

CULVER ACADEMIES

2026 EMPLOYEE BENEFITS GUIDE

WELCOME

We know how important your health and wellbeing are to you and your family. That is why we are committed to offering excellent, well-rounded options that lead to whole person wellbeing — mind, spirit and body — as part of your total compensation!

Choosing your benefits takes careful thought and planning. Knowing what benefits you have and how to leverage them is important, and that is why we created this benefits guide as a resource. This guide will help you or your family members understand and find information as needed regarding the resources Culver has invested in to ensure you make the right decisions as it relates to your and your family's overall health and wellbeing needs!

We are committed to helping you and your family achieve your best health — to be well emotionally, physically and financially. We hope that you will share this resource with your family so you can all learn more about all the benefits we are proud to offer!



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ELIGIBILITY

Our benefits are available on the first day of employment. You have 30 days from your first day of full time employment to make your elections. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse
- 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 Qualifying Life Event.

Changing Benefits After Enrollment

During the year, you cannot make changes to your Medical, Dental, Vision, Flexible Spending Accounts, Life Insurance, or Disability coverage unless you have a Qualifying Life Event. If you do not contact Human Resources within 30 days of the Qualifying Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualifying Life Event).



MEDICAL PLANS

Medical insurance is essential to your well-being, and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

How a Health Plan Works

Preventive care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers.

Each plan has:

- **Annual deductible amounts** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** – the most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.
- **Embedded deductible** - a lower deductible is embedded in the family deductible, so no single family member is responsible for the full family deductible.



Medical Plan Comparison

	HSA	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$3,400	\$6,800
Family	\$6,600	\$13,200
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
You Pay		
Coinsurance		
Preventive Care	\$0	50%*
Primary Care Physician	20%*	50%*
Specialist	20%*	50%*
Urgent Care	20%*	50%*
Emergency Room	20%*	50%*
Pharmacy		
Retail Rx (up to 30-day supply)		
Tier 1/Generic	\$10*	50%*
Tier 2/Formulary	\$35*	50%*
Tier 3/Non-formulary	\$70*	50%*
Tier 4/Specialty	25%* up to \$200 max	50%*
Mail Order Rx (up to 90-day supply)		
Tier 1/Generic	\$25*	Not covered
Tier 2/Formulary	\$87.50*	Not covered
Tier 3/Non-formulary	\$175*	Not covered
Tier 4/Specialty	25%* up to \$600 max	Not covered

* After deductible



Medical Plan Comparison

	HRA	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$3,400	\$6,800
Family	\$6,600	\$13,200
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
You Pay		
Coinsurance		
Preventive Care	\$0	50%*
Primary Care Physician	20%*	50%*
Specialist	20%*	50%*
Urgent Care	20%*	50%*
Emergency Room	20%*	50%*
Pharmacy		
Retail Rx (up to 30-day supply)		
Tier 1/Generic	\$10*	50%*
Tier 2/Formulary	\$35*	50%*
Tier 3/Non-formulary	\$70*	50%*
Tier 4/Specialty	25%* up to \$200 max	50%*
Mail Order Rx (up to 90-day supply)		
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Tier 3/Non-formulary	\$175*	Not covered
Tier 4/Specialty	25%* up to \$600 max	Not covered

* After deductible



HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan medical plan.

How a Health Savings Account (HSA) Works



Eligibility

You must be enrolled in the High-Deductible Health Plan (HDHP)



Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$4,400 if you enroll only yourself, or \$8,750 if you enroll in family coverage. You can make an additional catch-up contribution of \$1,000 if you are age 55.



Culver's Contributions

Up to \$1,400 for Employee Only. Up to \$2,800 for Employee + one or more dependents.

The amounts above are earned wellbeing incentives and not guaranteed amounts. Earned employer contributions to the HSA are available as of January 1st of the plan year.



Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. If you want to enroll in a Flexible Spending Account, you are eligible to enroll in a Limited Purpose FSA. Please note: Funds available for reimbursement are limited to the balance in your HSA.



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Your HSA is always yours - no matter what

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the company or retire, your HSA goes with you, and you can continue to pay and save for future eligible health care expenses.



