

2026 Employee Benefits New Hire Guide



Benefits for the 2026 Plan Year


**benefits
service center**



For information and enrollment, access www.jimellisbenefits.com or
call the Jim Ellis Benefits Service Center at (770) 295-1100.

INTRODUCTION

New Hire Enrollment

Jim Ellis values every one of our team members, and we are committed to providing exemplary benefits for you and your family. This guide provides a summary of your benefits, and the enrollment process.

Complete benefit details are located at www.jimellisbenefits.com. The Benefits Service Center can also assist with benefits questions and enrollment. We encourage you to use these resources to maximize your benefits and understand your options. We appreciate your service as a Jim Ellis team member.

Access the benefits website at
www.jimellisbenefits.com
for complete details.

Jim Ellis Benefits Service Center
(770) 295-1100
benefits@jimellisbenefits.com

Pre-Tax Benefits

Your medical, dental, vision, and healthcare Flexible Spending Account (FSA) premiums will be deducted on a pre-tax basis. Once you enroll in these plans, no changes are permitted during the plan year without a **qualifying life event**.

Common qualifying life events that could result in changes to your benefit coverage include the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent
- Medicare entitlement
- A change in your spouse's employment that affects benefits
- Gain or loss of coverage

Should you have a qualifying event during the year, please notify the Benefits Service Center at (770) 295- 1100. You must submit the necessary documentation to the Benefits Service Center **within 30 days** of the event for the change to be effective

Benefits Eligibility

You are eligible for benefits on the **first of the month following 60 days of your hire date. You must enroll in benefits by the 25th of the month before your effective date.** Your voluntary benefits will be waived if you do not complete your elections by the deadline. Now is your opportunity to elect benefits for the 2026 year.

Annual Open Enrollment is held in December, and the plan year begins on January 1. Should you wish to change your elections after your effective date, you must wait until the next Annual Open Enrollment unless you have a qualifying life event.



Information Needed to Enroll

- Your name, date of birth, and Social Security Number.
- The name(s), date(s) of birth, and Social Security Number(s) of your dependent children up to age 26. Dependent children include your natural children, adopted children, step-children, and children whom you claim as dependents for Federal Income Tax purposes, or for whom you have legal guardianship.
- Your spouse's name, date of birth, and Social Security Number, if applicable.

Note: Collecting dependent Social Security Numbers is a legislative requirement for enrollment in the health, dental, and vision plans.

Telephonic Enrollment

The **Benefits Service Center** is available to assist with online enrollment and website navigation inquiries: (770) 295-1100. Service Center hours are Monday – Thursday from 8am to 6 pm and Friday from 8am to 5pm.

Reminder: You may call the Benefits Service Center during the year for assistance with:

- Benefits questions and claims assistance
- Requesting an ID Card
- Life insurance beneficiary updates
- Accessing your plan documents, and more

Online Enrollment

- Access www.jimellisbenefits.com. Click **Enrollment Portal**, then **Click Here to Begin**, and then **Get Started Now**.
- You will be prompted to enter your email address, last four digits of your Social Security Number, and date of birth. The system will identify you by these credentials and allow you to create a password. Once you have created your password, you will be able to complete your Enrollment. Note: If you have already registered, simply click Login.

Confirmation Statement

- You will receive a Confirmation Statement via email at the end of your enrollment. Review and save this statement for your records.

Benefits Upon Termination

Your medical plan, life insurance, disability insurance, and Flexible Spending Account coverages will terminate on the same date as your employment termination. In certain cases, your coverage may end sooner than the period for which premiums are made. For all other benefits, the coverage end date is the end of the month in which the termination occurs.

Medical Plan Tobacco Surcharge

- The tobacco/nicotine surcharge is \$25 per month for employees enrolled in medical coverage.
- All medical plan participants are required to provide a non-tobacco affidavit to the HR department by the deadline.
- If you have a change in your tobacco status during the year, please submit an updated affidavit to Human Resources. The tobacco status change will be reflected in the next quarter.

Health Plan Coverage Requirements for Spouses

- Team members covering a spouse on the health plan are required to provide proof of current marriage (marriage certificate and joint marital document such as mortgage/bank statement, utility bill, etc.).
- **Spouses with other employer-sponsored health coverage available are not eligible for the Jim Ellis health plan.** An affidavit acknowledging that no other employer-sponsored health coverage offer is **required** to cover your spouse.
- If you are newly covering a spouse for health coverage, you will receive an email from the Benefits Service Center following Open Enrollment explaining what's needed.

Employee Portal Information

The Jim Ellis Employee Portal is your online resource for:

- Company events, news, and announcements (located on the Welcome page)
- Viewing and updating your personal information, such as address or dependent changes
- Viewing attendance, paid time off, and sick time
- Viewing and printing benefits forms
- Searching the Company Directory
- Accessing your Jim Ellis email
- And much more...

You can access the Portal from anywhere at anytime, using a laptop, desktop, or mobile device.

If you do not have your own desktop, you can access your Jim Ellis email through the Portal. A link to the email login screen is located on the Welcome Page. You are encouraged to check your email regularly for inter-company communication!

Note: For email address inquiries, please contact:

training@jimellis.com.

Please direct questions about the Employee Portal to:

- Mickey Patterson, Portal Administrator : **(770) 225-4837** | mickeyr@jimellis.com

Medical Coverage

Jim Ellis offers two medical plan options, the PPO Low and PPO High medical plans. Both plans utilize the Cigna PPO network, and include a free benefit that helps you find the highest quality doctors while saving you up to \$5,000 individual / \$10,000 family (Team Member + Dependents) in healthcare costs.

In-network preventive care services, such as annual check-ups, are covered in full for both plans. As a reminder, these services need to be coded as preventive to be paid in full by the plan.

The medical plans are administered by **Nova Healthcare**. Nova Healthcare processes your claims and eligibility updates. **HealthJoy**, your healthcare guidance app, helps improve your healthcare experience while saving you time and money. We encourage all medical plan members to use the HealthJoy app when you need medical services.

Although the plans include out-of-network coverage, your costs are significantly lower if you choose providers within the Cigna PPO network. You may access **Cigna PPO network information** by using the HealthJoy mobile app or on Nova's website, via the following steps:

- www.novahealthcare.com/member
- Find a Provider
- Click on the Cigna Provider directory, select PPO for the plan, and follow the search instructions.

Or access <https://hcpdirectory.cigna.com/web/public/consumer/directory/search> or call (855) 206-1040

Tools & Resources for High-Quality Healthcare

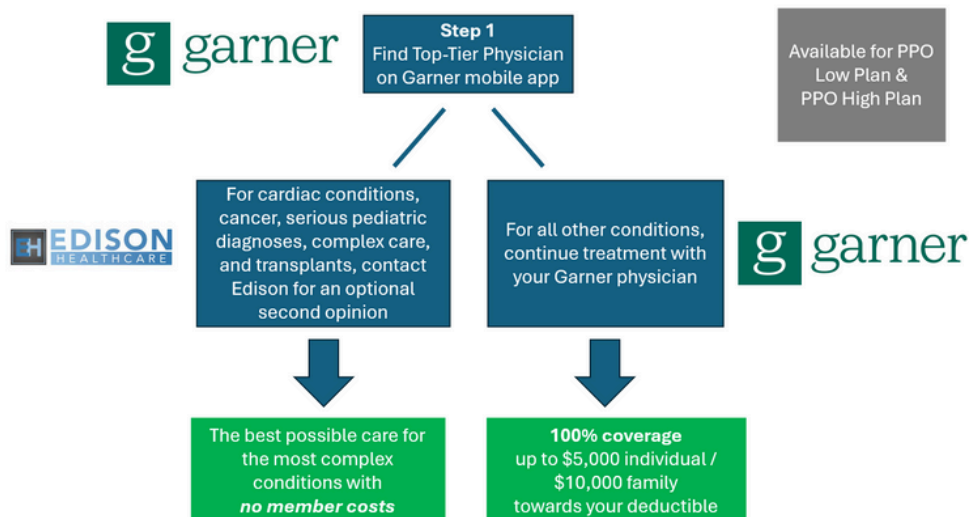
All doctors are not the same. Your medical plan includes additional tools and resources to help you and your family members find **high-quality healthcare**. Data indicates that the best physicians have more accurate diagnoses, lower rates of unnecessary surgeries, and better outcomes.

