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Outpatient Surgery	100% after deductible	30% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Chiropractic Visits	100% after deductible	30% after deductible	\$25 Copay	50% after deductible	80% after deductible	50% after deductible
Urgent Care	100% after deductible	30% after deductible	\$100 Copay	50% after deductible	\$50 Copay	50% after deductible
Emergency Room	100% after deductible		\$250 after deductible/coinsurance		\$250 after deductible/coinsurance	
Durable Medical Equipment	100% after deductible	30% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Inpatient Mental Health Services	100% after deductible	30% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Outpatient Mental Health Services	100% after deductible	30% after deductible	\$25 Copay	50% after deductible	No charge	50% after deductible
Pharmacy						
Retail Rx (up to 30-day supply)						
Tier 1/Tier 2/Tier 3	\$0 copay/\$0 Copay /\$0 Copay	\$0 copay/\$0 Copay /\$0 Copay	\$0 copay/ \$50 Copay /\$100 Copay	\$0 copay/\$50 Copay /\$100 Copay	\$0 copay/ \$50 Copay /\$100 Copay	\$0 copay/\$50 Copay /\$100 Copay
Mail Order Rx (up to 90-day supply)						
Tier 1/Tier 2/Tier 3	\$0 copay/ \$0 Copay/ \$0 Copay	N/A	\$50 copay/ \$125 Copay/ \$250 Copay	N/A	\$0 copay/ \$125 Copay/ \$250 Copay	N/A

MEDICAL OPTIONS – Pan American

This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

	Pan American	Pan American
Plan Benefit	Plan 1	Plan 2
Inpatient Hospital		
Hospital Admission Benefit - overall	\$1,000	\$1,000
Room and Board benefit per day (if different from below)	\$100	\$300
Total days covered	60	60
Mental/Nervous benefit per day	\$50	\$150
Mental/Nervous days covered	60	60
Substance Abuse benefit per day	\$50	\$150
Substance Abuse days covered	30	30
Intensive Care Benefit per day	\$200	\$600
Intensive Care days covered	30	30
Skilled Nursing Facility benefit per day	\$50	\$150
Skilled Nursing Facility days covered	57	57
Inpatient Surgery per procedure (1 day per calendar year)	\$500	\$1,000
Maximum Anesthesia Benefit (1 day per calendar year)	\$125	\$250
Outpatient Hospital		
Outpatient Surgery benefit per day (1 day per calendar year)	\$250	\$500
Maximum Anesthesia Benefit (1 day per calendar year)	\$62.50	\$125
Diagnostic Labs benefit per day	\$35	\$45
Diagnostic Labs days covered	3	3
Diagnostic Radiology benefit per day	\$70	\$100
Diagnostic Radiology days covered	4	2
Diagnostic Advanced Studies	\$300	\$400
Doctor's Office Visits		
Doctor's Office benefit per service - all	\$75	\$75
Visits allowed per year	4	6
Prescription Drugs		
Generic copay per 30-day script	Discount Only	\$10
Formulary Brand copay per 30-day script	Discount Only	\$40
Non-formulary Brand copay per 30-day script	Discount Only	\$75
Yearly Maximum Limit Per Insured Person	N/A	\$1,000
Other Benefits		
Telehealth	Included/\$0 copay	Included/\$0 copay


PRESCRIPTION DRUG COVERAGE - Pan American






If you enroll in the Pan American plan, prescription drug coverage is provided through the RxEDO Pharmacy Network. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order programs.

Telemedicine




When you need care — anytime, day or night — or when your primary care provider is not available, telemedicine can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.

Register Today so You are Ready When You Need Care



-  Avoid germs in the ER, urgent care clinic or doctor's office.
-  See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.
-  Get treated for more than 80 common conditions including colds, flu, allergies and more.
-  Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.
-  Avoid costly copays and deductibles associated with the emergency room and urgent care clinics.

Using Telemedicine is as Easy as One, Two, Three

 <h3>Register Now</h3> <p>Setting up your secure account takes only minutes</p> <p>UHC Mobile App: Health4Me Pan American Mobile App: HealthiestYou</p>	 <h3>Request a Visit</h3> <p>You can have a doctor visit right away or schedule an appointment — all by phone, computer or the app</p>	 <h3>Feel Better</h3> <p>Get treated by one of our doctors who can prescribe medication if necessary</p>
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UHC One Pass Select

We’re on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that’s right for you whether you work out at home or at the gym.

Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan.

You and your eligible family members (18+) can get started with One Pass Select when you activate UnitedHealthcare Rewards. Plus, you can use your earnings to help pay for your One Pass Select membership.



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.

At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.

\$34/mo

Classic

12,000+ gym locations

\$69/mo

Standard

14,000+ gym and premium locations

\$109 /mo

Premium

16,000+ gym and premium locations

\$159/mo

Elite

20,000+ gym and premium locations

**An enrollment fee may apply.
Or get started with a digital-only plan for \$10/Mo.**



To get started:

- 1. Scan this code to download the **UnitedHealthcare** app
- 2. Sign in or register
- 3. Select **UHC Rewards**
- 4. Select **Redeem rewards** to access One Pass Select

FSA

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars. Important: There is a “use it or lose it” rule imposed by the IRS. If you do not spend all the money in your Health Care, Limited Purpose, or Dependent Care FSA by March 31 of the following year for expenses incurred from January 1 – December 31, unused dollars will be forfeited per IRS regulations for pretax contributions. The FSA program is administered by WEX.

How FSAs Work

Two Types of FSAs are available to you:

- Health Care FSA
- Dependent Care FSA

If you elect to contribute to one or both of the FSAs, you choose an annual amount to be taken from each of your paychecks pre-tax and deposited into your account throughout the year. Then, when you have eligible health care or dependent care expenses, you can use the account to reimburse yourself. The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. If you enroll in one of the High Deductible Health Plans (HDHPs), you cannot enroll in the Health Care FSA.

Health Care FSA

You can use the Health Care FSA to pay for eligible out-of-pocket expenses that are not covered by another health plan. Examples include, but are not limited to:

- Medical or dental deductibles
- Office visit copays
- Coinsurance amounts
- Amounts you pay for prescription drugs

- Amounts you pay for prescription drugs
- Eyeglasses, contacts, and other vision-related expenses not covered by the vision plan
- Orthodontia expenses not covered by dental plan

Looking for Eligible products, or services? Visit <https://www.wexinc.com/resources/benefits-toolkit/eligible-expenses/>.

Use It or Lose It

With both accounts, the IRS requires you to use all the money in your account by the end of the year or you lose it. This is called the “use it or lose it” rule.



Annual Contribution Amount

You can contribute up to \$3,300 per year to the Health Care FSA. PLEASE NOTE: Annual limits budget subject to change by IRS.

This account is available to all eligible employees who are not enrolled in the Simple ACA Plan (EABE) with UHC.

If you and your spouse are both offered FSA plans, you can each elect the maximum for a combined household set aside of \$6,600.

You must use your FSA contributions each year or you lose value. However, this plan has a carryover allowance so **you may roll over \$660 into the next year to use before March 15, 2026.**

Your FSA Debit Card, from WEX will be loaded with the total value of your FSA election on January 1st 2025.

Health Care FSA Debit Card

- To participate in an FSA for 2025, **you must enroll**.
- New Health Care FSA participants will receive a debit card that allows you to pay for eligible expenses directly with funds in your account — no claim forms needed! (Current FSA participants keep their debit cards to use in the new year.)
- If you enroll in an FSA, be sure to save your FSA receipts in case the IRS asks for documents verifying your eligible expenses

FSA Store

Looking for Eligible products, or services? Visit www.FSAstore.com; the online marketplace for all things FSA including tools to help manager your Flexible Spending account.

- You can use your pre-tax money to save on a variety of items that range from simple everyday items (like band-aids, Baby products, Tylenol, and cough drops) to more complex items (like Diabetes/Blood Pressure monitors, Online Therapy, CPAP machines, Glasses, or Muscle and Body Pain Relief Systems).
- Only FSA Eligible items are sold on the website, so your FSA debit card automatically processes and approves purchases made at FSAstore.com. This means that you don't have to keep track of receipts.