The Triple Tax Advantage

HSAs offer you tax advantages like no other:

- 1 You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too – tax free.
- 2 Unused funds grow and can earn interest over time – tax free.
- 3 You can save your HSA funds to use for your health care when you leave the Company or retire – tax free.

How a High-Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Yolanda enrolls herself only in the HDHP with HSA. She chooses to use her HSA to pay for covered services – this reduces her out-of-pocket amount needed to meet her deductible before her health plan begins to pay.

Year 1 Example	Year 2 Example
The Company deposits \$1,200 in Yolanda’s HSA	The Company deposits \$1,200 in Yolanda’s HSA
She contributes \$2,450 for a total of \$3,650	She contributes \$2,450 for a total of \$3,650
She uses her HSA to pay \$700 of eligible expenses	\$2,950 rolls over from last year for a total of \$6,600
She has \$2,950 in her HSA to roll over to next year	She uses her HSA to pay \$1,250 of eligible expenses
	She has \$5,350 in her HSA to roll over to next year

If you like the idea of paying less per paycheck and saving tax-free money for future medical expenses, consider enrolling in the HSA.



HEALTH REIMBURSEMENT ACCOUNT (HRA)

An HRA is an account that you can use to pay out-of-pocket medical expenses with pretax dollars, when you are enrolled in the HRA health plan. You can use HRA money to pay for eligible medical expenses for you and your covered dependents. The employee may not contribute to the HRA.

Using the HRA

Please note: Funds available for reimbursement are limited to the balance in your HRA. If you do not spend all the money in this HRA by **December 31**, unused dollars will be forfeited.

How a Health Reimbursement Account (HRA) Works

Culver's Contributions

Up to \$1,200 for employee only coverage. *

Up to \$2,400 for employee + family coverage. *



The amounts above are earned wellbeing incentives and not guaranteed amounts. Earned employer contributions to the HRA are available as of January 1st of the plan year.



Your expenses are paid by your HRA

Your HRA pays your eligible deductible and coinsurance amounts.



You should be tracking the HRA funds that are used.

You can view your HRA balance and claims paid by the HRA by logging into your Anthem account.



You pay your deductible

After you use all of your HRA funds, you then pay the rest of the deductible amount out of your own pocket.



After that, you pay only coinsurance

Once you have met your deductible, you share in the cost of the expenses.

This is called "coinsurance" until out-of-pocket maximum is reached.





*An additional Medical Flexible Spending contribution of \$200 individual and \$200-\$400 family can be earned through wellbeing incentives.

For Your Protection

The out-of-pocket maximum provides financial protection in the event of a serious illness or injury. The out-of-pocket maximum includes your payments for covered in-network or out-of-network expenses, as applicable, and is withdrawn from your fund. The out-of-pocket maximum, however, does not include penalties (such as a late cancellation fee for a doctor's appointment). After you reach your out-of-pocket maximum, the plan covers all expenses up to 100% for the rest of the year.

VIRTUAL VISITS

LiveHealth Online is a great alternative to urgent care and emergency room visits because it provides you 24/7/365 access to U.S. board-certified doctors – receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to your primary care physician.

 <p>24/7/365</p>	 <p>Quality Doctors</p>
 <p>No ER Wait</p>	 <p>\$55 per visit*</p>

* \$59 per visit until deductible is met. Then it is subject to the coinsurance until out-of-pocket maximum is met.



LiveHealth Online Offers Members Access To Specialists, Too!

LiveHealth Online provides access to various specialists, including Dermatologists, Allergists, Mental Health Therapists, Psychologists, and Psychiatrists. Specialist services have varying cost depending on the service.

Here is a small sample of things LiveHealth Online doctors have treated:


Abdominal Pain/Cramps	Bronchitis	Poison Ivy/Oak Rash
Allergies	Cold and Flu Symptoms	Respiratory Infection
Animal/Insect Bites	Dizziness	Sinusitis
Pink Eye	Eye Infection/Irritation	Sore Throat
COVID	Headaches/Migraines	Sprains and Strains
Blood Pressure Issues	Laryngitis	And More!





Connect with a mental health expert who specializes in you.


Rula has **15,000+** licensed providers, carefully vetted to ensure the highest quality of care.

A personalized approach to care, tailored around you.