Garner Healthcare Incentive Benefit: Your First Stop

Garner is a free benefit that helps you find the highest quality doctors while saving you money. Because Jim Ellis cares about your health and wants to help you find the best quality doctors for your care, you'll receive up to \$5,000 individual / \$10,000 family (Team Member + Dependents) in free medical care when you use a top-tier Garner-recommended physician. In order to qualify, you must first use Garner to receive a provider recommendation, then visit the recommended provider. When following these steps, all eligible out of pocket costs, will be waived, up to the maximum incentive amounts listed above.

Edison Healthcare Second Opinion and Treatment Benefit: An Optional Resource for Certain Conditions

The Edison Centers of Excellence program is a voluntary high-quality resource for diagnoses of cancer, transplants, cardiac conditions, serious pediatric diagnoses, and complex care. The Edison Smart Care Centers are available with no member cost for these conditions.



In-Network Medical Benefit Summary

In-Network Plan Design	PPO Low Plan	PPO High Plan
Deductibles		
Individual	\$9,200	\$5,000
Family	\$18,400	\$10,000
Garner Quality Incentive		
Individual	\$5,000	\$5,000
Family	\$10,000	\$10,000
Out-of-Pocket Maximums		
Individual	\$9,200	\$9,100
Family	\$18,400	\$18,200
Coinsurance		
Member Pays	0%	20%
Office Visits		
Preventive Care	\$0 copay	\$0 copay
Primary Care Physician	Deductible	Deductible, then 20%
Specialist	Deductible	Deductible, then 20%
Chiropractic Care & Physical Therapy	Deductible	Deductible, then 20%
Testing		
Diagnostic Lab & Radiology	Deductible	Deductible, then 20%
Advanced Imaging (CT / MRI)	Deductible	Deductible, then 20%
Outpatient Surgery		
Facility & Physician Fee	Deductible	Deductible, then 20%
Inpatient Hospitalization		
Facility & Physician Fee	Deductible	Deductible, then 20%
Emergency & Urgent Care		
Emergency Room	\$750	\$750
Urgent Care	Deductible	Deductible, then 20%
Prescription Drugs	Select / Non-Select Pharmacies	Select / Non-Select Pharmacies
Tier 1 - Generic	\$5 / \$25	\$5 / \$25
Tier 2 - Preferred Brand	\$35 / \$55	\$25 / \$45
Tier 3 - Non-Preferred Brand	\$70 / \$90	\$50 / \$70
Tier 4 - Specialty	Not Covered/Contact VeracityRx	Not Covered/Contact VeracityRx

Benefit Summary Notes

1. Emergency room visits and prescription drug benefits are not eligible for the Garner high-quality incentive.
2. Higher out-of-pocket costs for out-of-network services.
3. Refer to the Summaries of Benefits and Coverage (SBCs) for additional plan details.

2026 PPO Low Plan Payroll Deductions

Annual Earnings	Under \$14,999	\$15,000 - \$19,999	\$20,000 - \$24,999	\$25,000 - \$29,999	\$30,000 - \$34,999	\$35,000 - \$39,999	\$40,000 - \$44,999	\$45,000 - \$49,999	\$50,000 - \$54,999	\$55,000 - \$59,999	\$60,000 - \$99,999	\$100,000 +
Semi-Monthly Contributions												
Team Member	\$26.34	\$39.51	\$52.69	\$65.86	\$79.03	\$92.20	\$105.37	\$118.54	\$131.71	\$144.88	\$149.47	\$168.46
Team Member + Spouse	\$408.15	\$426.37	\$444.59	\$462.81	\$481.03	\$499.25	\$517.46	\$535.68	\$553.91	\$572.12	\$578.47	\$604.74
Team Member + Child(ren)	\$364.09	\$382.31	\$400.53	\$418.75	\$436.97	\$455.18	\$473.40	\$491.62	\$509.84	\$528.06	\$534.41	\$560.68
Family	\$687.22	\$705.44	\$723.66	\$741.88	\$760.10	\$778.31	\$796.53	\$814.75	\$832.97	\$851.19	\$857.54	\$883.81
Weekly Contributions												
Team Member	\$12.16	\$18.24	\$24.32	\$30.39	\$36.47	\$42.55	\$48.63	\$54.71	\$60.79	\$66.87	\$68.99	\$77.75
Team Member + Spouse	\$188.38	\$196.79	\$205.20	\$213.60	\$222.01	\$230.42	\$238.83	\$247.24	\$255.65	\$264.06	\$266.99	\$279.11
Team Member + Child(ren)	\$168.04	\$176.45	\$184.86	\$193.27	\$201.68	\$210.08	\$218.49	\$226.90	\$235.31	\$243.72	\$246.65	\$258.77
Family	\$317.18	\$325.59	\$333.99	\$342.40	\$350.81	\$359.22	\$367.63	\$376.04	\$384.45	\$392.86	\$395.79	\$407.91

2026 PPO High Plan Payroll Deductions

Annual Earnings	Under \$14,999	\$15,000 - \$19,999	\$20,000 - \$24,999	\$25,000 - \$29,999	\$30,000 - \$34,999	\$35,000 - \$39,999	\$40,000 - \$44,999	\$45,000 - \$49,999	\$50,000 - \$54,999	\$55,000 - \$59,999	\$60,000 - \$99,999	\$100,000 +
Semi-Monthly Contributions												
Team Member	\$33.16	\$49.73	\$66.31	\$82.89	\$99.47	\$116.04	\$132.62	\$149.20	\$165.78	\$182.35	\$188.14	\$212.04
Team Member + Spouse	\$464.80	\$485.54	\$506.30	\$527.04	\$547.79	\$568.54	\$589.28	\$610.03	\$630.78	\$651.53	\$658.76	\$688.67
Team Member + Child(ren)	\$414.62	\$435.37	\$456.12	\$476.86	\$497.61	\$518.36	\$539.10	\$559.85	\$580.60	\$601.35	\$608.58	\$638.50
Family	\$782.60	\$803.35	\$824.09	\$844.84	\$865.59	\$886.34	\$907.08	\$927.83	\$948.58	\$950.00	\$950.00	\$950.00
Weekly Contributions												
Team Member	\$15.30	\$22.95	\$30.60	\$38.25	\$45.91	\$53.56	\$61.21	\$68.86	\$76.51	\$84.16	\$86.83	\$97.86
Team Member + Spouse	\$214.52	\$224.09	\$233.67	\$243.25	\$252.82	\$262.40	\$271.98	\$281.55	\$291.13	\$300.70	\$304.04	\$317.85
Team Member + Child(ren)	\$191.36	\$200.94	\$210.51	\$220.09	\$229.67	\$239.24	\$248.82	\$258.39	\$267.97	\$277.55	\$280.88	\$294.69
Family	\$361.20	\$370.77	\$380.35	\$389.93	\$399.50	\$409.08	\$418.65	\$428.23	\$437.81	\$438.46	\$438.46	\$438.46

2026 Medical ID Cards

You will provide your Nova Healthcare ID Card to your Cigna PPO doctor or hospital when you schedule medical care. Most physicians will not bill you at the time of service. If payment is requested at the time of service from a Garner-recommended physician, contact the Garner Concierge for help.

Look for your medical plan ID Cards in the mail to your home address following your enrollment.



Garner Health for High Quality Healthcare

The best doctors are often the least expensive. Missed diagnoses, unnecessary surgeries, and bad health outcomes are costly and dangerous. By setting you up with the best doctors, you not only get better care, but the cost is lower for both you and Jim Ellis. As a result, Jim Ellis covers your eligible medical bills, up to the maximum incentive, when you use Garner.

Garner Health is a free benefit that helps you find the highest quality doctors while saving you up to \$5,000 individual / \$10,000 family (Team Member + Dependents) in eligible out of pocket costs.

For both medical plan options, when you use the Garner app, find a recommended doctor, and visit that doctor, you receive 100% coverage, up to the maximum incentive amount!
Emergency room visits and prescription drugs are not eligible for the Garner incentive benefit.