Dependent Care FSA

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- You can set aside from \$100 to \$5,000 per year
- However, if you are married and you and your

- Spouses who file separate tax returns, the maximum you can contribute is \$2,500 each.
- If you are married, your spouse must be employed, a full-time student at least five months during the plan year, or mentally or physically disabled and unable to provide care for himself or herself.

In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.

Eligible Dependent Care Expenses

Generally, you may use the money in your Dependent Care FSA for care for:

- Your children under age 13 whom you claim as a dependent for tax purposes.
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers for children
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19 (inside or outside the home)
- Day camps
- After-school care

For a complete list of eligible expenses, visit <https://www.wexinc.com/resources/benefits-toolkit/eligible-expenses/>.

Dental

With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures.

You have two dental plan options through Cigna to choose from. Both plans provide you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia for children.



Dental PPO allows you the freedom to visit any dentist, without referrals, for all your dental care. If you receive care from one of Cigna’s preferred dentists, you’ll pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher and you may need to file your own claims.

DHMO Plan provides a higher level of benefits and has lower out-of-pocket costs than the Dental PPO. And, there are no deductibles, benefit maximums, or claim forms. However, you are required to choose a Cigna primary care dentist for all your dental care, including any referrals you may need to other Cigna dental providers or specialists. If you do not use your primary care dentist for all your services and referrals, the plan does not pay any benefits.

For a list of Cigna preferred dentists, go to www.Cigna.com

Plan Feature	Premium Plan - PPO	
	Premium Plan PPO	
Calendar Year Plan Maximum		
Annual Benefit Maximum		\$1,500
Calendar Year Deductible		
Individual		\$50
Family		\$100
Preventive Care		
Exams, Cleanings, X-rays		100%
Basic Services		
Fillings, Sealants, Extractions, Emergency Exams		80% after deductible
Major Procedures		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs		50% after deductible
Orthodontia		50% after deductible \$2,000 Lifetime Maximum

You will not need a dental ID card to receive dental services. Your dentist’s office can verify your eligibility for benefits by calling Cigna at 1-800-CIGNA24.

Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. If you select a medical coverage, you are automatically enrolled in Vision coverage. The company offers a vision plan to help you cover the cost of routine vision services and supplies, like eye exams, eyeglasses, and contact lenses. Both plans cover the same types of expenses and allow you to choose either in-network or out-of-network providers each time you need vision service.



EyeMed’s network includes a number of retail chain locations (such as Pearle Vision, EyeMasters, etc.), as well as some private-practice providers.

The table at right summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Vision Plan		
	IN-NETWORK	OUT-OF-NETWORK
	You Pay	Reimbursement
Exam	\$10	Reimburse up to \$35
Materials Copay		
Single Vision Lenses	\$25	Reimburse up to \$25
Bifocal Lenses	\$25	Reimburse up to \$40
Trifocal Lenses	\$25	Reimburse up to \$60
Lenticular Lenses	20% off retail price	Not covered
Frames	\$120 allowance plus 20% of any amount over	Reimburse up to \$48
Necessary Contacts in Lieu of Frames/Lenses	\$0 copay	Reimburse up to \$200
Elective Contacts	\$135 allowance	Reimburse up to \$95
Benefit Frequency		
Exams	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months
Contacts	Every 12 months	Every 12 months