- 

Your search, made simpler
We'll help you find an in-network provider and schedule your first appointment in minutes.
- 

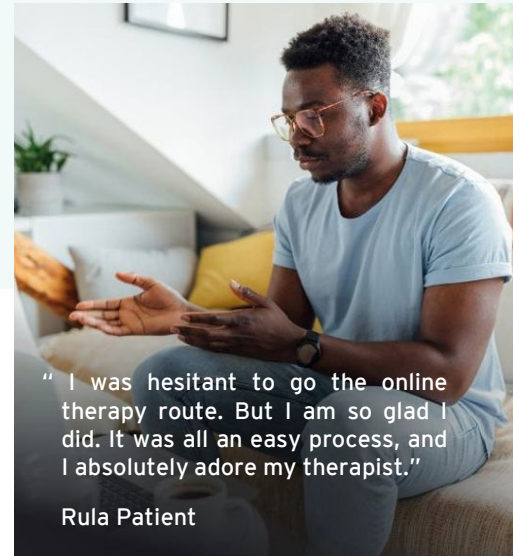
Affordable, accessible care
Rula will provide you with a personalized cost estimate prior to your first appointment.
- 

Meet your match
Providers in Rula's network represent a wide range of specialties and backgrounds, making it easier to find the right therapist or prescriber for you.
- 

Focused on quality
All therapists in our network undergo regular clinical reviews and have access to peer review and development workshops — ensuring that you receive the highest quality of care.



All-in-one platform
At Rula, we make it easy to combine multiple forms of care and manage your billing, appointments, and providers from one convenient platform.



You deserve quality care from someone who cares.

Ready to get started?

Scan to find your therapist who specializes in you.

rula.com/anthemindiana



Headway is here to help you access mental health care that fits your needs




About Headway


Headway is Anthem's leading and largest behavioral health network partner delivering access to high-quality mental health care for members nationwide



Diverse, high-quality network




Diverse national coverage: 48K+ in-network clinicians nationally provide high-quality care to members across 35+ specialties




Dense, local presence in IN: 650+ in network Anthem providers in Indiana, including 50+ prescribers


Seamless access and experience




Immediate availability: Same-day matching with providers who have openings within 48 hours



In-person or virtual care: Book in-person or virtual care appointment with our providers




Personalized matching: Get matched with the right provider by filtering for clinical needs and personal preferences




Affordable & transparent pricing: All Headway providers are in-network with your insurance - you can see your price before you book

Integrated solutions



Tailored client solutions: Employer-level reporting and analytics, custom marketing campaigns, client webinars and demos



Seamless referral pathways: Dedicated scheduling support through Headway's live support team - (646) 941 7645

How Headway works

1 Scan QR code or Navigate to book.headway.co/anthem-bcb



2 Filter for your preferences, such as race/ethnicity, gender, and language to find the right person

3 Add your insurance details and select an appointment slot – we'll handle the rest

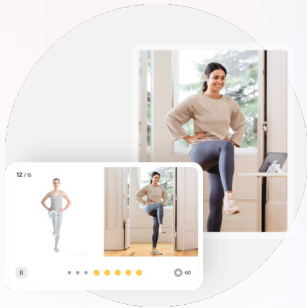
OR

Navigate to Anthem.com or Sydney Health app to search for providers in "Find Care"

Relieve aches + pains

from the comfort of your home

Meet Sword Thrive, a digital physical therapy program for joint, back and muscle pain that you can do anytime, anywhere.



Track your progress and get real-time feedback with our tablet.

Pain doesn't wait. Why should you?
Enroll today to get started

Learn more at
sword.health/thrive/culveracademies/go

Sword is available at no cost to the associates, spouses, and dependents 18 and older on the Anthem Blue Cross and Blue Shield Medical Plan.



Pelvic health care

for every life stage.

1 in 3 women suffer from pelvic health disorders¹ including bladder issues, bowel dysfunction, and pelvic pain. Sword Health developed Bloom to give you relief with an easy-to-use, at-home pelvic therapy solution.



Bladder Health



Intimacy Wellbeing



Pelvic Pain



Bowel Health



Pregnancy



Postpartum



Menopause



Life can be challenging;
pelvic health care
shouldn't be.