How it Works

- A member must use Garner to get a recommendation **before** visiting the provider.
- Visit the provider recommended by Garner and provide your Medical ID Card at the time of service.
- Since most services are subject to the deductible, your doctor should not bill you at the time of service.
- Following your medical service, the claim will be processed by Nova, and the Garner incentive benefit will be applied before calculating your patient responsibility.
- If you have a patient responsibility, this will be indicated on your Explanation of Benefit (EOB).
- As a reminder, do not pay your physician until you receive the Explanation of Benefits (EOB) from Nova. In some cases, provider invoices are generated before the claims are processed. It is important to wait until the claim has processed to confirm your patient responsibility before paying your bill.
- If a Garner-recommended provider bills you at the time of service, please contact the Garner Health Concierge for assistance.

Expert Help When You Need It

As your first line of expert assistance, the Garner Concierge team can assist in understanding your benefit, finding Top Providers for yourself and your family, or answering questions about claims.

You can contact the Concierge team through:

- In-App Messaging
- Email at concierge@getgarner.com

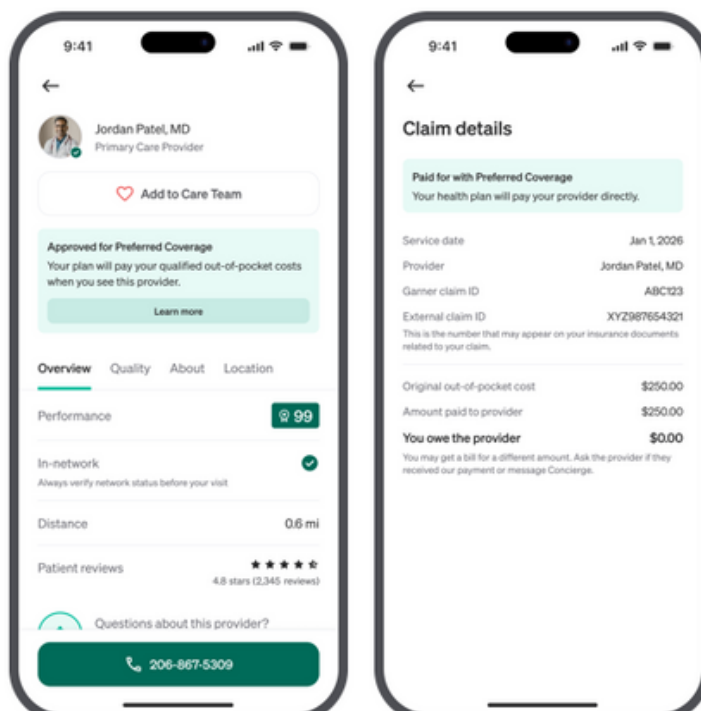
The Concierge team is available Monday–Friday, 8:00 a.m.–10:00 p.m. ET. Se habla español.

garner

How to Get Started

- Visit getgarner.com/signup
- Download the Garner Health app
- Email concierge@getgarner.com,
- Or call 866-761-5147 to locate top doctors

Scan the QR code to download the app



Prescription Drug Coverage



VeracityRx is your pharmacy benefit provider, and will handle your prescription drug claims and customer service. As a reminder, the prescription drug benefit is included in the medical plan out-of-pocket. **Please remember to present your medical ID Card to the pharmacy for your first fills. Doing so will ensure your claims are processed correctly.**

About the Pharmacy Network

The pharmacy benefit uses a **Select / Non-Select pharmacy network**. Most pharmacies can fill your prescriptions, but if you use a Non-Select pharmacy, your copay will be higher. Select pharmacies include most pharmacies, while Non-Select pharmacies include CVS, Walgreens, and Target.

Retail and 90-Day Supply Benefits

Although the prescription drug plan does not include a mail order benefit, you can elect to get a **90-day fill at Select pharmacies for 2x the 30-day supply copay**. Please note that a 90-day fill is not available at Non-Select pharmacies.

Plan Summary

Prescription Tier	PPO Low Plan		PPO High Plan	
	Select Network	Non-Select Network	Select Network	Non-Select Network
Tier 1: Generic	\$5	\$25	\$5	\$25
Tier 2: Preferred Brand	\$35	\$55	\$25	\$45
Tier 3: Non-Preferred Brand	\$70	\$90	\$50	\$70
Specialty Drugs *	Excluded / Contact VeracityRx		Excluded / Contact VeracityRx	
Personal Importation Program	\$0 copay		\$0 copay	

** Specialty medications are excluded (not covered) on the pharmacy benefit. However, VeracityRx may be able to help you work with the specialty medication manufacturer and the prescriber to ensure continuity of care.*

Brand vs. Generic

If a member or physician requests a brand name drug when a generic is available, the member must pay the difference in cost between the generic drug and the brand name drug in addition to the applicable brand drug copay amount (if any).

Personal Importation Program (PIP)

Certain medications can be obtained internationally from Canada. When medications are obtained this way, the cost to the member is \$0 copay. If the member chooses not to participate in the PIP and to fill at a retail pharmacy, the cost to the plan participant is 50% of the cost of the medication and will not apply to the medical plan maximum out-of-pocket.

Commonly Prescribed Personal Importation Medications

- Anoro Ellipta
- Apidra
- Apidra Solostar
- Arnuity Ellipta
- Atripia
- Basaglar Kwikpen
- Biktarvy
- Breo Ellipta
- Brilinta
- Combivent Respimat
- Descovy
- Dulera
- Eliquis
- Entresto
- Farxiga
- Fiasp
- Invokamet
- Isentress
- Janumet
- Janumet XR
- Januvia
- Jardiance
- Juluca
- Myrbetriq
- Omnaris
- Ozempic
- Prezcobix
- Qvar
- Rexulti
- Silenor
- Spiriva Respimat
- Tivicay
- Toujeo Solostar
- Trajenta
- Trelegy Ellipta
- Trintellix
- Trulicity
- Victoza
- Xarelto

How to Enroll in PIP

1. Access veracity-rx.com and complete the Enrollment Form. If you are unable to enroll online, call **888-388-8228**.

2. Be on the lookout for an email from **VeracityRx** with next steps.

3. Contact your healthcare provider to have a new prescription sent to the pharmacy partner. Instructions will be provided in email on step #2 above.

Prescription Drug Coverage



How to Connect

- You can reach **VeracityRx** 24 hours a day, 7 days a week for help with:
 - Locating a network pharmacy
 - Understanding your pharmacy benefits
 - Getting prior authorization information
 - To get help when you are at the pharmacy and your medication is denied
- Call **888-388-8228**
- Email **help@veracity-rx.com**
 - Email inbox is monitored on weekdays from 8am to 5pm EST.

Member Portal

- Register for your member portal access
 - <https://veracity.procarerx.com>
- Use your online account to:
 - Review your prescription claims details
 - Look up a drug to identify formulary status and preferred alternatives
 - Locate pharmacies within a zip code, city, or county

VeracityRx Mobile App

VeracityRx is excited to provide **The VeracityRx App**, your virtual pharmacist. The VeracityRx App helps you save money on prescriptions and make life easier!

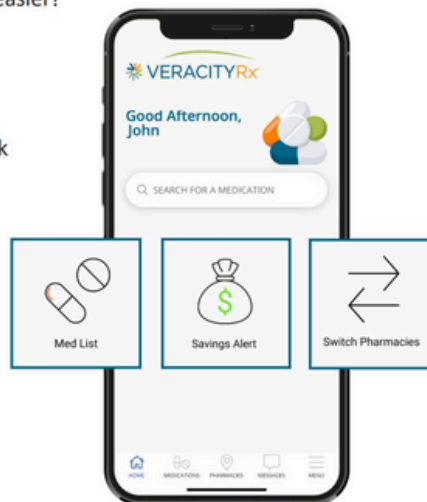
Download The VeracityRx App to:

- View medications and real-time pricing anytime
- Switch medications and pharmacies with one-click
- Receive saving alerts
- And more!



To Get Started:

- Download VeracityRx
- Have your ID card handy
- Check your phone to activate your account



Need help using the app?
Call 866-330-9414 or email veracityrx@levrx.com

Select Pharmacies

Why go to a Select Pharmacy?

- You pay a lower copay.
- 90-day fills are available.

Which Pharmacies are Select?

