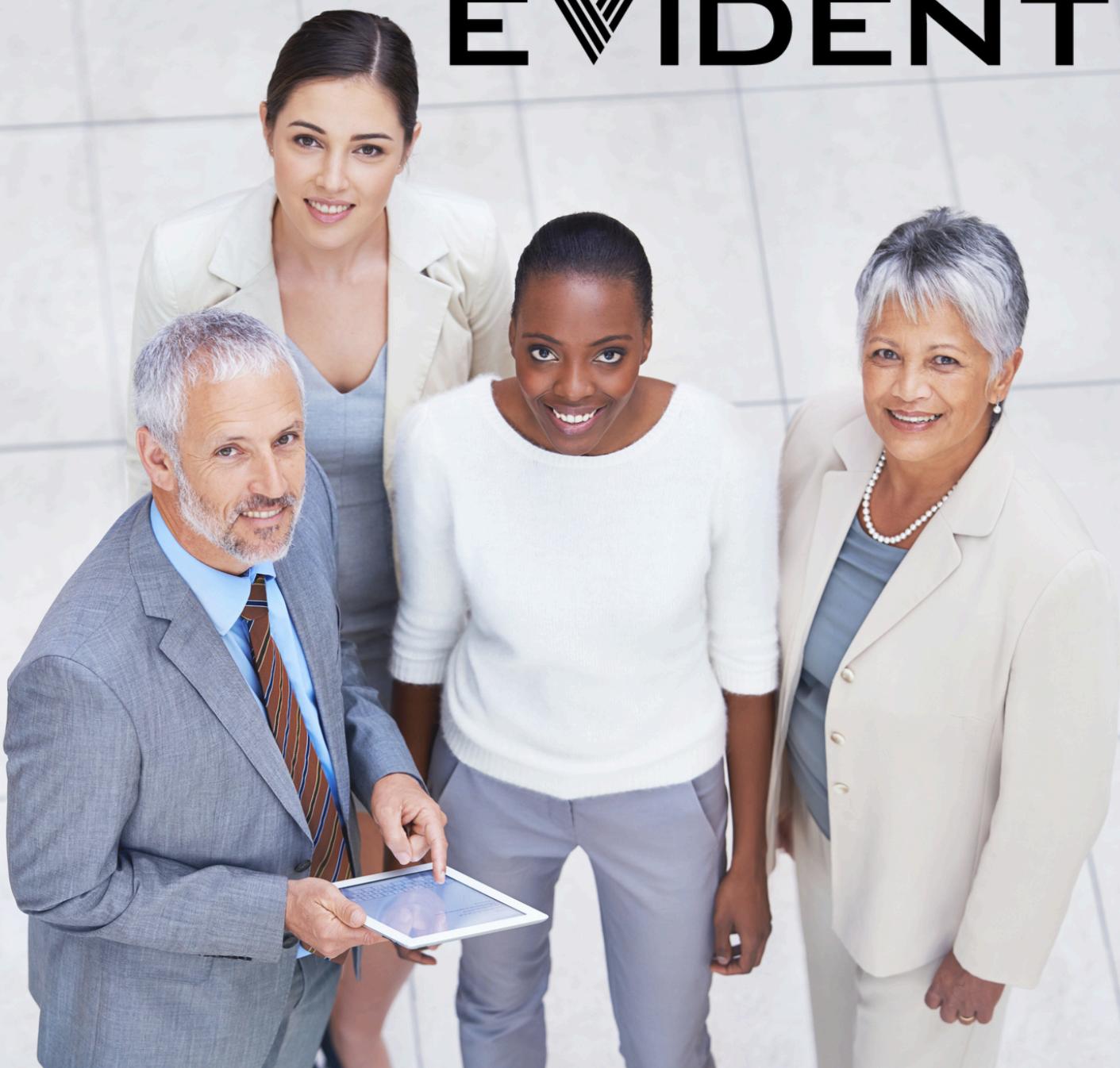


EVIDENT



2026 NEW HIRE BENEFITS



WE'RE SO GLAD YOU'RE HERE.

We understand that managing your benefits can be overwhelming, but we are committed to making the process as simple and straightforward as possible. This guide is designed to provide you with all of the information you need to understand your benefits, and how to take advantage of them.

This guide provides an overview of Evident Scientific's benefits for the 2026 plan year. You'll find important benefits resources and contact information throughout the guide. Additional benefits information is available online at www.evidentbenefits.com.

EVIDENT

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EVIDENT

This brochure summarizes the benefit plans that are available to Evident Scientific's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Evident Scientific Benefits Service Center or via the Evident Scientific Benefits Website. Information provided in this brochure is not a guarantee of benefits.

BENEFITS OVERVIEW

YOUR 2026 BENEFITS

Evident Scientific benefits are tailored to you, prioritizing your health and well-being. Evident Scientific is dedicated to providing you with options for free access to high-quality care, ensuring peace of mind and a sense of well-being for both you and your family.

100% paid by Evident Scientific:

- Basic Life and AD&D
- Disability: STD and LTD
- Global Travel Benefit
- Employee Assistance Program (EAP)

100% Employee Paid

- Vision
- Voluntary Life and AD&D
- Flexible Savings Accounts (FSA)
- Critical Illness
- Accident
- Hospital Indemnity

Significant contribution from Evident Scientific:

- Medical and Rx Plans
- Dental
- Health Savings Account (HSA)



BENEFITS SERVICE CENTER

WE'RE THERE WHEN YOU NEED US MOST

Call: (888) 599-9934

Email: help@evidentbenefits.com

Monday - Thursday 8:00 AM - 6:00 PM EST

Friday 9:00 AM - 5:00 PM EST

Contact your Benefits Service Center for assistance with:

- Plan Enrollment/Changes
- Finding a doctor
- How to file a claim
- Understanding your benefits
- Processing a Qualifying Life Event (QLE)

EVIDENT
Benefits Service
Center



(888) 599-9934

help@evidentbenefits.com

Monday - Thursday 8:00 AM - 6:00 PM EST

Friday 9:00 AM - 5:00 PM EST

HOW TO ENROLL

BENEFITS ENROLLMENT - ONLINE OR BY PHONE

ENROLL ONLINE

Step 1:

Access www.evidentbenefits.com and click “Enroll Now!”.

Or, visit evidentscientific.zevobenefits.com to access the enrollment platform directly.

Step 2:

First-time Users: Click on “Get Started Now” and enter your personal information to create your account.

Returning Users: Click on “Log In” and enter your email address and password. Click the “Forgot your password?” link if you can’t remember.

Step 3:

Once you’ve logged in, you’ll be able to complete your enrollment by clicking “Begin Enrollment” and following the prompts.

ENROLL BY PHONE

Call the Evident Scientific Benefits Service Center at (888) 599-9934 to complete your enrollment by phone. You will speak with a Benefits Specialist who will review your options and submit your enrollment.

2026 BENEFIT ELECTIONS

As a new hire, now is your time to enroll in benefits. You will have 30 days to complete your new hire enrollment. Please remember no benefits changes are allowed during the year unless you have a qualifying life event or change in family status (supporting documentation required).

BENEFITS OVERVIEW

ELIGIBILITY

EMPLOYEE ELIGIBILITY

Employees who work at least 30 hours per week and their eligible dependents may participate in the Evident Scientific benefits program.

WHEN DOES COVERAGE BEGIN?

New Hires:

- All benefits are effective on your date of hire.
- Employees have 30 days to complete their New Hire Enrollment.