¹ Kenne, K.A., Wendt, L. & Brooks Jackson, J. Prevalence of pelvic floor disorders in adult women being seen in a primary care setting and associated risk factors. Sci Rep 12, 9878 (2022). <https://doi.org/10.1038/s41598-022-13501-w>



MARATHON HEALTH SERVICES

How Marathon Takes Care of You



Primary Care

- Physician-led clinics
- Treatment of routine or chronic conditions, condition management
- Preventive care



Medications

- 150+ common acute/maintenance medications
- Prescriptions filled on-site
- Requires visit with provider



Acute Care

- Same-day appointment scheduling
- Care of colds/flu, sprained ankles, rashes, etc.
- Suture removal, wound care
- Minor injuries



General Labs

- On-site general lab
- Hundreds of common blood and urine tests
- Outside lab orders allowed from other providers



Wellness Services

- Annual exams/physicals
- Comprehensive Health Review
- Online member portal with health tools and resources for tracking progress towards health goals



Well-being Program Support

- Communicates with **Vitality** on your behalf for biometric screen and other preventive services



Questions?

Please contact Marathon Health at 574-842-8882. You can also visit the Marathon Portal at my.marathon-health.org.

DENTAL PLANS

Taking care of your oral health is not a luxury; it is a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative, and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay a small deductible and coinsurance for basic and major services.

Visiting an in-network dentist will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.



	Dental Plan	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Calendar Year Maximum Benefit		
Per Individual	\$2,000 per individual (Basic and Major Services combined)	
Plan Pays		
Preventive Care		
Exams, Cleanings, X-rays	100%	100%*
Basic Services		
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	80%	80%*
Major Procedures		
Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs	50%	50%*
Orthodontia		
24-Month Treatment Fee - Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding		
Children (up to 19th birthday)	50% up to a lifetime maximum benefit of \$2,000 per individual; deductible waived	

*Anthem will pay the listed percentage up to the usual, customary, and reasonable (UCR) rate, which may be less than the amount charged. You will be responsible for the remaining balance owed.





VISION PLAN

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.





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

	Vision Plan	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	YOU PAY	REIMBURSEMENT
Cost		
Exam	\$0	Up to \$70
Covered Services - Lenses		
Single Lenses	\$0	Up to \$50
Bifocals	\$0	Up to \$90
Trifocals	\$0	Up to \$100
Frames	Balance over \$130 allowance	Up to \$80
Covered Services - Contacts in lieu of Frames/Lenses		
Contacts - Medically Necessary	\$0	Up to \$250
Contacts - Elective	Balance over \$130 allowance	Up to \$100
Benefit Frequency		
Exams	Once every 12 Months	Once every 12 Months
Lenses		
Contacts		
Frames	Once every 24 Months	Once every 24 Months



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax- free dollars. There are three types of FSAs — the Health Care FSA, the Limited Purpose FSA, and the Dependent Care FSA: **Note:** If you are a participant in a Health Savings Account (HSA), you are not eligible for the Health Care FSA reimbursement account.

Medical (Healthcare) FSA	vs	Limited Purpose FSA
<p>Contribute up to \$3,400* per year, pretax to pay for services not covered by your medical, dental or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.</p>		<p>Used if you are enrolled in the HDHP, including HSA with medical plan; it works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses. Contribute up to \$3,400* per year, pretax.</p>
<p>Receive a debit card to pay for eligible medical expenses (funds must be available in your account).</p>		<p>Receive a debit card to pay for eligible medical expenses (funds must be available in your account).</p>
<p>Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.</p>		<p>Eligible expenses include dental and vision copays, coinsurance, deductibles, eyeglasses and some over-the-counter dental and vision needs, such as reading glasses.</p>
<p>Submit claims up to March 31 of the following year for expenses from January 1 to December 31. If you do not spend all the money in this FSA by March 31, for pretax contributions. The IRS allows rollover of up to \$680*. Anything over will be forfeited.</p>		<p>Submit claims up to March 31 of the following year for expenses from January 1 to December 31. If you do not spend all the money in this FSA by March 31, for pretax contributions. The IRS allows rollover of up to \$680*. Anything over will be forfeited.</p>

*Subject to change by IRS

Dependent Care FSA

Contribute up to \$7,500 per year, pretax, or \$3,750 if married and filing separate tax returns, 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.