- Grocery stores such as Kroger, Publix, Costco, Walmart, Sam's Club, and locally-owned neighborhood pharmacies
- Generally, most pharmacies are select except CVS, Walgreens, and Target, which are Non-Select pharmacies.

Specialty Drugs

Although specialty drugs continue to be excluded on your health plan, **VeracityRx** may be able to help you find the best price for your specialty medications.

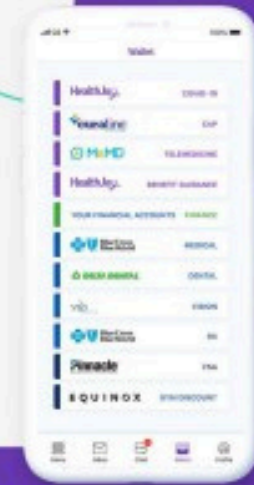
Contact **VeracityRx Pharmacy Services** at www.veracity-rx.com for more information.

HealthJoy Member Portal



HealthJoy Helps You and Your Family

HealthJoy connects you with the right care and support throughout the year, making it easier to be healthy and well.



Meet Emily, a busy customer service representative who's expecting her first baby this year.

Cost Estimation

Before she gives birth, Emily asks a healthcare concierge to estimate out-of-pocket costs.

Rx Savings Review

Her husband requests a review and finds a lower-cost prescription for his allergies.

Medical Plan Details

Emily uses her benefits wallet to track out-of-pocket and deductible spending.

Provider Search

Emily uses the provider search feature to find a pediatrician for her new baby.

Accounts for Spouses and Dependents

Emily's husband can download HealthJoy for his phone to have access to the same information.

How will HealthJoy help YOU this year?

Click the Download and Activate link in your email or visit go.healthjoy.com/activate to get started



Chronic Care Management Program



Diabetes Management: What to know about this benefit



Did you know people who have been diagnosed with diabetes spend about \$17,000 each year on medical expenses? Out of that \$17,000, over \$9,500 is for diabetes treatment.¹

The Diabetes Management program that is part of our benefits can help you save this money because you do not have to pay for anything. You get support for your diabetes with smart devices, expert coaches and easy-to-follow, personalized plans.



Diabetes is the eighth leading cause of death in the U.S.² Through our benefit, you could qualify for help with your diabetes at no cost to you. The Diabetes Management program gives you personalized tools and support to track your blood sugar levels and develop healthier lifestyle habits.

- **What is the program?** The Diabetes Management program supports people diagnosed with type 1 or type 2 diabetes and helps make living with diabetes easier. The program team works with you to provide personalized plans so you can live your healthiest life possible.
- **What resources do you receive?** The program gives you a connected meter and Unlimited strips and lancets. If members of the program team see that your glucose levels go out of range, they'll reach out to you within 5 minutes to get you the support you need.* You also have the option to work with a certified health coach for more guidance. If you prefer to receive support in Spanish, this option is available to you.
- **How can you get started?** Getting registered for the Diabetes Management program is easy and only takes a few minutes. You can either download the Livongo app, call 800-945-4355 or visit the website by scanning the QR code below. You will start the process by answering a few simple questions about your health to see if you qualify for the program. If you do qualify, you will be mailed a Welcome Kit with instructions on how to get started.

Call 800-945-4355

Visit

Join.Livongo.com/NOVAHEALTHCARE

Download the app  



Edison Centers of Excellence



Edison Healthcare Second Opinion and Treatment Benefit: An Optional Resource for Certain Conditions

The Edison Centers of Excellence program is a voluntary high-quality resource for diagnoses of cancer, transplant, cardiac conditions, serious pediatric diagnoses, and complex care. The Edison Smart Care Centers are available with no member cost for these conditions.

Distance and cost should never get in the way of you receiving the best possible medical care. Our team members who are enrolled in medical will have full access to Edison's Smart Care Network. All possible barriers have been removed for the best care and all travel expenses will be covered for you and a companion. All team members, spouses, and dependent children who are enrolled in the medical plan are eligible. **This is ZERO COST HEALTHCARE at AMERICA'S BEST MEDICAL CENTERS for the diagnosis types listed below.**

A graphic titled 'NATIONWIDE VIRTUAL SECOND OPINION PLATFORM' showing a map of the United States with green circles indicating the locations of 98 centers. To the right of the map are logos for five partner medical centers: Memorial Sloan Kettering Cancer Center, Mayo Clinic, Cleveland Clinic, Andrews Institute, and Ochsner. Further right, a grey box titled 'Zero-Cost Second Opinions & Treatment' lists the following conditions: Cancer, Cardiac, Transplant, Pediatric, and Complex Care.

NATIONWIDE
VIRTUAL SECOND OPINION PLATFORM

98 CENTERS

Memorial Sloan Kettering Cancer Center

MAYO CLINIC

Cleveland Clinic

ANDREWS INSTITUTE

Ochsner

Zero-Cost Second Opinions & Treatment

- Cancer
- Cardiac
- Transplant
- Pediatric
- Complex Care

Why are Edison's medical centers considered the best of the best?

- Medical centers that are recognized as the top in the world based on risk-adjusted quality outcomes.
- Multi-disciplinary teams who deliver a fully vetted diagnosis, the best possible treatment, and extraordinary surgical outcomes.
- Team-based diagnosis and treatment plan with doctors who are paid a salary rather than paid by procedure.

Get to know Edison

We encourage you to reach out and learn how Edison can help you and your family today. We understand how frightening a new diagnosis can be, which is why we have partnered with Edison to give you the best resources and care possible!

Phone: (866) 982-7988

Email: ehc@edisonhealthcare.com

Your first stop for Quality Healthcare is Garner Health.

Edison is an optional program for second opinions for complex healthcare diagnoses and conditions.

Components of your Health Plan



Benefits Guidance App - HealthJoy

HealthJoy is your mobile resource for all of your Jim Ellis benefits, including benefit summaries and contact information. HealthJoy includes a healthcare concierge to help you navigate your questions and find lower cost medications. **The Teladoc telemedicine benefit, for all Jim Ellis team members (regardless of medical enrollment status) is also accessed using your HealthJoy app.**

(877) 500-3212 / www.healthjoy.com



Medical Claims Administrator - Nova Healthcare

Nova is your contact for ID Card requests, prior authorizations, coverage questions, and claims issues.

(855) 206-1040

www.novahealthcare.com/member



Quality Medical Care Incentive

Garner Health is a free benefit that helps you find the highest quality doctors. When you use the Garner app, find a physician recommendation, and visit that physician for care, up to \$5,000 individual / \$10,000 family (Team Member + Dependents) will be covered in full.

(866) 761-5147

www.getgarner.com/signup



Pharmacy Benefit Provider - VeracityRx

VeracityRx, your pharmacy benefit partner, is your contact for prescription questions and assistance.

(888)388-8228

<https://veracity.procarerx.com>



Centers of Excellence - Edison Healthcare

Edison is your contact for second opinions for complex healthcare conditions and diagnoses including cancer, transplant, cardiac conditions, serious pediatric diagnoses, and complex care. The Edison Smart Care Centers provide the best possible care for the most complex conditions with no member costs.

(866) 982-7988

www.edisonhealthcare.com



Teladoc Telemedicine via HealthJoy App

Teladoc provides 24/7 convenient access to licensed physicians for non-complex issues like colds, sinus infections, minor injuries, and skin conditions. All Jim Ellis team members and medical plan members **access Teladoc through the HealthJoy benefit guidance app.**

(877) 500-3212

www.healthjoy.com

HEALTHJOY APP FOR ALL TEAM MEMBERS

HealthJoy Mobile App



The HealthJoy app is available for **all Jim Ellis team members**. It includes a summary of all of your Jim Ellis benefits along with helpful tools and resources to maximize your health.