Rehires: All benefits are effective on your date of rehire.

QLE: All benefits are effective on the date of event.

WHEN DOES COVERAGE END?

Employment Termination:

- For medical, dental, vision, and voluntary benefits: End of the month in which termination occurs.
- For spending accounts, disability insurance, and life insurance: Date of termination.

QLE Termination: On the date of event.

26 Year Old Dependent Termination: End of the month in which the dependent turns 26.

QUALIFYING LIFE EVENTS

In general, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience a Qualifying Life Event (QLE) such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare or Medicaid

Should you have a qualifying event during the year, please notify the Benefits Service Center at (888) 599-9934. You have **30 days** from the Qualifying Life Event to make changes to your coverage.

Depending on the type of event, you may need to provide proof of the event, such as a marriage license, birth certificate, etc. If you do not make the changes within 30 days of the Qualifying Life Event, you will have to wait until the next open enrollment period to make changes (unless you experience another Qualifying Life Event).

DEPENDENT ELIGIBILITY

COVERING DEPENDENTS

Dependent Eligibility Verification

If you choose to cover dependent(s) on your medical, dental, or vision plan(s), you will receive an email from the Benefits Service Center following enrollment requesting supporting documentation.

Evident Scientific takes pride in offering a benefits package that ensures employees and their families have the best quality care, while keeping your premiums and out of pocket costs as low as possible. This process helps ensure that your premiums aren't inadvertently spent on an ineligible member. Please be sure to provide the dependent documentation by the deadline indicated in the email for your dependent(s) to have coverage.

Who is Eligible?

- Legal spouses, qualified domestic partners, and child(ren) to age 26
 - **Spouses/Qualified Domestic Partners** who enroll in the Evident Scientific plan but are eligible for other coverage through their employer, are subject to a Spousal Surcharge.
 - **Children** are eligible until their 26th birthday. This includes stepchildren living at your address or children for which you have legal custody. Overage (26+) dependent children who are incapable of self-support because of a physical or mental disability. Supporting documentation from a licensed physician is required for overage disabled children.



DEPENDENT ELIGIBILITY

REQUIRED DEPENDENT VERIFICATION DOCUMENTATION

Required Dependent Verification Documents

	A Copy of Marriage Certification or Declaration of Domestic Partnership AND
Spouse	Joint marital document dated within the last six months; One (1) document with both employee and spouse listed, or two (2) separate documents – one for employee and one for spouse – reflecting matching address (ex. household bill, bank account/credit account, mortgage tax return indicating both at same address)
Child	Copy of child's birth certificate naming the employee as the child's parent
Stepchild	Copy of child's birth certificate naming the employee's spouse as the child's parent
Adopted Child	Amended birth certificate showing employee as the child's parent OR Copy of adoption decree or court order naming employee as the child's adoptive parent or legal guardian AND copy of legal document showing the child's age
Disabled Child	Child documentation above AND statement of disability

SURCHARGES

SPOUSAL AND TOBACCO SURCHARGE

Spousal Surcharge
\$60k and under: \$1,200 annually
\$60k to \$140K: \$1,500 annually
greater than \$140k: \$1,800 annually

If your spouse/qualified domestic partner is employed or self-employed and is eligible to enroll in his/her employer's group medical plan and you choose to cover him/her in an Evident Scientific sponsored medical plan, then the spousal surcharge may apply to you. The spousal surcharge is a per-pay-period charge that you will pay in addition to your regular medical employee contribution. The surcharge does not apply to coverage under the dental or vision plans.

The spousal surcharge is based upon your annual pay or, if you receive commission, upon your Annual Benefits Base Rate (ABBR). The spousal surcharge is spread throughout the year and added to the total per-pay-period medical deduction.

IMPORTANT NOTICE IF YOU USE NICOTINE/TOBACCO

Going nicotine- and tobacco-free is one of the most important steps you can take to maintain good health. A nicotine/tobacco surcharge applies to employees, spouses, and domestic partners who use tobacco products and participate in any health plan sponsored by Evident Scientific. The surcharge is \$20 biweekly per person, or \$40 if both you and your spouse/domestic partner use these products. Upon enrolling in the health plan, you will be asked to attest to your nicotine/tobacco usage. Your nicotine/tobacco status also impacts the rate you pay for Voluntary Life Insurance.

SURCHARGES



ACHIEVE HEALTH TOBACCO CESSATION PROGRAM

A tobacco-free life is within reach

Your health goals are unique to you, your tobacco cessation program should be, too. With AchieveHealth, you'll get a coaching approach tailored to you, your life and your health—to help you quit smoking, for good.

The program is:

- Free to you
- Individualized
- Convenient—you'll talk with your coach over the phone when it works best for you.

How it works

- Appointments range from 15-30 minutes.
- Your coach will call you at your scheduled appointment time, anytime Monday - Thursday 8:00am to 10:00pm (EST) and Friday 8:00am to 6:00pm (EST).
- Outside of scheduled appointments, you'll be able to contact your coach through a toll-free number.
- Complete a minimum of 6 conveniently scheduled, telephonic coaching sessions to qualify for a premium reduction.

How we can help

Together, you and your health coach will:

- Create your customized quit plan
- Identify barriers to quitting
- Explore new ways to cope with triggers and cravings

Not quite ready to quit?

That's okay. Give us a call and we'll talk about quitting when and how it works best for you.

We'll be here for you every step of the way along your journey to quit.

Give us a call at 866-234-4635 to get started.

Program Completion will result in Surcharge Being Removed

MEDICAL BENEFITS

Evident Scientific offers three medical plans administered by Health Plans, Inc. (HPI) for the 2026 plan year. HPI offers excellent customer care and utilizes the **Harvard Pilgrim Health Care (HPHC) network (inside New England) and the UnitedHealthcare (UHC) Choice Plus Network (outside of New England)**. You may choose between the PPO Preferred, PPO Premier, or HSA Saver Plan.

The **HSA Saver plan** is a High Deductible Health Plan (HDHP) which qualifies participants to contribute to a Health Savings Account (HSA). If you elect the HSA plan, you are not required to open or contribute to a Health Savings Account (HSA), however, those who do contribute to an HSA will reduce their taxable income and be able to pay for medical, dental, vision, and prescription expenses federal income-tax-free. Evident Scientific will also make a contribution to your HSA. See the Health Savings Account (HSA) page for more information. Preventive care is always covered at 100% before the deductible, as long as it is coded as Preventive.

The **PPO plans** offer copays for services like office visits, ER visits, and prescription drugs. For most other services, you are responsible for your deductible and coinsurance until you meet your out-of-pocket maximum. Please be aware that copays do not count towards your deductible, only your out-of-pocket maximum. Services are covered at 100% after a copay, as long as you stay in-network. Otherwise, you are responsible for the out-of-network deductible and coinsurance until you meet your out-of-pocket maximum.

MEDICAL PLAN ADMINISTRATOR

Contact for ID Card requests, pre-authorizations for treatment, coverage questions, & claims issues.

Member portal: hpiTPA.com | 888-811-3419 | PathwaysConcierge@urmedwatch.com



EXPECT EXCELLENCE

Excellent care for the most complex conditions. Plus — 100% of your costs are covered when you go through the Mayo Clinic Centers of Excellence program. Contact Pathways Concierge to see if you qualify.



