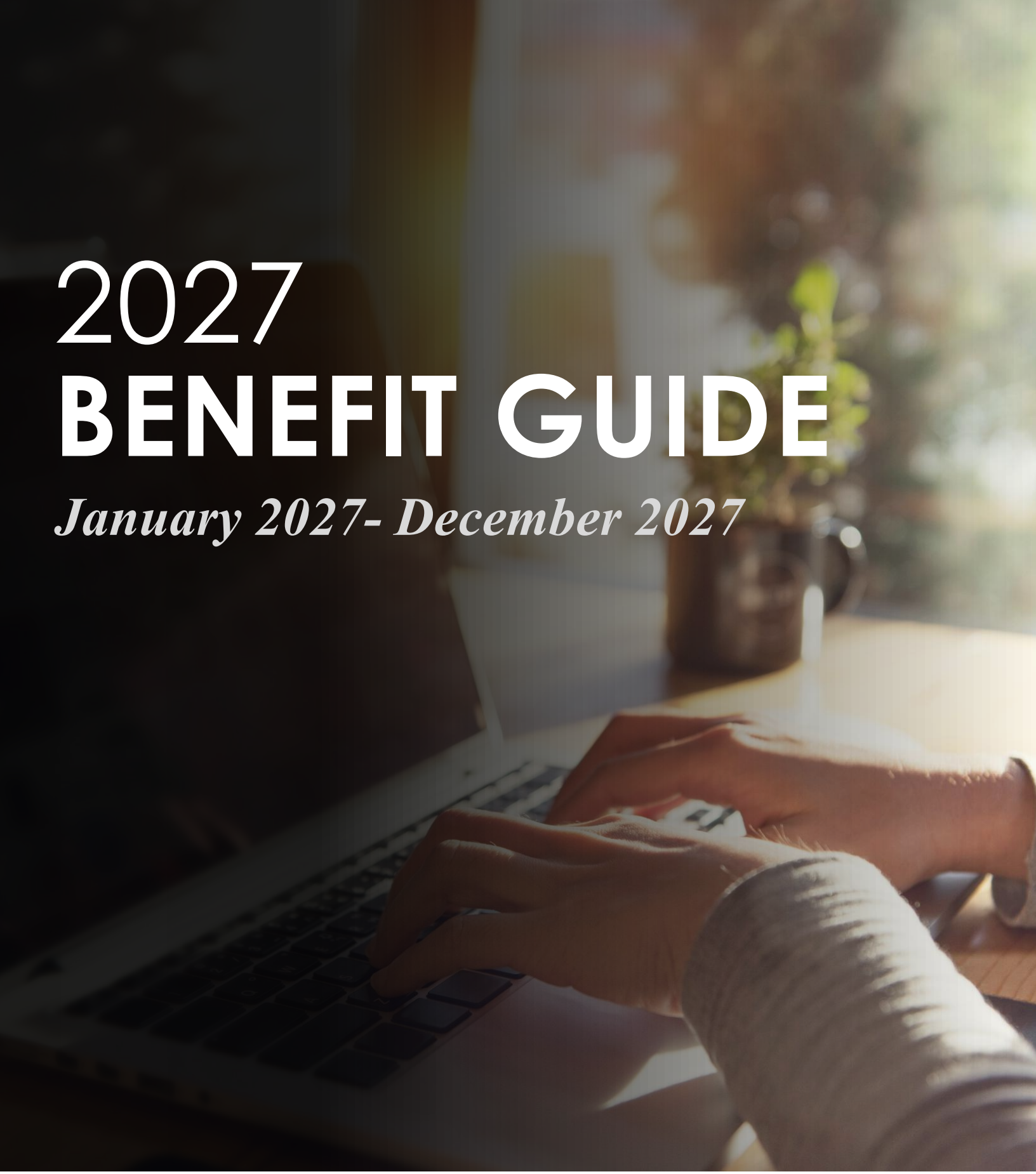


2027
BENEFIT GUIDE

January 2027- December 2027

Your benefits, _your_ story

Benefits to fit your unique situation.

2ND ADVENTURE
-SERVICES-



A NOTE FROM LEADERSHIP:

We strive to provide you and your family with a comprehensive and valuable benefits package that enables you to have a better life. We invite you to review the information in this booklet to gain a better understanding of how these benefits can support you and your family.