Lincoln Life and AD&D

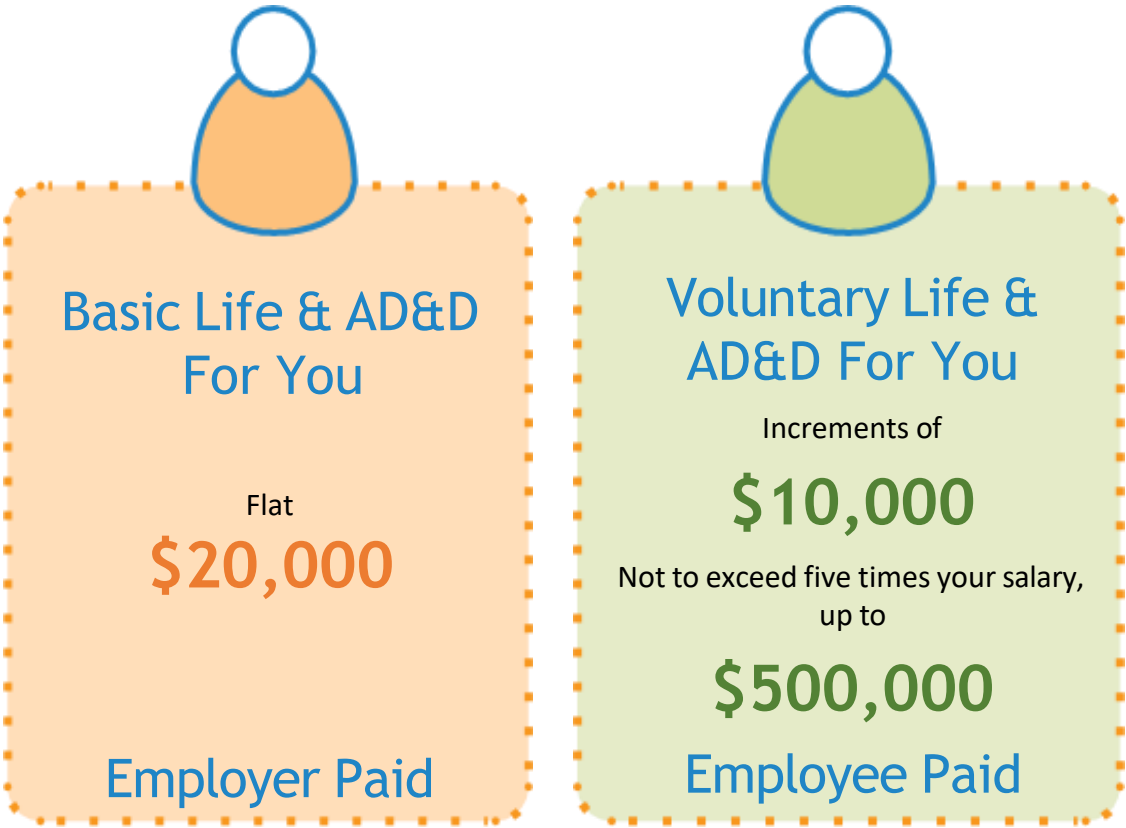
Life and Accidental Death & Dismemberment (AD&D) insurance pays a lump-sum benefit to your beneficiaries to help meet expenses in the event of your death or in the case of a covered accidental injury. There are now two Life and AD&D plans for you to choose from. One plan is company provided and the other is the voluntary plan we continue to offer.

Basic Employee Term Life and AD&D Insurance

The company automatically provides Basic Life and AD&D Insurance at no cost for all employees that elect a medical plan. Basic Life and AD&D Insurance is equal to a flat \$20,000. The benefit is paid to your beneficiaries in the event of your death.

Supplemental Employee Term Life and AD&D Insurance

You can also elect additional coverage in \$10,000 increments up to \$500,000 (rounded to the next higher \$1,000), subject to certain limits.



Coverage after Age 65

If you remain an active employee after reaching age 65, the total amount of your basic and supplemental employee coverage will begin to decrease: When you reach age 65, coverage will be reduced by 35%. When you reach age 70, coverage will be reduced by 50% of the coverage in place.

Beneficiary Information

To ensure your family's financial security, keep your beneficiary information up-to-date. Be sure to designate a beneficiary through the enrollment site <https://lfg.benselect.com/sscpmanagement>. You must choose at least one beneficiary for each plan, however, you can update or change your beneficiary at any time during the year.

If you do not name a beneficiary, or if your beneficiary dies before you, your Life and AD&D benefits will be paid to your estate.

Guaranteed Issue and Evidence of Insurability

Lincoln will require you to provide evidence of insurability before approving any new or additional coverage you elect during open enrollment. Guarantee Issue coverage up to:

- Employee \$180,000
- Spouse \$30,000 and Dependent children \$10,000

Spouse and Child Term Life Insurance

- You may purchase coverage for your spouse in increments of \$5,000 to \$250,000 not to exceed 100% of the employee's optional term life coverage amount. Guaranteed Issue amount is \$30,000.
- You may also purchase coverage for your dependent children in increments of \$2,000 to \$10,000.
 - Live Birth to 14 days = \$500

Lincoln Disability

Disability insurance can keep you financially stable should you experience a qualifying disability and become unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income.