888-811-3419 | PathwaysConcierge@urmedwatch.com

FREE, TOP QUALITY CARE

Find top doctors and save up to \$18,000 in costs from that care.

garner

getgarner.com/signup

866-761-9586

concierge@getgarner.com

*Download the Garner Health mobile app

Garner Reimbursement Amounts

PPO Preferred: Up to: \$9,000 (Individual) or \$18,000 (EE+Dep)

HSA Saver: N/A

PPO Premier: Up to: \$5,500 (Individual) or \$11,000 (EE+Dep)

MEDICAL BENEFITS

UHC / HPHC NETWORK, ADMINISTERED BY HEALTH PLANS, INC (HPI)



YOUR HEALTH MATTERS.

At Evident Scientific, we are dedicated to providing the best benefits to our employees, ensuring you receive the highest quality care with no barriers.

For the 2026 plan year, you and your covered dependents have the option to choose between the below three medical plans, administered by Health Plans, Inc. (HPI):

- **PPO Preferred**
- **HSA Saver**
- **PPO Premier**

Network:

- **New England:** Harvard Pilgrim Healthcare (HPHC) Network
- **All other States:** UnitedHealthcare (UHC) Choice Network

While deductibles and maximum out-of-pocket costs differ among the two PPO plans, both provide the opportunity for FREE access to high-quality care. Preventive care is fully covered at 100% on all three plans.

Note: The out-of-network deductible and out-of-pocket maximum on all plans are approximately 3 times the in-network amounts. The out-of-network coinsurance is generally 50% of the allowed amount.

Regardless of your chosen plan, your preventive services (such as annual physicals) are covered at no charge when you visit an In-Network provider. Remember, for a service to be covered at 100% under the preventive benefit, it needs to be coded and mandated as an ACA preventive service.

We encourage you to explore the range of opportunities for top-quality, cost-free care available under Evident Scientific's health plans.

FIND AN IN-NETWORK PROVIDER

Online: hpiTPA.com > Your Resources > Find a Provider. See Page 17 for complete instructions.

Contact Pathways Concierge at:
888-811-3419

MEDICAL AND PHARMACY COVERAGE

	PPO Preferred	HSA Saver	PPO Premier
	In-Network	In-Network	In-Network
Garner Benefit (Reimbursement)	\$9,000 / \$18,000	-	\$5,500 / \$11,000
Employer HSA Contribution	-	\$600 / \$1,200	-
Plan Structure			
Deductible	\$6,000 / \$12,000	\$3,500 / \$7,000 *	\$2,000 / \$4,000
Coinsurance (member pays)	30%	20%	20%
Out-of-Pocket Max	\$9,000 / \$18,000	\$7,000 / \$14,000 *	\$5,500 / \$11,000
Office Visit			
Primary Care Provider (PCP)	\$75 copay	deductible, then 20%	\$30 copay
Specialist	\$150 copay	deductible, then 20%	\$50 copay
Outpatient Therapies (PT, OT)	\$75 copay	deductible, then 20%	\$50 copay
Testing			
Diagnostic Lab Test or X-ray	deductible, then 30%	deductible, then 20%	deductible, then 20%
Imaging (CT, MRI)	deductible, then 30%	deductible, then 20%	deductible, then 20%
Outpatient Surgery			
Facility Fee	deductible, then 30%	deductible, then 20%	deductible, then 20%
Physician Fees	deductible, then 30%	deductible, then 20%	deductible, then 20%
Inpatient Surgery/Hospitalization Services			
Facility Fee	deductible, then 30%	deductible, then 20%	deductible, then 20%
Physician Fees	deductible, then 30%	deductible, then 20%	deductible, then 20%
Emergency Care			
Emergency Room	\$750 copay, waive if admitted	deductible, then 20%	\$500 copay, waive if admitted
Urgent Care	\$75 copay	deductible, then 20%	\$50 copay
Rx - 30 Day Retail			
Generic	\$5	deductible, then \$5	\$5
Preferred Brand	\$35	deductible, then \$25	\$25
Non-preferred Brand	\$70	deductible, then \$50	\$50
Specialty	Contact VeracityRx for Assistance		
Rx - 90 Day Retail - Select Pharmacies Only			
Generic	\$15	deductible, then \$15	\$15
Preferred Brand	\$105	deductible, then \$75	\$75
Non-preferred Brand	\$210	deductible, then \$150	\$150
Important Notes:			
<ul style="list-style-type: none"> 30-Day Retail copays increase +\$20 at Non-select pharmacies (CVS, Walgreens, Target, and Rite-Aid) 90-Day Retail is available at Select pharmacies only (all other pharmacies) Mail Order copays increase +\$5 vs. 90-Day Retail 			

*The HSA Saver Plan uses a non-embedded deductible and out-of-pocket max, meaning there is a single family limit. Once one or more family members meet that limit, it is met for the entire family, and the plan begins paying its share of eligible expenses for all covered members for the remainder of the year.

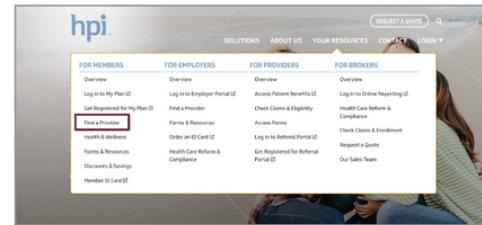
Remember: Use Garner to have your eligible deductible, copays, and coinsurance reimbursed on the PPO Plans!

Emergency Room and Prescription Drug charges are not eligible for Garner reimbursements.

FIND A PROVIDER ONLINE

UNITEDHEALTHCARE CHOICE PLUS WITH HPHC

- 1) Go to hpiTPA.com and visit the Your Resources menu. Then, under For Members, click **Find a Provider**.



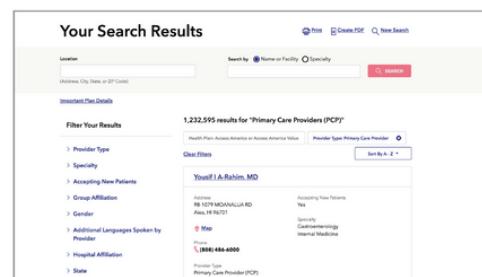
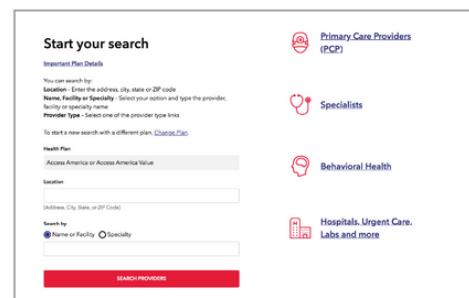
- 2) Choose **HPHC and UnitedHealthcare Choice Plus Network** from the Harvard Pilgrim and UnitedHealthcare network list.



To find a provider, you can search by:

- **Location:** Enter an address, city, state or ZIP Code.
- **Name, Facility or Specialty:** Select your option and type in the provider, facility or specialty name.
- **Provider Type:** Select one of the provider type links.

- 3) View your results. You can refine your results by choosing from the Filter Your Results list.



Questions? Contact Pathways Concierge:
Call Monday-Friday 8am - 8pm ET
888-811-3419



HPI'S PATHWAYS CONCIERGE

Healthcare can be confusing - Pathways can help!

The Pathways concierge team knows all about your benefits and can help you with anything healthcare related. Their services are part of your benefit plan and are always free to you and your covered dependents.