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Disclaimer

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact People Team. ***The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.*** *The information in this booklet is proprietary. Please do not copy or distribute to others.*

Created by TrueNorth Companies, LC for 2nd Adventure Services



BENEFITS ELIGIBILITY

Who is eligible to participate?

- Full-time employees working at least 30 hours per week
- Your legal spouse without offer of coverage from their own employer
- Your unmarried dependent child (natural, adopted or step, domestic partner's) up to age 26
    - Dependent children can be covered over the age of 26 if they are unmarried and a full-time student or disabled

When does coverage start and end?

- New Hire coverage starts 1st of the month following date of hire
- Coverage will end at the end of the month for medical, dental and vision and date of termination for supplemental coverages, life and disability.

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections at your initial eligibility date
- **Qualified Life Events:** Must notify People Team with 31 days of the event or within 60 days of a birth, adoption, or placement for adoption (documentation required). Coverage goes into effect on the date of event. Some examples of qualified events include:
- Gain or loss of eligibility for another employer's coverage
- Marriage
- Divorce or legal separation
- Birth of your child, adoption or placement for adoption
- Death
- Change in employment status that impacts your eligibility for benefits
- Child support order
- New entitlement or loss of Medicare or Medicaid (60 days to notify HR)
- **Open Enrollment**: Occurs annually with an effective date of January 1.



YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01

VISIT YOUR BENEFITS PORTAL

2nd Adventure Services Benefits Portal

STEP 02

EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

STEP 03

ENROLL IN YOUR BENEFITS

- Log into ADP by going online or to the ADP mobile app.
- Be mindful of your enrollment deadline!

STEP 04

NEED HELP DECIDING?

Contact TrueNorth's TrueAdvocate Team

Phone: 888-655-9980

Email: trueadvocate@truenorthcompanies.com

MEDICAL & RX

Administered by Wellmark & CVS/Caremark

The medical insurance benefit that uses a network of providers, hospitals, and pharmacies to provide employees and their families access to quality healthcare and protection against the cost of illness or injury.

Use In-Network Providers for the best value! Visit wellmark.com to search for providers.

IN-NETWORK BENEFITS	PPO PLAN	HDHP 1	HDHP 2
Preventive Care	100% Covered	100% Covered	100% Covered
	*Preventive Care is defined by the Affordable Care Act (ACA) Visit HealthCare.gov to access a list of covered preventive services by gender and age		
Office Visit Copay	$0 Doctor on Demand $25 PCP $50 Non-PCP $40 Urgent Care	$0 Doctor on Demand 20% Coinsurance after deductible	$0 Doctor on Demand 30% Coinsurance after deductible
Emergency Room	$500 Copay	20% Coinsurance after deductible	30% Coinsurance after deductible
Rx Copay	$10 Tier 1 $40 Tier 2 $50 Tier 3 $200 Tier 4	20% Coinsurance after deductible	30% Coinsurance after deductible
Deductible	$3,000 Single $6,000 Family	$3,000 Single $6,000 Family	$4,500 Single $9,000 Family
Coinsurance	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%	You pay 30%, plan pays 70%
Out of Pocket Maximum	$6,000 Single $12,000 Family	$3,600 Single $7,200 Family	$6,550 Single $13,100 Family
WELLNESS PARTICIPANT BI-WEEKLY RATES			
Employee	$112.51	$98.56	$46.61
Employee + Spouse	$228.44	$198.08	$93.60
Employee + Child(ren)	$205.69	$183.01	$84.22
Employee + Family	$333.22	$297.67	$133.72
NON - WELLNESS PARTICIPANT BI-WEEKLY RATES			
Employee	$163.83	$149.88	$97.92
Employee + Spouse	$279.75	$249.39	$142.09
Employee + Child(ren)	$257.01	$234.33	$135.53
Employee + Family	$384.53	$348.99	$185.04

VIRTUAL DOCTOR VISITS – Doctor on Demand

It's now easier than ever to meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

WHEN CAN I USE DOCTOR ON DEMAND?