Can only be used to pay for eligible dependent care expenses including day care, after-school programs and non-medical elder care programs, and you cannot use your Health Care FSA to pay for Dependent Care expenses.

Submit claims up to **March 31** of the following year for expenses from January 1 to December 31. Note: If you do not spend all the money in this FSA by **March 31**, per IRS regulations, unused dollars will be forfeited for pretax contributions.



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. AD&D Insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

Basic Life and AD&D Insurance		
Coverage Level	Coverage Amount	Evidence of Insurability/Proof of Good Health
Employee	2x earnings up to a maximum of \$400,000.	None
Spouse	\$5,000 not to exceed 50% of the Employee Basic Life Insurance.	None
Child(ren)	\$2,000	None

Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security, and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

IMPORTANT: If your spouse or child dependent is also a full-time employee with Culver, you cannot cover them under this plan.

Voluntary Life and AD&D Insurance

Voluntary Life insurance can help protect your family during difficult times. Culver Academies provides you with the opportunity to purchase additional coverage for you, your spouse, and child(ren).

Voluntary Life and AD&D Insurance		
Coverage Level	Coverage Amount	Evidence of Insurability/Proof of Good Health
Employee	Increments of \$10,000 up to \$500,000 or 5 times your annual earnings.	Required for amounts greater than \$240,000 (guarantee issue).
Spouse	Increments of \$5,000 to a maximum of \$150,000, not to exceed 50% of the employee's elected and approved coverage.	Required for amounts greater than \$50,000 (guarantee issue).
Child(ren)	Increments of \$2,500 to a maximum of \$10,000.	None

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect coverage when first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI).

If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

Voluntary Life and AD&D Rates (Employee and Spouse)	
Age	Monthly Rates per \$1,000
Under 25	\$0.095
25-29	\$0.095
30-34	\$0.104
35-39	\$0.123
40-44	\$0.179
45-49	\$0.292
50-54	\$0.470
55-59	\$0.722
60-64	\$1.116
65-69	\$1.987
70+	\$3.541
Child Rate	\$0.134



IMPORTANT: If your spouse or child dependent is also a full-time employee with Culver, you cannot cover them under this plan.

DISABILITY INSURANCE

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

Short-Term Disability (covering non-occupational disabilities) Benefits at a Glance

Coverage	100% of your normal base salary on normal pay schedule for up to 13 weeks.
When Benefits Begin	Benefit begins after 0 consecutive calendar days of disability.
Election Required	No

Long-Term Disability (covering both non-occupational and occupational disabilities) Benefits at a Glance

Coverage	60% of your pre-disability earnings, up to a maximum benefit of \$10,000 per month until you recover or reach Social Security Normal Retirement Age.
When Benefits Begin	Benefit begins after 90 days of disability.
Election Required	Yes



A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.

RETIREMENT PLANNING

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403(b) savings plan allows you to save for retirement on a pretax or post-tax (Roth) basis. You can begin contributing to the plan at any time once you become eligible and start making contributions to your account through convenient payroll

Increase Your Retirement Savings With a 403(b) Plan

Culver contributes 7.5% into TIAA-CREF if you are a benefit eligible employee. Culver will match you fifty cents on the dollar up to 5% of your gross per pay (Culver contributing 2.5%).