Call Pathways with questions on:

- Finding a doctor or hospital
- Your benefit plan
- A bill or a claim
- Your co-pay amounts and when you'll pay them
- The cost you'll pay for a procedure
- Your medical condition, prescriptions or care plans - you can speak directly to a nurse

Pathways can also help you with things like:

- Scheduling appointments and transportation
- Teaching you about your health condition
- Preparing for your upcoming surgery
- Finding other care options that will cost you less
- Matching you to a provider based on distance from you, cost, and quality

Just one more thing to know:

MedWatch is the name of the company that provides these services. They're part of the Health Plans, Inc. (HPI) family of companies, and they may reach out to you to help you with your healthcare needs.



Questions? Contact Pathways Concierge:

Call Monday-Friday 8am - 8pm ET

888-811-3419

hpi

BRING THIS DOCUMENT WHEN RECEIVING CARE FOR THE FIRST TIME

Your health plan features the extensive UnitedHealthcare Choice Plus network of providers in all states except MA, ME, and NH. When in MA, ME, and NH, you have access to Harvard Pilgrim Health Care's broad network of providers.

Some providers' offices may not be familiar with your ID card.

How to Help

Does your provider have questions on your ID card? If so, please provide this document when receiving care from a participating UnitedHealthcare provider or facility outside of MA, ME, and NH for the first time as an HPI member. This document explains your ID card, as well as instructs the provider what to do.

Dear UnitedHealthcare Participating Provider,

UnitedHealthcare providers outside of Maine, Massachusetts, and New Hampshire participate in this HPI plan.

Providers outside of these states who have questions about eligibility should call UnitedHealthcare at 866-569-4345. This number is for providers only and is also listed on the back of the member's ID card.

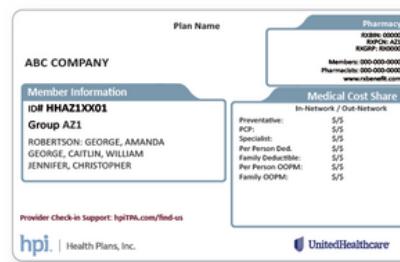
Send medical claims to UHC Providers:

PO Box 30783

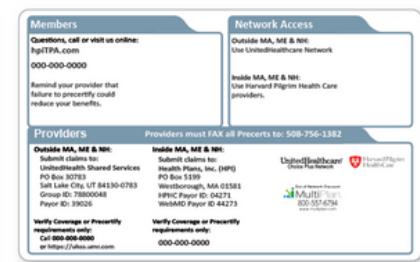
Salt Lake City, UT 84130-0783

Fax prior authorizations to:

508-756-1382



Sample Member ID Card (front)



Sample Member ID Card (back)

Questions? Contact Pathways Concierge:
Call Monday-Friday 8am - 8pm ET
888-811-3419



ABOUT YOUR EOB

What is an EOB?

An Explanation of Benefits (EOB):

- Is not a bill
- Shows how HPI processed a medical claim and applied your health benefits
- May be received in the mail if you have financial responsibility for claim charges
- Can also be accessed online through your My Plan account.

hpi. | Health Plans, Inc.

Your Employer Name
PO Box 5199
Westborough, MA 01581

Forwarding Service Requested

MARY A. DOE
123 MAIN STREET
UNIT 21
ANYTOWN, MA 01000

1

Explanation of Benefits
PLEASE KEEP A COPY FOR YOUR RECORDS
THIS IS NOT A BILL

Customer Service
For more information, visit healthplansinc.com or call Customer Service at XXX-XXX-XXXX

Group Name: YOUR EMPLOYER PLAN NAME
Group Code: XXX-Z01
Process Date: 02/27/2018
Patient: JOHN W. DOE

Easy to locate Customer Service phone number

Patient: JOHN W. DOE
Claim #: 216268W8200

Provider: ABC MRI DIAGNOSTICS, LLC
Member: MARY A. DOE

Treatment Dates	Procedure Code	Charge Amount	Not Covered	Reason Code	Allowable Amount	*Deductible Amount	*Co-pay Amount	Paid At 90%	Payment Amount
02/03-02/03/2016	70543	\$1700.00	\$0.00	HP	\$1472.85	\$558.15	\$0.00	\$823.23	\$823.23
Column Totals		\$1700.00	\$0.00		\$1472.85	\$558.15	\$0.00		\$823.23

*Patient's Responsibility..... **\$649.62**

The patient's responsibility is clearly labeled

Other Insurance Credits or Adjustments	Total Payment Amount
\$0.00	\$823.23

Reason Code/Description
HP YOUR NETWORK DISCOUNT APPLIED

Reason codes explain how a charge was processed

Amounts applied toward your deductible and out-of-pocket maximum are shown here

2016 Year-to-Date Plan Accumulators

Accumulator Description	Satisfied to Date	Maximum
JOHN W. DOE Individual In-Network Deductible	\$750.00	\$750.00
JOHN W. DOE Individual In-Network Out-of-Pocket	\$841.47	\$2250.00
JOHN W. DOE Individual Out-of-Network Deductible	\$0.00	\$1250.00
JOHN W. DOE Individual Out-of-Network Out-of-Pocket	\$0.00	\$3000.00
Family In-Network Deductible	\$1500.00	\$1500.00
Family In-Network Out-of-Pocket	\$1972.05	\$4500.00
Family Out-of-Network Deductible	\$0.00	\$2500.00
Family Out-of-Network Out-of-Pocket	\$0.00	\$8000.00

Messages

You are entitled to appeal any denial or partial denial of a claim. See the back of this page for information about your appeal rights.
SPANISH (Español): Para obtener asistencia en Español, llame al 866-615-8366.

Comments

PER NETWORK AGREEMENT, THERE IS NO MEMBER RESPONSIBILITY FOR PRICING DISCOUNTS.

Reminder: Use Garner, and this amount could be reimbursed, for eligible services.

Emergency Room and Rx charges are not eligible for Garner.

Questions? Contact Pathways Concierge:
Call Monday-Friday 8am - 8pm ET
888-811-3419



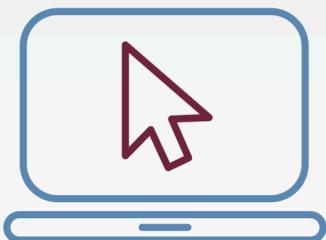
hpi

HPI ONLINE ACCESS: MY PLAN

With HPI's My Plan Portal, you can access your Medical ID Card online and manage your account 24/7

Register in Minutes!

1) Go to the hpiTPA.com



2) Visit the Members section and click the link to Get Registered

3) Enter your information to create your username and password

If you are a dependent, be sure to have the five-digit home Zip code and the last four digits of the employee's (plan subscriber's) social security number

Access all of your account details* in one secure location, anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)
- Request claim reimbursements



**Questions? Contact Pathways Concierge:
Call Monday-Friday 8am - 8pm ET
888-811-3419**



On your mobile device!





FIND THE BEST DOCTORS IN YOUR AREA

Garner is a **free benefit** that helps you find the highest quality doctors while saving you up to \$18,000 per year.

PPO Preferred:

Up to: \$9,000 (Individual) or \$18,000 (EE+Dep)
Reimbursement

HSA Saver: Garner search access only

PPO Premier: Up to: \$5,500 (Individual) or \$11,000 (EE+Dep) Reimbursement

Quality Care Matters:

- Top doctors can be hard to find.
- The best doctors are often the least expensive.
- Missed diagnoses, unnecessary surgeries, and bad health outcomes are painful and expensive.
- **With Garner, it's free and easy to see the very best doctors.**

How it Works:

- A member must use Garner to get a recommendation **before** visiting the provider.
- Visit the provider recommended by Garner, and the member will receive a check or ACH reimbursement from Garner, to reimburse them for any eligible out of pocket expenses.
- Your claims should be sent to Garner automatically, after they are processed by HPI. However, if you feel a claim is missing, please provide the EOB to the Garner concierge team, and they will process the claim based on the EOB information.
- It will take approximately 4-8 weeks from the time your provider files the claim with HPI, for you to receive your out of pocket reimbursement via check or ACH, from Garner. If you do not receive an expected reimbursement, please reach out to the Garner concierge to inquire.