- You don't have time to wait a week to see a doctor
- If you're considering the ER or urgent care center for a non-emergency issue
- You don't want to infect (or be infected by) another person
- On vacation, on a business trip, or away from home
- For short-term prescription refills
- You need a lower-cost option. **$0 copay on all medical plan options!**

GET THE CARE YOU NEED

Request a medical consultation anytime and anywhere you need it for:

- Urgent care issues like colds, coughs, allergies, sore throat and stomach aches
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management

DoctorOnDemand.com/Wellmark-BHC

1-800-997-6196

GETTING STARTED IS EASY

1. Scan the QR code to download the Doctor on Demand app or visit Doctorondemand.com/Wellmark-BHC
2. Create an account or sign in

HEALTH SAVINGS ACCOUNT

Administered by Health Equity

AN HSA CAN HELP YOU

Lower your taxes, cover some expenses your plan doesn't, and even help save for retirement. The amount the employer will contribute depends on the amount the employee contributes. You may have room to contribute more if you would like to meet the max.

HEALTH SAVINGS ACCOUNT (HSA)

To be eligible you must: ***Note:** If your eligible dependent is covered under Medicare, you can continue contributing to the HSA	• **Be covered under a High-Deductible Health Plan (HDHP)** • Not be claimed as a dependent on someone else's tax return • Not maintain a Healthcare FSA • Not be enrolled in Medicare* • Not have received VA benefits within the past three months • Not have a spouse with an FSA plan through their employer		
Maximum contributions	Single: $4,500 Family: $9,000 Catch-up: $1,000 (those 55+)		
Pre-tax contributions?	Yes		
2nd Adventure Services Employer contributions	**Employer Per Pay Maximum Contribution**	**Employer Maximum Contribution**	
$3,000 Individual	$38.47	$1,000	
$3,000 Family	$76.93	$2,000	
$4,500 Individual	$57.70	$1,500	
$4,500 Family	$115.39	$3,000	
Eligible Expenses Beyond your plan coverage	More common examples: • Medical • Dental • Vision • Prescription	Less common examples: • Special education • Seeing eye dog • Braille literature • Hair loss pieces	Download a full list from the IRS - Publication 502.
Availability of funds	Funds must accumulate before using		
Use it or lose it?	No, unused funds roll over from year to year		
Can take it with you if you leave the company?	Yes		

FLEXIBLE SPENDING ACCOUNTS

Administered by Health Equity

AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

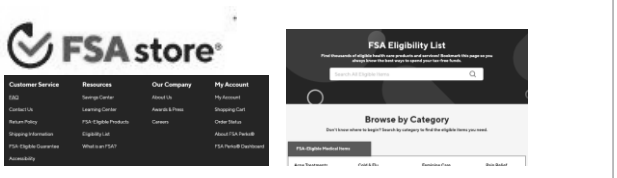
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Eligibility rules	If you are **contributing to a Health Savings Account**, you can only enroll in a **Limited Flexible Spending Account**		
Maximum contributions	Healthcare: $3,500 Dependent Day Care: $7,500		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage *Limited Purpose Flex account is for Dental and Vision expenses only.	• Medical • Dental* • Vision* • Prescription • Dependent care	For **Health Care and Limited FSAs** download a full list from the IRS - Publication 502.	For information on **Child and Dependent Day Care Expenses** download the IRS Publication 503
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Day Care: Funds must accumulate before using		
Use it or lose it?	Yes, however, the plan has a grace period that allows you to use current year funds to pay for services incurred in the first 2.5 months of the next plan year.		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

FSAstore.com provides lists of eligible purchases using your account, as well as help to understand, manage and use this great benefit!

GETTING STARTED



FSAstore.com/FSA-Eligibility-List.aspx

DENTAL

Administered by Delta Dental

Dental care is an important part of your overall health. This plan provides you with no-cost, in-network preventive care, as well as coverage for basic care and major procedures.

Dental Network: PPO or Premier Dentist
Use In-Network Providers for the best value! Visit deltadentalia.com to search for providers.