Example

Your gross is \$2,000.00

\$100 is 5% of your gross pay

\$50 is the Culver match

\$150 is the 7.5% from Culver

\$300 is the total of the three contributions for that pay period

Hourly pay of \$15.00 with a gross pay of \$1,200.00

\$60 is 5% of your gross wages

\$30 is the Culver match

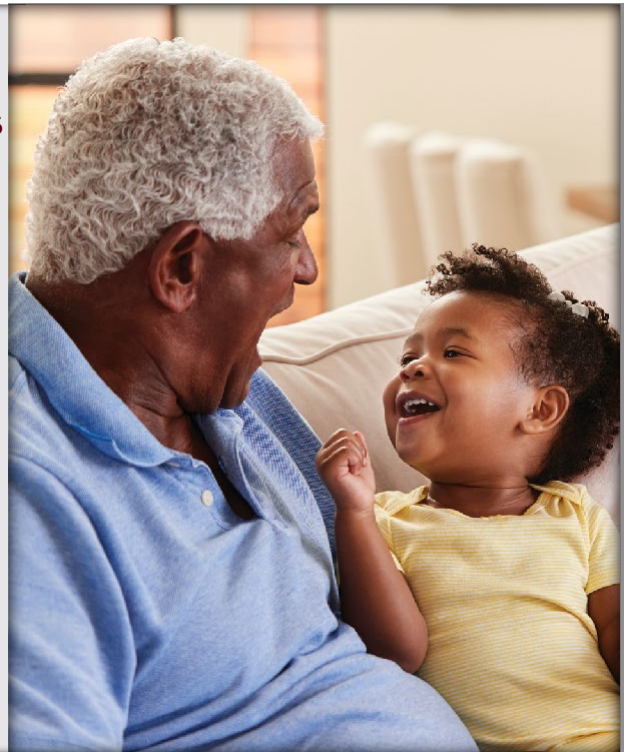
\$90 is the 7.5% from Culver

\$180 is the total of the three contributions for that pay period

Culver's Retirement Savings Partners

TIAA is Culver's 403(b) retirement partner. Reviewing your TIAA contributions, balances and investment performance can be done at any point in time by accessing your account at [TIAA.org](https://www.tiaa.org). TIAA offers investment planning, counseling, and education. TIAA is happy to help via phone at 800-842-2252.

Captrust has been a trusted partner of Culver for several years. Captrust provides expert financial educational tools and strategic retirement planning. They provide individual consultation to Culver employees 4 times per year. www.captrust.com.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employee assistance benefits are available to all full- and part-time employees and their immediate family members living in the household. You may find at times that circumstances interfere with your happiness, relationships, or balance between work and home life. The EAP is there to help you proactively manage these occasions.

The SupportLinc Employee Assistance Program (EAP) is a benefit, separate from your medical insurance, offered by Culver to help you manage life's daily challenges.

SupportLinc can refer you to professional counselors, services and resources that will help you and your eligible family members resolve a broad range of personal and work-related concerns.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance



Financial expertise

Consultation and planning with a financial counselor



Legal consultation

By phone or in-person with a local attorney



Short-term counseling

Access up to **six (6) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance use



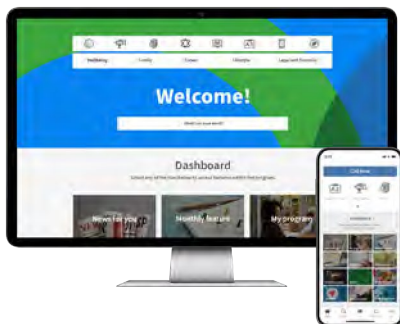
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law

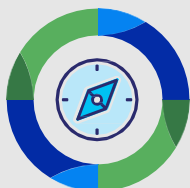


Your web portal and mobile app

- The one-stop shop for program services, information and more
- Discover on-demand training to boost wellbeing and life balance
- Find search engines, financial calculators and career resources
- Explore thousands of articles, tip sheets, self-assessments and videos

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



1-888-881-LINC (5462)
groupcode: **culver**



mysupportlinc.com

Download the mobile app today!

CULVER WELL-BEING PROGRAM

Culver Well-being is open to all Culver employees and spouses covered under a Culver medical plan. Both the employee and covered spouse must complete a biometric screening and an online health assessment each year. By completing activities aimed at whole-person well-being, the employees enrolled in Culver medical plans can earn incentives.

Our well-being program has been designed to support you and your families as whole individuals – mind, spirit, and body. You as a WHOLE person come to work every day, and we want to recognize and support that in the programs and resources we provide.

* Note: If it is unreasonably difficult or medically inadvisable for you to attempt to achieve the requirements to earn the medical premium incentive or alternative standard, contact Human Resources and we will work with you to develop another way to qualify.