Visit getgarner.com/signup to get started.

Download the **Garner Health App**.

Email concierge@getgarner.com or call **866-761-9586** to locate the top doctors in your area.

FAQ page: mygarnerguide.com

Emergency Room and Prescription Drug charges are not eligible for Garner reimbursements

PHARMACY BENEFITS



YOUR PHARMACY PLAN

Pharmacy Benefits Partner

VeracityRx will oversee and manage your pharmacy benefits. As your benefits partner, VeracityRx will handle all claims and customer service functions including Specialty and Personal Importation pharmacy fulfillment.

Where You Can Fill Prescriptions

- **30 Day Retail:**
 - A \$20 copay difference applies between Select and Non-Select Pharmacies. This differential applies to all medical plans and all prescription tiers.
 - **Select Pharmacies:** You'll pay the standard copay amount. Select Pharmacies include most independent, grocery, and retail pharmacies (e.g., Walmart, Costco, Kroger, Publix).
 - **Non-Select Pharmacies:** CVS, Walgreens, Target, and Rite-Aid.
 - Filling prescriptions at a Select Pharmacy will help you avoid higher copays and reduce overall plan costs.
- **90 Day Retail:** Select Pharmacies only (e.g., Walmart, Costco, Kroger, Publix).
- **Mail Order; Specialty Medications; and Personal Importation Program:** contact VeracityRx to get started

To keep your out-of-pocket costs as low as possible, consider using a Select Pharmacy whenever available.

How to Connect

- Call VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
- Call 888-388-8228
- Email: help@veracity-rx.com
 - Note: Email inbox is monitored on weekdays from 6:00 AM to 3:00 PM MT.
- Download the Mobile App

Member Portal Access and Benefits Management

- Register for your member portal access
 - Register at: <https://veracity.procarerx.com>
 - Note: To access the secured portal listed above, the full web address must include https://
- Use your online account to:
 - Access and/or restrict profile viewing by other family members
 - Review your prescription claims history or individual prescriptions
 - Look up a drug to identify formulary status and preferred alternatives
 - Locate pharmacies within a zip code, state, city, or county

Mobile App

Download the free VeracityRx App from the AppStore or Google Play Store.



Note: Prescription copays are not eligible for Garner reimbursement.

PHARMACY BENEFITS

PRESCRIPTION COVERAGE OVERVIEW

Here's a few ways our Pharmacy program strives to save members money.

Go Generic and Save

- When you choose the generic prescription versus the brand name Rx, you can save on your member cost/copay.

Avoid High-Cost Pharmacies

- The following pharmacies are considered Non-Select (limited to 30-day supply): CVS, Walgreens, Target, and Rite-Aid.
- Select Pharmacies (90 day supplies available): Most independent pharmacies and grocery stores are considered select.

Get your 90-day prescription filled right at your favorite select pharmacy

- You can elect to get a 90-day fill using your local select pharmacy or through mail order.

Preventative and Maintenance Medications

- Many preventive and maintenance medications for chronic conditions are available to a \$0 cost. A comprehensive list can be found on the Resources section of the Evident Scientific Benefits Website or may be requested by emailing help@evidentbenefits.com.

Specialty Pharmacy Services

• **Specialty Medications**

- For more information on specialty drugs, please go to www.veracity-rx.com and complete the “Enrollment Form”. Once completed, a VeracityRx Specialty team member will be in touch.

• **Personal Importation Medications**

- Medications that can be obtained internationally (from Canada) can also be acquired through VeracityRx Pharmacy Services. When the medications are obtained this way, the cost to you is \$0 Copay. If you choose not to participate, you will be responsible for 50% of the cost of the medication at your local pharmacy.

Note: Some drugs require a pre-authorization.



PHARMACY BENEFITS

SPECIALTY MEDICATIONS

Specialty Medications are EXCLUDED from the plan. Call VeracityRx if you are currently taking one of these drugs. A Pharmacy Specialist, who is a registered pharmacist, will work with you as your advocate and help you find a way to obtain this medication. Their team works closely with you (and/or covered family members who are taking a specialty medication) and with the specialty medication manufacturer and the prescriber to ensure continuity of care.

A member of the pharmacy specialty team will assist in the process to help you obtain your medication(s). As your pharmacy specialist and patient advocate, they are here to assist on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, please enroll at www.veracity-rx.com. Following your enrollment, a member of the team will contact you.

Commonly Prescribed Specialty Medications		
Actemra	Haegarda	Rebif
Acthar	Ilaris	Rydapt
Adempas	Imbruvica	Stelara
Afinitor	Ingrezza	Strensiq
Amjevita	Jynarque	Tafinlar
Aubagio	Kesimpta	Taltz
Cabometyx	Kuvan	Tobi Podhaler
Cosentyx	Lenvima	Tremfya
Dupixent	Mekinist	Tyvaso
Enbrel	Olumiant	Vumerity
Envarus XR	Opsumit	Zelboraf
Epidiolex	Orgovyx	Zenpep
Firazyr	Otezla	
Gilenya	Promacta	

*List is only a sample of the top specialty drugs and is subject to change without notice. Additional specialty drugs can be pursued beyond this list.

For more information, log onto the website below and complete the “Enrollment Form”.

VeracityRx Pharmacy Contact Information:

Enroll at: www.veracity-rx.com

PHARMACY BENEFITS



PERSONAL IMPORTATION PROGRAM

Step 1:

- Please check the list below of commonly prescribed medications that can be sourced internationally (from Canada).

Step 2:

- If you or a covered member of your household are on any of the medications listed, please start by going to www.veracity-rx.com and complete the “Enrollment Form”. If you are unable to enroll online, please call 888-388-8228, and a member of our team will assist you with the enrollment process over the phone.

Step 3:

- Be on the lookout for an email from a VeracityRx Personal Importation Team member with next steps.

Step 4:

- Contact your healthcare provider to have a new prescription sent into our pharmacy partner.
*Instructions will be included in email on how to send in new prescription.

Note: Personal Importation Drugs are available for a **\$0 Copay** through VeracityRx Pharmacy Services. If you choose not to participate, you will be responsible for 50% of the cost of the medication at your local pharmacy. **This 50% coinsurance will not be applied to your Out of Pocket Maximum.**

Common Medications for Personal Importation Program			
Anoro Ellipta	Dulera	Myrbetriq	Tagrisso
Apidra	Eliquis	Omnaris	Tivicay
Apidra Solostar	Entresto	Orencia	Toujeo Solostar
Arnuity Ellipta	Farxiga	Ozempic	Tradjenta
Atripla	Fiasp	Prezcobix	Trelegy Ellipta
Basaglar Kwikpen	Invokamet	Pulmozyne	Trintellix
Biktarvy	Isentress	Qvar	Trulicity
Breo Ellipta	Janumet	Rexulti	Victoza
Brilinta	Janumet XR	Rinvoq	Xarelto
Cimzia	Januvia	Silenor	Xeljanz
Combivent Respimat	Jardiance	Skyruzu	
Descovy	Juluca	Spiriva Respimat	

*List is only a sample of the top personal importation drugs and is subject to change without notice. Additional personal importation drugs can be pursued beyond this list.