PPO Network: provides the deepest discount but has less providers who participate
Premier Network: not as deep of discount, but many more providers participate

SERVICES	STANDARD PLAN		PREMIER PLAN	
	PPO NETWORK	PREMIER / NON-PAR NETWORK	PPO NETWORK	PREMIER / NON-PAR NETWORK
Preventive Services	100% covered	100% covered	100% covered	100% covered
Deductible	$25 Single $75 Family	$50 Single $150 Family	$15 Single $45 Family	$25 Single $75 Family
Annual Maximum	$1,500	$1,500	$2,500	$2,500
Basic Services	Routine & Restorative: Covered at 90% Endodontics & Periodontics: Covered at 80%	Covered at 80%	Routine & Restorative: Covered at 90% Endodontics & Periodontics: Covered at 80%	Covered at 80%
Major Services	Covered at 50%	Covered at 50%	Covered at 50%	Covered at 50%
Orthodontic For dependent children up to age 19	Not covered	Not covered	Covered at 50%, up to a lifetime maximum of $2,500	Covered at 50%, up to a lifetime maximum of $2,500

Bi-Weekly Per Pay Rates	STANDARD PLAN	PREMIER PLAN
Employee	$2.09	$4.46
Employee + Spouse	$6.76	$15.70
Employee + Family	$6.76	$15.70

VISION

Administered by VSP

Enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

Vision Network: VSP Choice
Use In-Network Providers for the best value! Visit vsp.com to search for providers.

SERVICES	IN-NETWORK
Exam 1 every 12 months	$10 copay
Eyeglasses	
Frames 1 every 12 months	$250 Featured Frame Brands allowance $230 allowance and 20% discount off the balance; $70 frame allowance at Walmart and Costco
Lenses (Single vision, lined bi-focal, lined tri-focal) 1 every 12 months	$10 copay Additional fees may apply for lens enhancements
Contacts	**Please note:** Contact lenses are in place of lenses and frame.
Elective Contacts 1 every 12 months	$130 allowance
Medically Necessary 1 every 12 months	100% Covered
Contact Lens Fitting & Evaluation 1 every 12 months	Up to $60 copay
VSP LightCare	You can use your frame and lens benefit to get non-prescription eyewear! Use your frame and lens allowance toward ready-made non-prescription sunglasses or non-prescription blue light filtering glasses

Bi-Weekly Per Pay Rates	
Employee	$6.02
Employee + Spouse	$9.64
Employee + Child(ren)	$9.84
Employee + Family	$15.86

LIFE / AD&D

Administered by Mutual of Omaha

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes death or dismemberment (i.e., the loss of a hand, foot or eye).



Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

BASIC LIFE / AD&D (COMPANY-PAID)

This benefit is provided at NO COST to you.

	Benefit
Employee	Hourly: $50,000 Salary: $100,000

SUPPLEMENTAL BASIC LIFE / AD&D (EMPLOYEE-PAID)

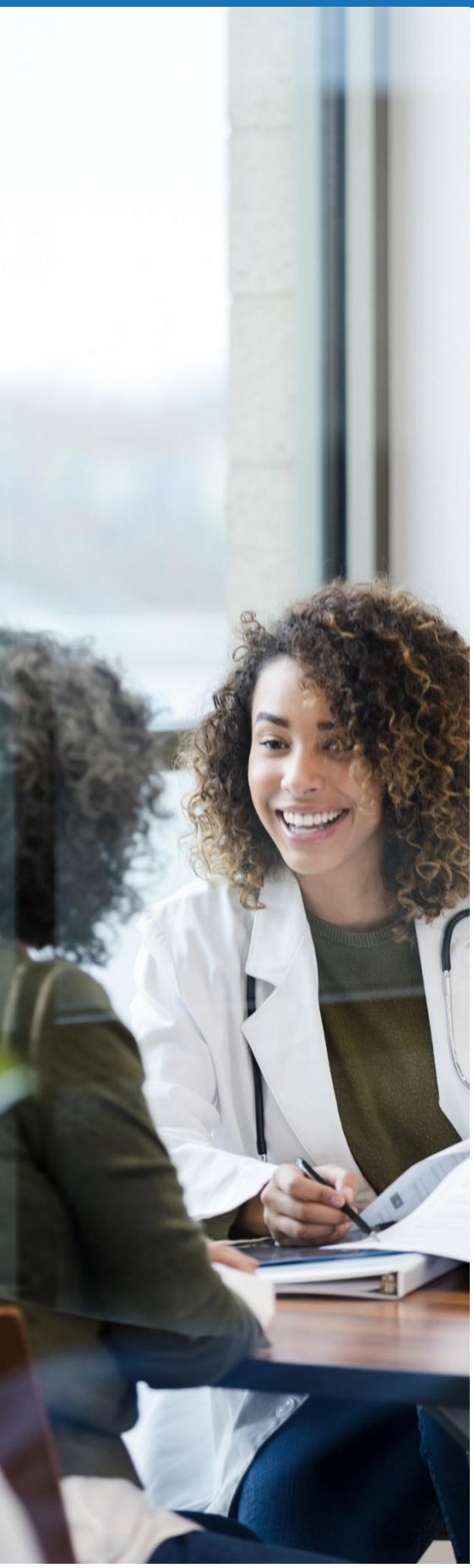
You may enhance your life benefit by purchasing supplemental insurance. Cost is based on your age and coverage amount elected.