Short-Term Disability (STD)

STD Benefits are provided by Lincoln to all eligible employees. You pay 100% of the premium. Your STD benefits will replace 60% of your base pay for 13 weeks.

After you have used your illness days, your STD benefits begin on the 15th calendar day of your disability if you are unable to work. The maximum benefit available is 13 weeks up to a maximum weekly benefit of \$1,500 per STD claim. *Enrolling in this coverage during Open Enrollment will not require Evidence of Insurability (Proof of Health)

Long-Term Disability (LTD)

If you remain totally disabled and unable to work for more than 3 months, you may be eligible for Long-Term Disability (LTD) benefits. The company offers you LTD benefits that replace up to 60% of your base pay, up to a maximum of \$6,000 per month. You pay 100% of the premium. Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers' Compensation).

(Exclusion for conditions in which you have been previously treated within the last 12 months)

Note: If you do not elect Disability insurance when you are first eligible you will be required to submit Evidence of Insurability (EOI) before coverage can begin.

Employee Assistance Program

We now offer ALL employees and their eligible family members free access to licensed counselors through our Employee Assistance Program whether or not you elect other benefits coverage. Through this coverage, employees and their families receive immediate support and guidance and assessments and referrals for further services. Your benefits include up to five face-to-face visits per new issue per year. You can contact the EAP for help with the following:

Marital or Family Problems



Stress, Anxiety or Depression



Substance Abuse



Financial Issues






Aging Parents



It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your Medical plan.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You and your covered dependents have access to the company’s EAP. Employee Connect offers professional confidential services to help you and your loved ones improve your quality of life for a variety of personal issues. The EAP also provides up to 5 sessions for both you and your covered dependents.

 In-person guidance	 Unlimited 24/7 assistance	 Online resources
<p>Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get:</p> <ul style="list-style-type: none">▪ In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings	<p>You and your family can access the following services any time – online, on the mobile app, or with a toll-free call:</p> <ul style="list-style-type: none">▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more▪ Legal information and referrals for family law, estate planning, and consumer and civil law▪ Financial guidance on household budgeting and short- and long-term planning	<p><i>EmployeeConnect</i> offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find:</p> <ul style="list-style-type: none">▪ Articles and tutorials▪ Videos▪ Interactive tools, including financial calculators, budgeting worksheets, and more

EmployeeConnectSM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com
username: LFGSupport password: LFGSupport1
- Download the **GuidanceNowSM** mobile app
- Call 888-628-4824



Call 888-628-4824, 24 hours a day, 7 days a week, to talk to a professional counselor, or visit GuidanceResources.com.

User Name: **LFGSupport** Password: **LFGSupport1**

Lincoln Hospital Care, Critical Illness, and Accidental Injury Insurance

HOSPITAL CARE, CRITICAL ILLNESS AND ACCIDENTAL INJURY INSURANCE

With Hospital Care, Critical Illness, and/or Accidental Injury insurance you will receive payments if you need treatment or to pay for a qualified expense not covered by traditional insurance.

Lincoln will pay YOU for hospital stays, for treatments of injuries resulting from a covered accident, or for expenses such as rehabilitation, & other out-of-pocket expenses when a covered person is diagnosed with a critical illness or specified event occurs.

Personal Health Advocate

Health Advocate, included with your Lincoln Critical Illness insurance. You get unlimited confidential support from skilled specialists who will answer your questions, research treatment options, coordinate benefits, and resolve billing and claims issues to ease your coverage concerns.

- Spouses, dependents, parents, and parents-in-law of the covered employee can also use Health Advocate's services.

Your personal health advocate can help resolve your healthcare and insurance issues. With support from medical directors, registered nurses, and benefits and claims specialists, they can help you:

- Find the right healthcare providers
- Understand diagnoses and treatment options
- Research and arrange second opinions
- Facilitate pre-authorizations and synchronize benefits
- Coordinate care and insurance or benefit payments

Medical Bill Saver

Skilled negotiators work with your healthcare providers to help lower out-of-pocket costs on unpaid medical and dental bills over \$400 that are not covered by insurance.