Use the HealthJoy app as follows:

- **Personalized benefits wallet:** You'll have access to all of your Jim Ellis benefits at your fingertips, including dental, vision, life insurance, disability, and more through the HealthJoy portal.
- **Teladoc access for you and your family members:** Teladoc provides zero-cost access to licensed physicians for non-complex illnesses and injuries.
- **24/7 healthcare concierge team**
 - Even if you are not enrolled in the Jim Ellis medical plan, HealthJoy provides several health-related resources for you.
 - **Find healthcare providers with the "Find Care" tool:** You can find participating primary care physicians and specialists conveniently through the convenient HealthJoy app. As a reminder, Jim Ellis medical plan members use Garner Health as your first stop to access high-quality healthcare providers and receive up to \$5,000 individual / \$10,000 family (Team Member + Dependents) in free care.
 - **Pharmacy savings tool:** This tool helps you find lower-cost medication alternatives, saving you money.
 - **Health cost estimation:** HealthJoy provides cost and quality transparency to help with your medical care shopping needs.

Personalized Benefits Wallet

- The wallet includes convenient access to your medical, dental, vision, Flexible Spending Account (FSA), life insurance, disability, critical illness, accident, identity theft, and pet insurance benefits.
 - Includes plan summaries, benefits descriptions, and plan contact information
 - Includes links to locate participating providers for dental and vision coverages.

Pharmacy Savings Tool

- Compare prices quickly and easily by searching local pharmacies for the best discounts.
- Get free coupons on your medications, saving you money. Simply present the coupon to your pharmacist to receive the discount at the time of purchase.

Ask a Health Concierge

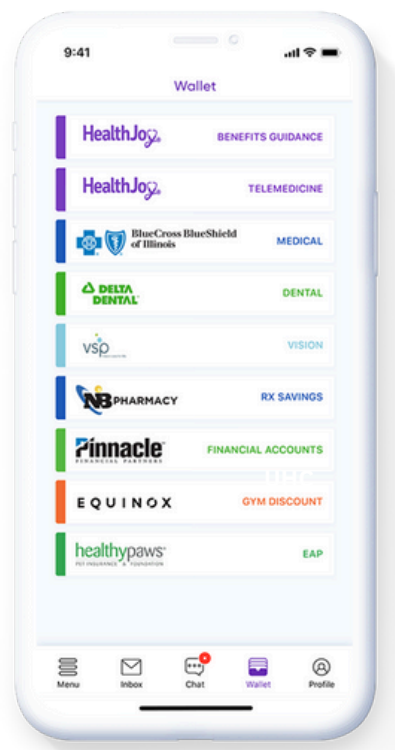
- Chat with Joy, your virtual Healthcare Concierge.
- Get provider, lab, and facility recommendations for a procedure.
- Ask general healthcare questions for guidance and assistance.

Teladoc

- Access the free Teladoc benefit through HealthJoy, regardless of medical enrollment status.
- Speak with a licensed physician for help with non-complex illnesses and injuries.

Find Healthcare Tool

- Search for top-quality healthcare providers in your area.
- Access primary care physicians, including general practice, family practice, internal medicine, and pediatrician doctors.
- You may also access high-quality specialist recommendations through the Find Care tool.
- These recommended physicians have superior clinical outcomes and high scores for overall cost-effectiveness.



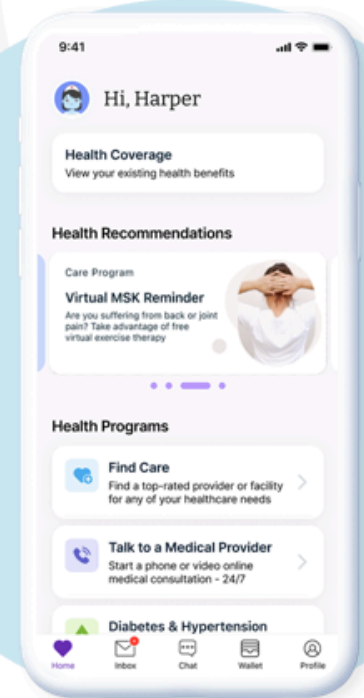
HealthJoy Mobile App

HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help you understand and make the most of your benefits. We connect you and your dependents with the right benefits at the right moment in your care journey, saving you time, money and frustration.

Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and 24/7 access to our virtual AI-assistant, JOY. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.



Read on for a description of all the features and services you get with HealthJoy.



**PERSONALIZED
BENEFITS
WALLET**



**HEALTHCARE
CONCIERGE TEAM**



**PRESCRIPTION
SAVINGS REVIEW**



**APPOINTMENT
BOOKING**



**PROVIDER &
FACILITY
RECOMMENDATIONS**



**VIRTUAL
HEALTHCARE**



It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!



Veronica, AZ

Telemedicine for All Jim Ellis Team Members



The Teladoc telemedicine benefit is available for **all Jim Ellis team members** and your family members with a **\$0 consultation fee**. Teladoc's telemedicine benefit provides 24-hour access to board-certified licensed physicians. This convenient benefit helps you and your family members get the care you need when you need it. Speak with a licensed physician for non-complex medical needs and advice. **Teladoc is accessed through the HealthJoy healthcare guidance app for all team members, regardless of medical enrollment status.**

You and your family members consult with a physician 24/7/365 by phone, online video, or mobile app from anywhere. You can get advice and treatment for non-emergency medical concerns. You can also use Teladoc for medical advice and care in the following situations:

- When your primary care physician is not available or accessible.
- After normal business hours, nights, and weekends.
- When you are at home, traveling, or don't want to take time off from work for a doctor's appointment.
- When you need a prescription refill (not all scripts will be filled by your Teladoc physician).

Common Medical Conditions Treated

- Allergies
- Bronchitis
- Sinus issues
- Cold / flu
- Headaches / migraines
- Respiratory infections
- Stomach ache and diarrhea
- Urinary tract infections
- And more

Benefits of Using Teladoc

- Quicker recovery
- Save time and money
- Choice of consultation method
- Convenient prescription



Talk to a doctor anytime,
anywhere you happen to
be



Receive quality
care via phone or
online video



Prompt treatment,
average call back in
16 min



A network of doctors
that can treat children
of any age



Secure, personal and
portable electronic
health record (EHR)



No limit on
consults, so
take your time

**All Jim Ellis team members will
access this benefit through
HealthJoy.**

**Even if you are not enrolled in
medical coverage, you'll access the
zero-cost telemedicine benefit by
downloading the HealthJoy app.**

**The HealthJoy app includes
information regarding all of your
Jim Ellis benefits.**



Employee Assistance Program: All Team Members



What is Supportlinc?

SupportLinc offers expert guidance to help address and resolve everyday issues. This valuable benefit is available for all Jim Ellis team members.

Designed to help you manage life's challenges and balance home and work, SupportLinc is a no-cost, confidential program available to you and your benefit-eligible family members. Licensed counselors are available 24 hours a day, 365 days a year for support, guidance, and referrals to help you resolve a broad range of concerns, such as:

- Family problems
- Stress and anxiety
- Depression
- Substance abuse
- Grief and loss
- Legal services
- Child care referrals
- Financial planning
- Anger management
- Identity theft
- Elder and adult care referrals
- Marriage and relationship issues

Up to 8 face-to-face or virtual sessions or 8 weeks of text therapy per issue per year

Find Support When You Need It

SupportLinc Employee Assistance Program (EAP) is available whenever you need it most, to address anxiety, work-related pressures, relationships, home responsibilities, substance abuse, and much more.

- Call (888) 881-LINC (5462) for in-the-moment support from a licensed clinician 24/7/365
- Visit the web portal, www.supportlinc.com, to learn more about video coaching, text therapy, and self-guided resources
- Use Live Chat on desktop or mobile app
- Email a question to support@curalinc.com
- **Up to 8 face-to-face or virtual sessions per issue per year including clinical and coaching**
- **Text therapy: up to 8 weeks per issue per year**



In-the-moment support

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



Financial expertise

Planning and consultation with a licensed financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse.



Convenience resources

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



Confidentiality

SupportLinc ensures 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 therapy sessions on an anonymous, chat-based platform

Anthem Dental Plan



Anthem provides comprehensive dental coverage with an extensive network.

Going In-Network Saves You and the Plan Money

Although the plan includes out-of-network coverage, we recommend you review participating Anthem dental provider information at www.anthem.com/find-care. Click “Basic search as a guest”, then select the “**Dental Complete**” network.

What is Balance Billing?

Balance billing happens when a dentist who isn’t in your plan’s network charges more than your plan pays. This is a risk you take when you receive services from an out-of-network dentist.