Level	Points	Employee Reward	Spouse Reward
Foundational	Biometric Screen & Online Health Assessment†	A Fifty Percent Premium Reduction*	
Silver	2,500 Points	\$600 / \$1,200 HRA or HSA Employer Contribution**	Quarterly Drawing (Culver Bookstore)
Gold	6,000 Points	Additional \$600 / \$1,200 HRA or HSA Employer Contribution**	Quarterly Drawing (Culver Bookstore)
Gold+	8,000 Points	\$200 FSA/HSA	\$200 FSA/HSA***
Platinum (Bonus)	10,000 Points	Drawing for a significant Well-being related gift (Peloton, Airfare, Charitable/Community giving, etc.)	

- † This is the only level that is met by completing the listed activities, not by reaching a point value.
- * Both Employee and Spouse must meet Level 1 (both Foundational Activities)
- ** \$600–Single Coverage / \$1,200–Employee+ Coverage
- *** \$200 FSA/HSA earned by Spouse is deposited in Employee’s Account

Culver’s Well-being Program is available through the Culver MyApps page at www.culver.org/myapps, www.powerofvitality.com, or the *Power of Vitality* app. The *Power of Vitality* app is available in the Google Play Store and Apple App Store. You can contact Vitality at 877-224-7117 or by email at wellness@powerofvitality.com.



ADDITIONAL ANTHEM RESOURCES

24/7 NurseLine

Round-the-clock access to health information can be vital to your peace of mind and wellbeing. That's why we have Nurse Coaches available to talk with you about your general health issues any time of the day or night at our toll-free number. Can you treat the problem at home? Do you need to see your doctor? Or should you head straight to the emergency room? Making the right call can help you avoid needless worry and expense. And, most importantly, safeguard your health and the health of your family.

MyHealth Advantage

MyHealth Advantage is a free service that helps keep you and your bank account healthier.

Here's how it works: We review your incoming health claims to see if we can save you any money. We can check to see what medications you're taking and alert your doctor if we spot a potential drug interaction. We also keep track of your routine tests and checkups, reminding you to make these appointments by mailing you MyHealth Note. MyHealth Notes summarize your recent claims. From time to time, we offer tips to save you money on prescription drugs and other health care supplies.

Discount Programs

Discount Programs are available to participants of Anthem Blue Cross Blue Shield plans. To find discounts that are available to you, log in to [anthem.com](https://www.anthem.com) and select Discounts.

Building Healthy Families

We know your goal is to have a safe delivery and a healthy baby. That's why we offer Building Healthy Families, a voluntary program to help you take care of your baby before delivery. Register for Building Healthy Families and you'll get:

- 24/7 toll-free access to a registered nurse who'll answer your questions and talk about pregnancy issues with you.
- A helpful book: Your Pregnancy Week by Week.
- Materials to help you know what to do if something unexpected happens.
- A questionnaire to check your risk of delivering too early.
- Useful tools to help you, your doctor and your Building Health Families nurse coach track your pregnancy and spot possible problems.



To access these benefits and many more, please call 888-279-5449 or log in to [anthem.com](https://www.anthem.com).

IMPORTANT CONTACTS

Coverage	Contact	Phone	Website
Medical	Anthem BCBS	833-578-4441	www.anthem.com
Health Savings Account	Wealthcare Saver/Anthem BCBS	833-578-4441	www.anthem.com
Onsite Clinic	Marathon Health	574-842-8882 866-434-3255	https://my.marathon-health.com
Telemedicine	LiveHealth Online	888-548-3432	www.livehealthonline.com
24/7 Nurse Line	Anthem BCBS	800-337-4770	www.anthem.com
Well-being Platform	Vitality	877-224-7117	www.powerofvitality.com
Dental	Anthem BCBS	877-604-2142	www.anthem.com
Vision	Anthem BCBS	800-810-2583	www.anthem.com
Flexible Spending Accounts	PBA	800-435-5694	www.pbaclaims.com
Life and AD&D	The Hartford	888-563-1124	www.thehartford.com
Disability	The Hartford	888-301-5615	www.thehartford.com
403(b) Retirement	TIAA-CREF	800-842-2776	www.tiaa.org
Employee Assistance Program	Supportlinc	888-881-LINC (5462) group code: culver	https://mysupportlinc.com

Visit the Benefit Showcase for links, helpful videos, and more.



This brochure highlights the main features of the Culver Academies 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. Culver Academies reserves the right to change or discontinue its employee benefits plans at any time.



CULVER ACADEMIES