Get help with:

- Reducing claim costs, complaints, and appeals
- Understanding covered vs. noncovered services
- Getting provider signoff for payment terms and conditions

Personal concierge services

Contact highly qualified professionals who can help you handle a wide range of personal tasks.

- Travel arrangements, including flights, lodgings, and dining reservations
- Sports, concerts, and event tickets
- Event planning



Nationwide Pet Insurance



Easy Enrollment

Enroll at any time throughout the year!

There are three simple ways to sign up for this voluntary benefit:

1. Go directly to the dedicated URL we've created for your company:
<https://benefits.petinsurance.com/sscpmanagement>
2. Call 877-738-7874 and mention **SSCP Management** to receive preferred pricing
3. Visit PetsNationwide.com or scan the QR code below, and enter **SSCP Management**



Digital resources for support! Review the virtual education & enrollment experience at petinsurance.com/resourcecenter.



Planning for Retirement

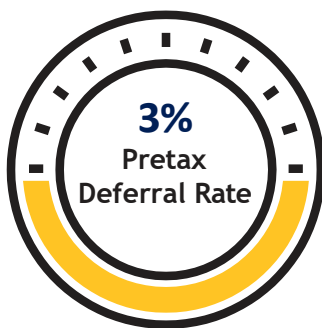
One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) savings plan allows you to save for retirement on a pretax basis. Employees can make traditional (pre-tax) and/or Roth (after-tax) contributions. Your deferral amounts may be modified monthly, and you may stop deferrals at any time.

Qualified employees are required to opt-in by completing an Election Change Request anytime throughout the year. The company will match \$0.50 for every \$1.00 that you contribute to the plan, up to the first \$1500 each year (The match will not exceed \$750 per year). Beneficiaries can also be updated at any time. *(Highly Compensated Employees in accordance with yearly IRS rules are ineligible to participate in the 401(k) plan. Speak with HR if you have questions about your eligibility)*

If you do not want to be AUTOMATICALLY enrolled, you must register in your Leading Retirements Solutions (LRS) 401(k) Portal before you are eligible and choose to opt- out.

Increase Your Retirement Savings With a 401(k)

Funded with Pretax dollars



The contribution limit for 2025 is

\$23,500



If you are AGE 50+ you can make an additional contribution of \$7,500, totaling \$31,000 per year.

In 2025 workers aged 60 to 63 can boost annual 401(k) catchup contribution to \$10,000 or 150% of catch-up limit- whichever is greater.

Investment Options

The 401(k) Plan offers several investment options covering a broad range of risk. A prospectus brochure including fund performances are available at any time. For more information about your 401(k) plan visit www.Ameritas.com.

Employees who have previous retirement plans (401k, 403b, IRAs, etc.) are eligible to consolidate and roll those into your current 401(k), whether you have met the eligibility or not.

First time users will need to register using the Certification code mailed to the address of record during their new hire window.

Employee Contributions

The amounts listed below are the rates per pay period.

Medical

UHC			
	UHC Simple Plan (EABE)	UHC Base Plan (DQW6)	UHC Buy-Up Plan (DQW5)
Employee Only	\$52.24	\$205.93	\$243.65
Employee + 1	\$359.37	\$410.51	\$496.08
Employee + Family	\$554.35	\$634.53	\$764.91
Pan American			
	Plan 1	Plan 2	
Employee Only	\$17.80	\$46.26	
Employee + 1	\$34.17	\$88.69	
Employee + Family	\$55.92	\$135.53	

Dental

	Dental PPO	Dental DHMO
Employee Only	\$16.22	\$6.80
Employee + 1	\$32.99	\$13.78
Employee + Family	\$52.69	\$20.77

To view additional contributions for the group Hospital, Accident, and Critical Illness benefits, please log onto <https://lfg.benselect.com/sscpmanagement>

Visit the Forms Library in the enrollment portal for Plan Summaries, Educational Videos, and Mandatory Notices. It is important that you understand what your benefit options cover and what it may not cover.