Employee	Increments of $10,000 to $500,000 (amount can not exceed 5 times annual earnings). **Guaranteed Issue:** The lesser of 5 times your annual earnings or $180,000.
Spouse	Increments of $5,000 to $250,000 (amount can not exceed 100% of employee life insurance). **Guaranteed Issue:** The lesser of 100% of employee elected amount of life insurance or $50,000.
Children	$10,000, provided the amount elected does not exceed 100% of employee amount. Each eligible dependent child must have the same amount of insurance. $250 benefit for children 14 days to 6 months

**Age reductions may apply. Refer to the benefit plan document.*

Annual Increase Option: If you are currently enrolled with Supplemental Life Insurance, you may increase your amount of insurance by up to $20,000 once per year, provided the new amount of insurance does not exceed the maximum benefit amount.

Evidence of Insurability (EOI): If you are a late enrollee or requested coverage over the Guaranteed Issue amount, your coverage may require an additional approval from the insurance company. Please note you are considered a late enrollee if you did not elect coverage when initially offered.



DISABILITY

Administered by Mutual of Omaha

Short-term and long-term disability insurance provides you benefits to replace part of your lost income when you become unable to work due to a covered injury or illness.

HOURLY EMPLOYEES	SALARY EMPLOYEES
SHORT-TERM	**SHORT-TERM**
Employer pays 70% Employee pays 30%	Employer paid
Pays out 66 2/3% of weekly income to a max of $500 per week	Pays out 100% of your regular bi-weekly earnings
Benefit payout will start on the 15th consecutive day of disability	Benefit payout will start on the 15th consecutive day of disability
Maximum benefit period of 24 weeks per disability	Maximum benefit period of 24 weeks per disability
	LONG-TERM
	Employer Paid Coverage based on 60% of your salary not to exceed $10,000 a month. ($15,000 a month for executives)

**Age reductions may apply. Refer to the benefit plan document.*

Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

ADDITIONAL PROTECTION

Accident, Critical Illness and Hospital Indemnity are provided by 2nd Adventure Services at no cost to you if you are enrolled in one of the medical plans. If you want to add a spouse and/or child(ren), you will be responsible for the premium payment. If you are not enrolled in one of our medical plans, your premium is based on your age and other factors.

ACCIDENT

Stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accident. When you have a covered accident, you can receive cash benefits to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care unit confinement, etc.

ACCIDENT BENEFIT	
Initial Care Emergency Room Urgent Care Center Hospital Admission	$300 / 10 days $150 / 10 days $1,000 / 5 days
Coma	$22,500
Concussion (brain)	$100 / 1 day
Emergency Transportation Ground Ambulance Air Ambulance	$400 / 5 days $1,200 / 5 days
Lodging	$300 / up to 3 round trip(s) $200 / 30 nights per overnight stay
Physical Therapy	$60 / 20 days

CRITICAL ILLNESS

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke or heart attack) occurs or is diagnosed. When you are sick, the last thing you want to think about is your finances. You can typically use the money for everyday expenses like mortgage payments, utility bills or childcare. **This benefit includes a $50 wellness benefit for specified screening test.** You can add your dependent children at no additional cost. Multiple policy coverages available: $10,000 (free if you are enrolled in Medical), $20,000, and $30,000. If you wish to add a spouse, you are responsible for the premium payment.

HOSPITAL INDEMNITY

Similar to Accident and Critical Illness Plans, Hospital Indemnity provides a lump-sum benefit to use for expenses related to a hospital stay. Expenses covered include: hospital admission, hospital confinement, lodging, transportation and more.