PHARMACY BENEFITS



MEMBER QUICK REFERENCE GUIDE

Pharmacy Benefits Provider

VeracityRx

Phone:

888-388-8228

Member Portal:

<https://veracity.procarerx.com>

- When to Call:
- To locate a pharmacy
- To ask a benefit question
- To get information on prior authorization
- To get help when you are at the pharmacy and a drug is denied

90 Day Prescriptions:

MAINTENANCE DRUGS

Select Pharmacies or Mail Order

Specialty Medications:

HIGH-COST DRUGS

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



Retail Pharmacies

SELECT PHARMACIES (LOWER COST)

- Members can receive 90 day supplies of their medication at a retail pharmacy.
- Using these pharmacies will result in a lower cost for Evident Scientific, which will in turn assist in keeping premiums lower in future years.

NON-SELECT PHARMACIES (HIGHER COST)

- Members will be limited to a 30 day supply at these pharmacies.
- Using these pharmacies will result in a higher cost for Evident Scientific, which will in turn result in higher premiums for future plan years.
- Copays at Non-Select Pharmacies will be \$20 higher than Select Pharmacies, on all tiers.

Which Pharmacies are Select?

Grocery stores such as Kroger, Publix, Costco, Walmart, Sam's Club, and locally owned neighborhood pharmacies. Basically, the majority of pharmacies EXCEPT those that are non-select.

Which Pharmacies are Non-Select?

CVS, Target, Walgreens, and Rite-Aid.

If you have questions regarding your plan benefits contact VeracityRx at 888-388-8228.

MAYO CLINIC CENTERS OF EXCELLENCE PROGRAM



An enhanced health care benefit for complex, rare, and undiagnosed conditions

If you are facing complex health challenges, you may be eligible for care at Mayo Clinic with travel and lodging covered and coordinated for you.

The Mayo Clinic Complex Care Program is an enhanced health care benefit available to eligible employees and dependents for complex medical conditions.



MAYO CLINIC

Autoimmune Disorders

Cancer

Complex Pediatrics

Gastrointestinal Disorders

Rare Blood Disorders

Nuerological Disorders

Spine Surgery

Organ Transplants

Undiagnosed Symptoms

WHAT MAKES CARE AT MAYO CLINIC DIFFERENT?

Effective treatment depends on getting the right diagnosis as soon as possible. Our specialists collaborate across disciplines to listen to your story, evaluate your condition from every angle, and develop a diagnosis and treatment plan that's just for you.

DOES MAYO CLINIC TREAT MY CONDITION?

Mayo Clinic experts solve the world's toughest medical problems — one patient at a time. No matter what serious, complex or rare health challenge you're facing, you can be confident that Mayo Clinic has extensive experience in treating patients with your specific condition.

At Mayo Clinic, teams of the world's leading experts from every medical specialty and subspecialty work together to ensure the best possible outcome for each patient.

TO ACCESS:

- 1. Connect** - Call Pathways Concierge at the phone number on the back of your HPI member ID card for full details and to get started.
- 2. Mayo Clinic review** - Mayo Clinic will review your diagnosis and treatment plan and determine if you would benefit from care at Mayo Clinic.
- 3. Travel to Mayo Clinic for care** - If travel is recommended, Mayo Clinic will call you to schedule your appointments. Travel and lodging for you and a caregiver will be covered and coordinated for you.
- 4. Return home** - After evaluation and/or treatment at Mayo Clinic, you will return home for ongoing care with your local provider.

VIRTUAL CARE DR ON DEMAND



SEE A DOCTOR NOW, WHEREVER YOU ARE.

Access to a licensed professional at your fingertips

It's fast and easy

- Connect virtually with a physician in minutes
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy

Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

Behavioral Health Visits

Psychologists support you using talk therapy, while psychiatrist will also look for biological imbalances and can prescribe medicine as a part of a treatment plan.

How It Works

1. Download the app on your mobile device or access doctorondemand.com/health-plans-inc.
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

The details of your consultation will not be forwarded to your PCP without your consent.



Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or support@doctorondemand.com.



Scan the QR Code to Download the App

hpi[®]

VIRTUAL CARE DR ON DEMAND



HOW TO REGISTER

1) Go to doctorondemand.com/health-plans-inc (or download the Doctor On Demand app), and click the Register button.



Scan code to download the Doctor On Demand app

2) Enter your email address and date of birth, then create a password to begin setting up your profile.

3) Enter your name, phone number/type, and gender, then click Continue.

4) Important: In the Health Insurance screen, type and select the full name “Health Plans, Inc.” then click Continue.

5) Enter your HPI member ID number, then click Submit.

6) The screen will confirm that your insurance has been accepted and display your copayments (if applicable).



Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or support@doctorondemand.com.



MEDICAL RATES

Medical Biweekly Rates (<\$60k)

	PPO Preferred	HSA Saver	PPO Premier
Employee	\$22.84	\$23.94	\$105.99
Employee + Spouse	\$88.24	\$92.47	\$287.52
Employee + Child(ren)	\$41.56	\$43.56	\$201.13
Family	\$120.95	\$126.75	\$373.22

Medical Biweekly Rates (\$60k-\$140k)

	PPO Preferred	HSA Saver	PPO Premier
Employee	\$31.41	\$32.91	\$116.59
Employee + Spouse	\$92.08	\$96.50	\$304.11
Employee + Child(ren)	\$53.45	\$56.01	\$218.97
Family	\$127.39	\$133.51	\$391.19

Medical Biweekly Rates (>\$140k)

	PPO Preferred	HSA Saver	PPO Premier
Employee	\$35.00	\$36.68	\$139.90
Employee + Spouse	\$104.81	\$109.84	\$364.93
Employee + Child(ren)	\$57.47	\$60.23	\$262.76
Family	\$145.58	\$152.57	\$469.43

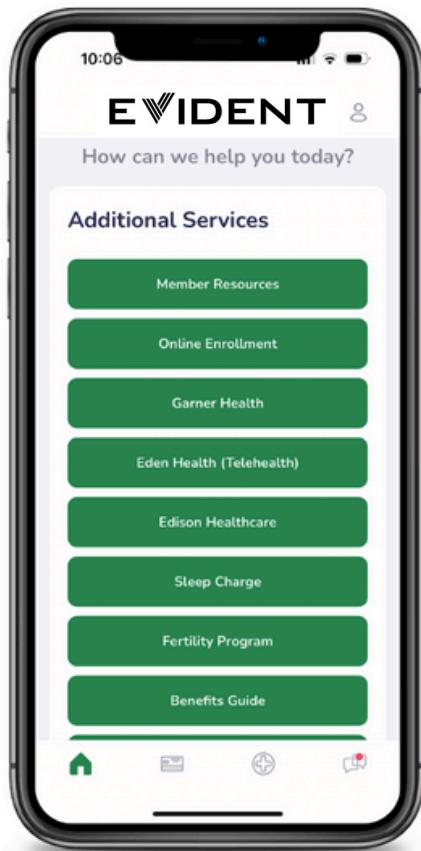
MEDXOOM: MOBILE APP



YOUR MOBILE BENEFITS HUB

Make the most of your benefits conveniently from your smartphone. Access your ID cards and necessary information whenever you require it. Your benefits are easily accessible through the Medxoom app or by visiting member.medxoom.com for online access.

- Download the app and register using your social security number and date of birth (rest assured, your information remains private and secure).
- Check your profile details by clicking on your name in the upper right-hand corner.