Unique Plan Features

- Accidental Injury Benefit - coverage at 100%, no deductible or coinsurance up to the dental plan annual maximum.
- Online resources: “Ask a Dental Hygienist” and Cost Estimator tool.
- Benefits such as extra cleanings, gum maintenance, fluoride, sealants, and more for members with certain health conditions.
- International Emergency Dental Program: 100% coverage for emergency dental services while traveling abroad.

Anthem Dental Summary of Benefits

Calendar Year Deductible	\$50 Individual / \$150 Family Does not apply to preventive care or orthodontic care	
Calendar Year Maximum	\$5,000	
Orthodontia	50% – Children to age 19 only – \$1,000 Benefit Lifetime Maximum	
Preventive Care	100% – no deductible <ul style="list-style-type: none"> • Exams and Cleanings – 2 per 12 months • Fluoride – 2 per 12 months (children under age 16) • Bitewing x-rays – once per calendar year • Full mouth x-rays – once per 5 years 	
Basis Services	80% - after deductible <ul style="list-style-type: none"> • Sealants – once per tooth per 3 years (children under 16) • Space maintainers – once per 5 years (to age 16) • Fillings – once per tooth per 2 years 	
Major Services	50% - after deductible <ul style="list-style-type: none"> • Root canal • Periodontal maintenance and surgery • Scaling and root planing • Crowns • Oral surgery – simple & surgical 	<ul style="list-style-type: none"> • Dentures • Fixed bridges • Inlays/onlays • Implant services

Please refer to the Certificate for a complete listing of covered services and frequency limitations.

Dental Payroll Deduction	Weekly	Semi-Monthly
Team Member	\$4.18	\$9.06
Team Member + Spouse	\$12.88	\$27.90
Team Member + Child(ren)	\$16.91	\$36.64
Family	\$27.33	\$59.22

**Dependent children
are eligible up to age 26**

Anthem Vision Plan



The Anthem vision plan includes benefits for an eye exam and frames or contacts. We encourage you to access in-network providers and retail locations for the best benefits. Plus, when you go in-network, the claim is processed at the time of service with no claims to file for reimbursement.

The Anthem vision network is extensive, including large retail locations such as LensCrafters, Pearle Vision, Target Optical, JC Penney, and more along with independent vision providers. Below are online instructions to locate participating Anthem vision providers:

- Access www.anthem.com/find-care
- Click “Basic search as a guest”
- Select “**Blue View Vision**” plan/network and follow search instructions.

Preventive vision care is important. During an exam, Anthem vision care doctors are able to see signs of a number of eye and other health conditions. This can lead to early detection of major health problems before they become more serious.

Frequency Limitations: The exam, lens, and frame benefits are once per calendar year. Either the eyeglass benefit or the contact benefit may be used in the same benefit period.

Anthem In-Network Vision Summary of Benefits

Eye Examination Standard	\$20 copay
Eyeglass Lenses (instead of contact lenses) Single / Bifocal / Trifocal / Lenticular	\$20 copay
Lens Options Transitions (children to age 19) Standard Polycarbonate (children to age 19) Factory Scratch Coating Standard Progressive UV Coating Standard Polycarbonate (adults)	\$0 copay \$0 copay \$0 copay \$65 copay \$15 copay \$40 copay
Eyeglass Frames	Plan pays \$250 allowance after \$20 copay, then 20% off balance Additional pairs: 40% discount
Contact Lenses Conventional & Disposable Medically Necessary (covered in full)	Plan pays \$250 allowance after copay, then 15% off balance Covered in full

Vision Payroll Deduction	Weekly	Semi-Monthly
Team Member	\$1.86	\$4.03
Team Member + Spouse	\$3.72	\$8.05
Team Member + Child(ren)	\$3.81	\$8.25
Family	\$5.67	\$12.28

**Dependent children
are eligible up to age 26**

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSA)



A Healthcare Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for eligible healthcare expenses, saving you money. Your contributions go into your FSA account before federal income or Social Security taxes are withheld. You pay less in taxes, leaving you more disposable income. The Healthcare FSA is available for all benefits-eligible team members, including those not enrolled in our health plan. You can use the account for your expenses and the expenses of your taxable dependents.

The Healthcare FSA allows you to direct a portion of your pay, up to **\$3,400** on a pre-tax basis, into a special account to reimburse yourself for qualifying out-of-pocket expenses. Now is your opportunity to elect this benefit for 2026, unless you have a Qualifying Life Event during the year. FSA plan participants pay a \$3.50 monthly post-tax administrative fee via payroll deduction.

Tax Savings Example

Below is an example of the tax savings for a team member with a \$65,000 annual salary.

Annual Salary	\$65,000
Tax Bracket	22%
Annual Healthcare FSA Election	\$2,400
Semi-Monthly Payroll Deduction	\$100
Annual Tax Savings	\$528

Qualifying Expenses

Qualifying expenses include insurance copays and deductibles, prescription drugs, dental and vision expenses, certain over-the-counter medications and supplies, and more. For additional information, access www.fsastore.com or the IRS Publication 969.

Use It or Lose It Rule

The FSA plan is governed by the IRS, and special rules apply in exchange for the tax savings. Claims must be incurred by December 31, 2026, to be eligible for reimbursement for the 2026 plan year. The IRS requires that any unused money in your account at the end of the plan year be retained by your employer and forfeited by the team member. However, the IRS allows **Healthcare FSA** plan members to roll over up to **\$680** of unused 2026 funds for future use.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to provide receipts as documentation for most expenses. Retain receipts and provide them promptly upon request.

Debit Card

FSA plan participants receive a debit card for your convenience. The card may be used where accepted to avoid paying up front and submitting claims for reimbursement.



Your FSA Mobile App

- Check your balance
- Submit claims
- Provide documentation
- and more



Standard Employer-Paid Basic Life & AD&D Insurance



Jim Ellis provides Basic Term Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at no cost to you.

The Basic Term Life benefit includes Accidental Death and Dismemberment, which is an additional benefit paid for loss of life, limbs, speech, and hearing caused by an accident (see certificate for details.) Anthem/Greater Georgia Life Insurance is now Standard Insurance Company.

Standard Voluntary Life Insurance

Voluntary Term Life Insurance provides the opportunity to supplement the basic coverage provided by Jim Ellis. Now is your chance to elect additional life insurance coverage for yourself and family members.

Special Enrollment Opportunity For New Team Members: As a new team member, you may elect coverage up to \$200,000 for yourself and \$50,000 for your spouse at this time with no health questions. Coverage for your child(ren) is also available with no health questions at this time. If you elect coverage that requires health questions, this will be noted on your Confirmation Statement. You may obtain an Evidence of Insurability (EOI) form from the Benefits Service Center or the benefits website. If applicable, please complete and submit the form to Standard Insurance Company for review. You will not be deducted for your pending insurance amount unless/until you are approved by Standard Insurance Company.

Voluntary Life Summary of Benefits	Team Member	Spouse
Benefit Amount	Up to 5x annual income in \$10,000 increments	Up to 50% of team member’s benefit in \$5,000 increments
Benefit Maximum	\$500,000 or 5x annual income (whichever is less)	\$100,000 or 50% of team member’s benefit (whichever is less)
Child		
Age 15 days to 26 years	\$10,000 (not to exceed 50% of team member’s benefit)	
Benefits reduce by 35% at age 65 and by 50% at age 70.		

Voluntary Life Insurance Payroll Deductions

Your specific costs will be based on your age and desired benefit level.

Team Member	Weekly		Semi-Monthly		Spouse (spouse age)	Weekly		Semi-Monthly	
	\$100,000	\$200,000	\$100,000	\$200,000		\$25,000	\$50,000	\$25,000	\$50,000
Age 20	\$2.31	\$4.62	\$5.00	\$10.00	Age 20	\$0.35	\$0.69	\$0.75	\$1.50
Age 30	\$2.77	\$5.54	\$6.00	\$12.00	Age 30	\$0.40	\$0.81	\$0.88	\$1.75
Age 40	\$5.77	\$11.54	\$12.50	\$25.00	Age 40	\$0.75	\$1.50	\$1.63	\$3.25
Age 50	\$17.08	\$34.15	\$37.00	\$74.00	Age 50	\$2.13	\$4.27	\$4.63	\$9.25
Age 60	\$36.46	\$72.92	\$79.00	\$158.00	Age 60	\$5.31	\$10.62	\$11.50	\$23.00

Child(ren)	Weekly	Semi-Monthly
	\$10,000	\$10,000
15 days to Age 26	\$0.28	\$0.60
<i>*The rate indicated above covers all children in the family.</i>		

If you are below age 60 and diagnosed with a terminal illness with a life expectancy of less than 12 months, you may collect up to 75% of your life insurance benefit up to \$250,000, prior to your death. See certificate for details.