HOSPITAL INDEMNITY BENEFIT	
Hospital Admission	$1,000 lump sum payment
Hospital Confinement **ICU Admission**	$100 per day; max of 15 days $200 per day; max of 15 days



ADDITIONAL PROTECTION

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more

100% CONFIDENTIAL SUPPORT:

- Addictive Behaviors
- Alcohol Abuse
- Anger Management
- Anxiety
- Caregiver Support
- Dependent Care Issues
- Depression
- Drug Use and Abuse
- Family/Marital Problems
- Financial Issues
- Grief and Loss
- Legal Problems
- Organization Change
- Relationship Concerns
- Stress-Related Concerns
- Work-Life Balance

CONTACT THE EMPLOYEE ASSISTANCE PROGRAM:

Phone: 1-800-316-2796
Website: mutualofomaha.com/eap

RESOURCES

Coverage	Carrier/Plan Sponsor	Phone & Website
Physical & Mental Health		
Medical	Wellmark Group ID: 000058230	800-524-9242 Wellmark.com
Prescription Drugs	CVS Caremark	800-552-8159 Caremark.com
Telemedicine	Doctor on Demand	800-997-6196 Doctorondemand.com/ wellmark-bhc
Spending Accounts	Health Equity Group ID: 2116	866-346-5800 Healthequity.com
Dental	Delta Dental of IA Group ID: 43193	800-544-0718 Deltadentalia.com
Vision	VSP Group ID: 30069840	800-877-7195 Vsp.com
Life Insurance	Mutual of Omaha Group ID: G000CMKF	800-775-6000 Mutualofomaha.com
Disability Insurance	Mutual of Omaha Group ID: G000CMKF	800-775-6000 Mutualofomaha.com
Employee Assistance Program	Mutual of Omaha	800-316-2796 Mutualofomaha.com/eap
Additional Protection		
Accident Insurance	American Public Life Group ID: 25237	800-256-8606 ampublic.com
Critical Illness Insurance	American Public Life Group ID: 25237	800-256-8606 ampublic.com
Hospital Indemnity Insurance	American Public Life Group ID: 25237	800-256-8606 ampublic.com

BENEFITS VOCABULARY

WELCOME TO YOUR BENEFITS!

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 – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a $25 copay for an office visit or a $10 copay for a generic prescription.

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 calendar year 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.

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

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.

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 share this cost with your employer and pay your portion through regular paycheck deductions.

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

Urgent Care – Urgent care is not the same as emergency 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.

Preferred generic drugs – Generic drugs have the same active ingredients and work the same way as the brand-name drugs they copy. They usually cost less than the brand-name versions.

Preferred brand drugs – These drugs are included in a plan's list of covered drugs and may not have a generic version. They cost more than generic drugs but less than non-preferred brand drugs.

Specialty drugs – These drugs are used to treat ongoing health conditions and can be costly. They often require special handling and may have to be ordered through a specialty pharmacy.

MEC Plan – Minimum Essential Coverage. A MEC plan is health insurance that meets the federal government's standard for coverage.

BENEFITS 101

Deductible

Amount you pay for healthcare **BEFORE** your insurance starts to pay.

Coinsurance (aka Cost Share)

A **percentage** of the cost of care you are responsible to pay for **AFTER** you have met the deductible.

Co-Payment (aka Copay)

Fixed amount of money you pay each time you or your dependents receive care.

Out of Pocket Maximum (OPM)

Greatest amount of money you can spend on healthcare for the year.

- Does not include premiums or costs that your insurance plan does not cover.

DEDUCTIBLE

\+

COINSURANCE

COPAYMENT

Out of Pocket Maximum



Do You Have Questions About Your Benefit Programs and Aren't Sure Who to Contact?

THE TRUENORTH TRUEADVOCATE TEAM IS HERE TO HELP!

You can contact one of our Advocates
Monday – Friday from 7:30 am – 5:00 pm CT

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation of benefits
- Finding a form
- Provider search
- Choosing a plan that works for you

(888) 655-9980

trueadvocate
@truenorthccompanies.com

2ND ADVENTURE -SERVICES-

TRUE NORTH



REQUIRED ANNUAL NOTICES

IMPORTANT NOTICES FROM 2nd ADVENTURE SERVICES REGARDING THE GROUP HEALTH PLAN

In compliance with insurance regulations, we provide information regarding the health benefits we offer and what options you have as an employee.

DOWNLOAD YOUR COPY AT 2ndadventurebenefits.com

NOTES