KEY FEATURES:

- View Insurance ID Cards
- View Medical Claims History
- Medical Explanation of Benefits
- See your deductible status YTD
- Links to all other Benefits Programs

You must be enrolled in an Evident Scientific medical plan to have access to Medxoom.

SCAN BELOW TO DOWNLOAD



Evident Scientific offers Vision insurance through Ameritas, which allows you to choose whether you would like to participate in the VSP Focus Choice vision network or the EyeMed Insight vision network. Choose carefully, as the network you choose will remain your network for the entire 2026 plan year. Using participating network providers will help you to maximize your benefits. You can find participating providers by going to: <http://benefits.ameritas.com>; select “Find a Provider”; scroll down to “Vision” and select either VSP or EyeMed, depending on your plan choice. This link will take you to the appropriate VSP or EyeMed provider search.

Ameritas Vision Options				
	VSP Focus - Choice Network		EyeMed ViewPointe - Insight Network	
	In Network	Out of Network Reimbursement	In Network	Out of Network Reimbursement
Deductibles	\$0 Exam \$0 Eye Glass Lenses/Frames	\$20 Exam \$20 Eye Glass Lenses/Frames	\$0 Exam \$0 Eye Glass Lenses	No deductible
Eye Exam	Covered in full	Up to \$45	Covered in full	Up to \$52
Contact Lens Fitting and Follow-up	Up to \$60	Non-reimbursable	Standard: Up to \$40 Premium: 10% off of retail	Non-reimbursable
Frames Allowance	\$150 <i>Costco and Walmart amount will be wholesale equivalent</i>	Up to \$70	\$150	Up to \$104
Lenses				
Single	Covered in full	Up to \$30	Covered in full	Up to \$68
Bifocal	Covered in full	Up to \$50	Covered in full	Up to \$96
Trifocal	Covered in full	Up to \$65	Covered in full	Up to \$130
Lenticular	Covered in full	Up to \$100	20% discount	Non-reimbursable
Progressive	Cost will vary by option	Non-reimbursable	Cost will vary by option	N/A
Lens Treatment	Additional costs and copays may apply. Refer to benefits summary for complete details.		Additional costs and copays may apply. Refer to benefits summary for complete details.	
Contacts Allowance				
Elective	Up to \$150	Up to \$120	Up to \$150	Up to \$104
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$200
Lasik and PRK Vision Correction	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	Lasik: \$1,800/\$2,300 PRK: \$1,500 <i>*VSP provider must coordinate procedure</i>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	Non-reimbursable
Frequencies				
Exam	Every 12 months		Every 12 months	
Frame Allowance	Every 12 months		Every 12 months	
Lenses	Every 12 months		Every 12 months	
Contacts	Every 12 months		Every 12 months	

VISION BENEFITS & RATES



Access your account and ID card

Register for or log in to your member account at VSP.com, then verify your coverage and eligibility. Access your ID card directly from your account. Manage your vision benefits anytime by downloading the VSP Vision Care app.

Find a provider

Log into your member account to verify your network and search for a network provider by selecting *Find a Doctor*.

VSP offers the nation's largest network of independent doctors, including:



Contact Information

VSP (benefit/claims/network questions)
800-877-7195

Ameritas (billing/administration/ID card/network questions)
800-487-5553
group@ameritas.com



Access your account and ID card

Register or log in to your member account at EyeMed.com and locate the MyBenefits page to verify your coverage and eligibility. Access your ID card directly from your account. Manage your vision benefits anytime by downloading the EyeMed Members app.

Find a provider

Verify your network and search for a network provider in your member account by selecting *Find an Eye Doctor*.

EyeMed's network includes some of the most recognized names, including:



*Walmart and Sam's Club are not in the network.

Contact Information

EyeMed (benefit/claims/network questions)
866-289-0614

Ameritas (billing/administration/ID card/network questions)
800-487-5553
group@ameritas.com

Vision Biweekly Rates	
Employee	\$2.77
Employee + Spouse	\$5.53
Employee + Child(ren)	\$7.20
Family	\$8.86



With Delta Dental of Massachusetts, you can see any dentist of your choosing. If you choose a dentist in the Delta Dental PPO Plus Premier network, you will ensure lower out-of-pocket costs. You can locate in-network providers by visiting deltadentalma.com/members/login and selecting “Find a Dentist”.

Dental Plan Benefits (In-Network)	
Calendar Year Deductible	\$50 (Individual) / \$150 (Family) *waived for Diagnostic and Preventive
Calendar Year Maximum	\$2,000 per person
Orthodontia Lifetime Maximum	\$2,000
Diagnostic	
Comprehensive Evaluation - once every 60 months	
Periodic Oral Evaluation - twice every 12 months	
Panoramic/Full Mouth X-rays - once every 60 months	100%, no deductible
Bitewing X-rays - twice every 12 months	
Preventive	
Teeth Cleaning - twice every 12 months	
Fluoride Treatments - twice every 12 months (to age 19)	100%, no deductible
Space Maintainers (under age 14)	
Sealants - every 4 years per tooth (to age 19)	
Restorative	
Fillings - once every 24 months per surface per tooth	
Inlays - once every 60 months per surface per tooth	80%, after deductible
Protective Restorations - once per tooth	
Stainless Steel Crowns - once every 24 months per tooth (on primary teeth only)	
Endodontics	
Root Canal Treatment - once per tooth	80%, after deductible
Periodontics	
Periodontal Cleaning - once in 24 months, per quadrant	100%, no deductible
Prosthetic Maintenance	
Bridge/Denture Repair - once per bridge/denture per 12 months (after 24 months of initial placement)	
Crown/Onlay Repair - once per tooth per 12 months (after 24 months of initial placement)	80%, after deductible
Denture Rebase/Reline - once per denture within 36 months	
Crowns/Onlays/Bridges Recement - once per crown/onlay/bridge	
Prosthodontics	
Dentures - once within 60 months (age 16 and older)	
Fixed Bridges - once within 60 months (age 16 and older)	60%, after deductible
Implants - once per tooth per 60 months	
Major Restorative	
Crowns/Onlay - once within 60 months per tooth (age 12 and older)	60%, after deductible
Orthodontics	
Coverage for children up to age 19	60%, after deductible, \$2,000 lifetime max

DENTAL BENEFITS & RATES



Member Resources

Visit deltadentalma.com:

- Find a Dentist search tool
- Online Dental Care Cost Estimator
- Healthy Living discount program information
- Oral health blog
- Customer Care contact information

Login to Delta Dental's [secure, online member portal](#):

- Find a Dentist search tool
- Benefit and plan overview
- Review coverage and claims history
- View benefit maximums

Download the Delta Dental Mobile App*:

- Mobile ID card
- Coverage information
- Find a Dentist search tool
- Claims history
- Dental Care Cost Estimator

Visit TeleDentistry.com/DDMA:

- Virtual dentist appointments for emergency or urgent dental issues

Need assistance? Get support from Customer Care:

- 800-872-0500
 - Monday-Friday from 8am – 8pm (EST)
- Email: customer.care@deltadentalma.com

Dental Biweekly Rates	
Employee	\$4.38
Employee + Spouse	\$8.72
Employee + Child(ren)	\$11.38
Family	\$16.85



LIFE INSURANCE

Basic Life and AD&D Insurance

Life insurance is an important part of your financial well-being, especially if others depend on you for support. Evident Scientific provides basic life and accidental death and dismemberment insurance to you and your dependents at **no cost** equal to 2 times Base Annual Earnings rounded to the next higher \$1,000. The benefit amount is subject to a minimum of \$10,000 and a maximum of \$500,000 or flat \$50,000. **This coverage is 100% paid by Evident Scientific. Coverage is automatic; you do not need to enroll.**

Basic Life Insurance and Imputed Income: The IRS requires you to be taxed on the value of employer-provided group term life insurance over \$50,000. The taxable value of this life insurance coverage is called “imputed income.” The imputed cost of coverage over \$50,000 must be included in your income and is subject to taxation. To avoid this imputed income, employees can elect a flat \$50,000 in coverage as opposed to 2x annual salary. On your paycheck you will see an amount (code 19) under deductions and the same amount under earnings. **If an employee does not complete an active enrollment, they will be automatically enrolled in the \$50,000 option, to avoid imputed income.**

Voluntary Life and AD&D Insurance

You may choose to purchase additional life and AD&D coverage for yourself and your dependents at affordable group rates. Rates are based on age and the coverage level chosen.