Standard Voluntary Disability Coverage



Disability coverage provides an income replacement benefit in the event you are unable to work due to an illness or accident and become disabled. Up to 1 in 4 (27%) of adults in the U.S. have some type of disability.

- **Short Term Disability (STD)** provides a benefit to replace a portion of your income for a short period of time. The benefit amount is 60% of your earnings and the duration is 13 weeks.
- **Long Term Disability (LTD)** pays you an income benefit every month up to age 65 as long as you remain disabled. The benefit amount for LTD coverage is also 60% of your earnings and begins on day 91 of disability.

Special Enrollment Opportunity for New Team Members: New team members may elect Short Term Disability at this time with no health questions. Should you wish to elect Long Term Disability (LTD) coverage at a future Annual Open Enrollment, medical underwriting will apply at that time.

Pre-Existing Conditions Exclusion

The plans exclude coverage for disabilities caused by pre-existing conditions. A pre-existing condition is one for which you have been treated or diagnosed during the 12 months prior to your disability effective date. For Short Term Disability, the exclusion does not apply if your disability begins after you've been insured for at least 12 months. For Long Term Disability, the exclusion does not apply if your disability begins after you've been insured for at least 24 months. Please refer to the certificates of coverage for details.

Short Term Disability

Short Term Disability Summary of Benefits	
Benefit Amount	60% of weekly earnings
Maximum Weekly Benefit	\$500 (tax-free)
Maximum Benefit Period	13 weeks
Benefits Begin	1st day due to injury 8th day due to illness

Sample Payroll Deductions

Below are sample payroll deductions for STD coverage. Your specific cost will be calculated during your enrollment based on your age and annual income.

The post-tax payroll deductions below are for a team member with:

- An Annual Income of \$50,000
- A Weekly Income of \$961.54
- A Weekly Benefit of \$576.92 (tax-free)

Deduction	Age 25	Age 35	Age 45	Age 55
Weekly	\$2.00	\$2.66	\$4.13	\$6.79
Semi-Monthly	\$4.33	\$5.77	\$8.94	\$14.71

Long Term Disability

Long Term Disability Summary of Benefits	
Benefit Amount	60% of monthly earnings
Maximum Weekly Benefit	\$5,000 (tax-free)
Maximum Benefit Period	To age 65 or Social Security Normal Retirement Age
Benefits Begin	91st day of disability

Sample Payroll Deductions

Below are sample payroll deductions for LTD coverage. Your specific cost will be calculated during your enrollment based on your age and annual income.

The post-tax payroll deductions below are for a team member with:

- An Annual Income of \$50,000
- A Monthly Income of \$4,166.67
- A Monthly Benefit of \$2,500 (tax-free)

Deduction	Age 25	Age 35	Age 45	Age 55
Weekly	\$1.44	\$2.40	\$4.62	\$9.81
Semi-Monthly	\$3.13	\$5.21	\$10.00	\$21.25



Voya Financial Voluntary Critical Illness

Jim Ellis offers voluntary critical illness coverage, insured by Voya Financial, which provides a **flat dollar benefit in the event of a diagnosis of a covered illness.**

Benefit Options	
Team Members	From \$5,000 to \$30,000
Spouses	From \$5,000 to \$15,000
Children	\$1,000
	\$2,500
	\$5,000
	\$10,000
*Team member must have coverage in order to elect spouse and child coverage.	
** Health questions do not apply for this coverage.	

Covered Diagnoses

- Cancer (see certificate)
- Carcinoma in situ (50%)
- Heart attack
- Stroke
- Major organ failure
- End state renal (kidney) failure
- Paralysis
- Sudden cardiac arrest
- Type 1 Diabetes
- Advanced Dementia, including Alzheimer's
- ALS and Parkinson's
- Infectious Diseases (25%)
- Additional childhood conditions
- Coma (see certificate)
- Coronary artery bypass surgery
- Deafness, blindness
- Benign brain tumor
- Occupational HIV

Wellness Benefit Included

The critical illness plan includes a wellness benefit for preventive screenings. The list of covered preventive screenings is extensive and includes but is not limited to chest x-ray, mammogram, colonoscopy, CA 125 and CEA blood tests, prostate-specific antigen testing, annual well-women exams, and more.

Wellness Benefit Amount: \$75 per insured

Critical Illness Payroll Deductions

Team Member	Weekly		Semi-Monthly	
Age	\$5,000	\$10,000	\$5,000	\$10,000
Under 30	\$0.44	\$0.88	\$0.95	\$1.90
30-39	\$0.65	\$1.29	\$1.40	\$2.80
40-49	\$1.21	\$2.42	\$2.63	\$5.25
50-59	\$2.83	\$5.65	\$6.13	\$12.25
60-64	\$7.10	\$14.19	\$15.38	\$30.75
65-69	\$7.67	\$15.35	\$16.63	\$33.25
70+	\$9.90	\$19.80	\$21.45	\$42.90

Spouse	Weekly		Semi-Monthly	
Age	\$5,000	\$10,000	\$5,000	\$10,000
Under 30	\$0.60	\$1.20	\$1.30	\$2.60
30-39	\$0.68	\$1.36	\$1.48	\$2.95
40-49	\$1.30	\$2.61	\$2.83	\$5.65
50-59	\$2.48	\$4.96	\$5.38	\$10.75
60-64	\$3.55	\$7.11	\$7.70	\$15.40
65-69	\$5.40	\$10.80	\$11.70	\$23.40
70+	\$8.15	\$16.29	\$17.65	\$35.30

Child Payroll Deductions		
Benefit	Weekly	Semi-Monthly
\$1,000	\$0.06	\$0.14
\$2,500	\$0.16	\$0.34
\$5,000	\$0.31	\$0.68
\$10,000	\$0.62	\$1.35



Voya Financial Voluntary Accident



The Jim Ellis voluntary accident plan provides financial protection in the event of an unexpected accident. The Voya Financial accident plan provides a benefit based on the schedule below. Accidents as a result of organized sports receive an additional 25% benefit.

Please refer to the Summary of Benefits or certificate of coverage for complete details.

Hospital Care <ul style="list-style-type: none"> • Surgery - Open abdominal, thoracic • Blood • Admission • Confinement per day up to 365/year • Transportation per trip up to 3/accident • Lodging per day up to 30 days 	\$1,200 \$600 \$1,500 \$350 \$750 \$180
Accident Care <ul style="list-style-type: none"> • Initial doctor visit • Urgent care • Follow-up doctor treatment • Medical equipment • Speech & physical therapy up to 6/accident • X-ray 	\$100 \$225 \$100 \$200 \$50 \$75
Common Injuries <ul style="list-style-type: none"> • Burns - 2nd and 3rd degree • ER dental work • Eye injury • Torn knee cartilage • Lacerations • Tendon, ligament, rotator cuff • Concussion • Paraplegia 	\$1,250 - \$15,000 \$90 - \$350 \$100 - \$350 \$225 - \$800 \$30 - \$480 \$425 - \$1,225 \$300 \$16,000 - \$24,000
Dislocations <ul style="list-style-type: none"> • Hip Joint • Knee • Ankle or foot bones (other than toes) • Shoulder • Elbow, Wrist • Finger/Toe • Hand bone(s) other than fingers • Lower jaw, collarbone • Partial dislocations 	Non-Surgical / Surgical \$3,850 / \$7,700 \$2,400 / \$4,800 \$1,500 / \$3,000 \$1,600 / \$3,200 \$1,100 / \$2,200 \$275 / \$ 550 \$1,100 / \$2,200 \$1,100 / \$2,200 25% of the non-surgical benefit
Fractures <ul style="list-style-type: none"> • Hip • Leg • Ankle, Hand, Wrist • Collarbone • Rib(s) • Shoulder 	Non-Surgical / Surgical \$3,000 / \$6,000 \$2,500 / \$5,000 \$1,800 / \$3,600 \$1,440 / \$2,880 \$400 / \$800 \$1,800 / \$3,600
Sports Accident Benefit Covers accidents as a result of an organized sporting activity	Pays an additional 25% of the Hospital Care, Accident Care, or Common Injuries benefit to a maximum of \$1,000

Accident Payroll Deductions Weekly

Team Member	\$1.32
Team Member + Spouse	\$2.18
Team Member + Child(ren)	\$2.84
Family	\$3.70

Note: Spouses age 70 and older are not eligible to enroll. Team members are eligible regardless of age.

Accident Payroll Deductions Semi-Monthly

Team Member	\$2.85
Team Member + Spouse	\$4.73
Team Member + Child(ren)	\$6.15
Family	\$8.03

Note: Spouses age 70 and older are not eligible to enroll. Team members are eligible regardless of age.

How to File a Claim

- Go to voya.com/claims.
- Select "Get Started"
- Click the button beside "Policyholder," and then select who the claim is for.
- Click "Continue" and enter the required information.
- Your Group Name and Number are:
Jim Ellis Automotive Group | 70271-4



Allstate Identity Theft



Every 2 seconds, thieves steal another identity. Your identity includes more than your Social Security Number and bank accounts. The Allstate Identity Protection Pro Plus Plan does more than monitor your credit reports and scores. It safeguards your personal information and the data you share.

Allstate Identity Protection gives you the tools and protection to monitor activity, stop identity theft early, and resolve it quickly. Most victims only discover they have a problem when they are denied credit or receive bills for items never ordered. We encourage you to consider this benefit as a proactive step to help protect your personal information.

The Allstate Identity Protection plan has extensive protection for you and your family. Benefits include but are not limited to:

- Proactive Credit Monitoring
- Credit Score Tracking
- Social Media & Dark Web Monitoring
- Student Loan Activity Alerts
- Lost Wallet Protection
- Data Breach Notifications
- Credit Freeze & Dispute Assistance
- Stolen Fund Reimbursement up to \$1M
- IP Address Monitoring
- Robocall and ad blocker
- Mental health support, with free access to Talkspace Go for family members
- Family digital safety tools






Comprehensive Monitoring and Alerts

- Allstate scam protection
- Protection features for children
- Dark web monitoring
- Financial transaction and high-risk monitoring
- Social media account takeover monitoring
- Credit monitoring and alerts
- and more








Identity Theft Deductions

Coverage Level	Weekly	Semi-Monthly
Team Member	\$2.30	\$4.98
Family	\$4.14	\$8.98

With Allstate Identity Protection Pro+, get new and enhanced features designed to help you defend yourself from today's risks*

-  See and control your personal data with privacy insights and privacy management in our unique tool, Allstate Digital FootprintSM
-  Learn more about your risk potential by checking your Identity Health Status
-  Receive personalized threat insights to help you protect yourself against the latest trends in scams and fraud
-  Protect yourself and your loved ones with a family plan that includes senior family coverage for parents, in-laws, and grandparents over the age of 65 (everyone "under your roof and wallet")
-  Get reimbursed for many of your out-of-pocket costs, with additional coverage for:
 - Home title fraud expense reimbursement up to \$1 million[†]
 - Professional fraud expense reimbursement up to \$2 million[†]
 - Stolen wallet emergency cash up to \$500[†]

You'll also be able to:

-  Monitor social media accounts for questionable content and signs of account takeover
-  View and manage alerts in real time
-  Catch fraud early with tri-bureau monitoring and an annual tri-bureau credit report and score
-  Lock your TransUnion credit report in a click and get credit freeze assistance
-  See if your IP addresses have been compromised
-  Receive alerts for cash withdrawals, balance transfers, and large purchases
-  Get reimbursed for fraud-related losses, like stolen 401(k) & HSA funds, with our identity theft expense coverage[†]

Nationwide Pet Insurance



Jim Ellis offers a pet insurance benefit through Nationwide to help care for these special family members! Pet insurance is enrolled with Nationwide, and the premiums are remitted directly to Nationwide. Plus, since this benefit is offered through your employer, premiums are discounted.

The plan includes the flexibility to **use any vet** for your pet's services, and **no pre-certifications or pre-approvals** are required. You can get cash back for accidents, illnesses, prescriptions, and wellness services. There's never been a better time to protect your pet, and plans are available for dogs, cats, birds, and exotic pets. Claims can easily be filed online for reimbursement.

Plan Features

- Coverage available for accidents, illnesses, and wellness
- Use any licensed veterinarian, anywhere in the world - including emergency and specialty providers
- Unlimited 24/7 pet telehealth support with Nationwide VetHelpline
- Effortless, low-cost pet prescriptions with Nationwide PetRxExpress
- Savings on veterinary care at Petco Veterinarian Services clinics

What's Covered

- Accidents and injuries
- Common illnesses (upset stomach, allergies, etc.)
- Serious illnesses (cancer, diabetes, etc.)
- Surgeries and hospitalizations
- Diagnostic tests (X-rays, MRIs, CT scans)
- Prescription medications, chemotherapy, and therapeutic diets
 - Included for all plan options
 - Use any vet or vendor (for example Chewy)
 - Use PetRxExpress for automated reimbursements
- Free, 24/7 access to VetHelpline for guidance on any pet health concern
- Lost pet (due to theft) benefit
- Mortality benefit up to \$1,000
- Optional preventive wellness coverage
- Multi-pet discounts available

Choose Your Coverage Level

- Deductible options of \$100, \$250, or \$500
- Reimbursement levels of 50%, 70%, or 80%
- Annual maximum coverage of \$2,500 or \$5,000
- Optional wellness coverage of \$450 or \$800

Pre-Existing Conditions Exclusion

- The plan excludes coverage for pre-existing conditions. A pre-existing condition is one which was incurred up to 12 months prior to the effective date of the policy.

Easy to use

Using a Nationwide pet insurance plan is easy:



Visit any vet, anywhere



Submit a claim from any device



Get reimbursed for eligible expenses once the deductible is met

Get a Quote

Your cost varies according to the My Pet Protection Choice plan, additional benefits, species, and zip code.

For a quote, visit
<https://partnersolutions.nationwide.com/pet/jimellis>
or call (877)738-7874





Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

Brooke Gatlin, Vice President of Human Resources

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in Georgia, you may be eligible for assistance paying your employer health plan premiums. For additional information, please use below contact information:

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)

Phone: (678) 564-1162, Press 1



For additional information on special enrollment rights, you can contact:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

(866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

(877) 267-2323, Menu Option 4, Ext. 61565

BENEFIT CONTACT INFORMATION



Medical

Nova Healthcare
(855) 206-1040
www.novahealthcare.com/member

Dental

Anthem
(877) 604-2158
www.anthem.com/mydental

Life Insurance

Standard Insurance Company
(800) 552-2137
www.standard.com

Medical / Prescription Drug

VeracityRx
(888) 388-8228
www.veracity.procarerx.com

Vision

Anthem
(866) 723-0515
www.anthem.com/vision

Disability

Standard Insurance Company
(800) 232-0113
www.standard.com

Medical / Quality Incentive

Garner Health
(866) 761-5147
www.getgarner.com

Flexible Spending Accounts

Medcom
(800) 523-7542
www.medcombenefits.com

Identity Theft

Allstate Identity Protection
(800) 789-2720
www.allstateidentityprotection.com

HealthJoy: All Team Members

Healthcare Guidance App
Benefits Wallet
Teladoc Access
(877) 500-3212
www.healthjoy.com/members

Critical Illness & Accident

Voya Financial
(877) 236-7564
www.voya.com

Pet Insurance

Nationwide
(877) 738-7874
<https://partnersolutions.nationwide.com/pet/jimellis>



Benefits Service Center

(770) 295-1100

Benefits Website

www.jimellisbenefits.com

**benefits
service center**

ERISA Disclosure

If you would like to receive a paper copy of your plan documents, please contact the Jim Ellis Benefits Service Center at 770- 295-1100. Benefit plan documents can be found at www.jimellisbenefits.com.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is a dark grey header bar at the top of the page. The paper appears to be part of a notebook or a document template.



Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.