Spouse Life Rates are based on the Employee age.

Voluntary Life and AD&D Insurance for you	
Employee	
<ul style="list-style-type: none"> • You can elect the benefit in increments of \$10,000 up to \$500,000 • New Hire Guaranteed Issue: up to \$350,000 	
Voluntary Life and AD&D Insurance for your dependents	
Spouse	
<ul style="list-style-type: none"> • Increments of \$5,000 (not to exceed 50% of your voluntary life and AD&D coverage) • Up to a \$250,000 max, not to exceed 50% of employee amount • New Hire Guaranteed Issue: up to \$50,000 	
Child(ren) - birth to age 26	
<ul style="list-style-type: none"> • \$5,000 or \$10,000 per child • Covered from Birth • Must be added within 31 days of birth 	

Important: If you use tobacco products and you fail to confirm this through the Tobacco Certification question, NYL has the right to deny any benefits payable under the plan. Anyone requesting an increase in his/her supplemental life insurance benefit amounts may be subject to Evidence of Insurability (EOI) by NYL.

DISABILITY

Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. The company provides disability coverage at no cost as shown below. **This coverage is 100% paid by Evident Scientific, and no action is required to enroll.**

Coverage	Benefit
Short-Term Disability	<p>Weekly Benefits:</p> <ul style="list-style-type: none"> < 1 year of service: 50% of covered earnings 1 - 2 years of service: 60% of covered earnings (per the policy) 2 - 3 years of service: 70% of covered earnings (per the policy) 3 - 4 years of service: 80% of covered earnings (per the policy) 4 - 5 years of service: 90% of covered earnings (per the policy) > 5 years of service: 100% of covered earnings (per the policy)
Long-Term Disability	<ul style="list-style-type: none"> Employees who are not commission eligible: 60% of your base salary, to a maximum of \$10,000 per month if you are disabled and are unable to work for more than 180 days. Employees who are commission eligible: 60% of your Annual Benefits Base Rate (ABBR), to a maximum of \$10,000 per month if you are disabled and are unable to work for more than 180 days. Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.

Family Medical Leave Act (FMLA)

If you have been with the company for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs.

Basic Long Term Disability: The federal government considers these benefits part of an employee's total compensation and designates them as taxable income. On your paycheck you will see an amount (code LTI) under deductions and the same amount under earnings.

FILE A LIFE/AD&D CLAIM AS AN EMPLOYEE



1) BEFORE YOU FILE A CLAIM

Gather the following items before you begin:

- Policy number(s) and coverage information
- Personal information for the beneficiary, employee and/or decedent (as applicable) including full name, Social Security number, date of birth, relationship status, address and contact information
- Employment verification information and supporting documents
- For death claims: Basic details about the decedent's passing (e.g., date of death, cause of death), including a copy of the death certificate and funeral assignment, if available
- All beneficiary designations
- Any assignments, court orders, or other documents that may affect payment
- Additional documents including medical records, police or medical examiner report, etc. if available/applicable

2) FILING A NEW CLAIM

1. Go to nylgbslifeclaims.com/claims.
2. Enter your email address to receive your login code, then log in to your claims dashboard. From here, you can either start a new claim or continue an existing one.
3. For new claims, click the **New Claim** button and select the claim type.
4. Read and accept the state fraud warnings.
5. Complete all required fields (marked with an asterisk*), upload the relevant documents, review the claim, and submit.

3) CONTINUE AN EXISTING CLAIM

1. To continue an existing claim (including those started by the beneficiary), select Open Claims and navigate to the claim you wish to Start or Continue.
2. Read and accept the state fraud warnings.
3. Complete all required fields (marked with an asterisk*).
4. Upload the relevant documents, review the claim, and submit.

4) CLAIM REVIEW AND APPROVAL

- A Life claims specialist will be assigned to your case. If we need additional information, they will contact you or the beneficiary directly.
- After receiving all necessary documentation, a claim decision will be made within 10 business days.
- **If approved:** We will notify you and send the beneficiary an approval communication via USPS.
- **If denied:** You will be notified, and the beneficiary will receive a detailed explanation of the denial and instructions on how to appeal.

ALTERNATIVE FILING METHODS

- **Downloadable Forms:** Access Life, Accidental Death and Dismemberment, Accelerated Death Benefit, or Waiver of Premium claim forms on the [MyNYLGBS](#) portal, or request them directly.
- **Email:** Send completed claim forms and documents to claims.pghlif2@newyorklife.com
- **Fax:** Send completed forms to [\(877\) 300-6770](tel:(877)300-6770)
- **Mail:** Send claim forms and documents to:

New York Life Group Benefit Solutions (NYL GBS)
Life & Accident Claim Services
P.O. Box 22328
Pittsburgh, PA 15222-0328

Questions/Check Claim Status

(888) 842-4462

8:00 AM - 5:00 PM EST

Survivor Support Specialist

(888) 842-4462 , ext. 1013382

9:00 AM - 5:00 PM EST

FILE A LIFE/AD&D CLAIM AS A BENEFICIARY



1) BEFORE YOU FILE A CLAIM

You will need the following information on hand:

- Personal information for yourself, the employee and/or decedent (as applicable) including full name, Social Security number, date of birth, relationship status, address and contact information
- Employment verification information and supporting documents
- For death claims: Basic details about the decedent's passing (e.g., date of death, cause of death), including a copy of the death certificate and funeral assignment, if available
- Employer name and policy number(s)
- Medical records, police report, or any other relevant documents

2) FILING YOUR CLAIM

1. Go to nylgbstlifeclaims.com/claims.
2. Select the claim type.
3. Opt in to receive email updates about your claim.
4. Complete the form to the best of your ability, providing all requested information. Fields marked with an [*] are required.
5. Upload any supporting documents. Document marked with an [*] are required.
6. Choose how you'd like to receive your payment: either via a lump sum check or through a NYL GBS Survivor Assurance account—a free, interest-bearing account in your name (this does not apply to *Waiver of Premium* claims).
7. Submit your claim form.
8. Download a copy of the completed form for your records.

3) IMPORTANT INFORMATION

Policy Number for Life: SGM613243

Policy Number for Accident: SOK610123

Employer Name: Evident Scientific MIS, Inc.



Questions/Check Claim Status

(888) 842-4462

8:00 AM - 5:00 PM EST

Survivor Support Specialist

(888) 842-4462 , ext. 1013382

9:00 AM - 5:00 PM EST

VOLUNTARY BENEFITS



CRITICAL ILLNESS

Critical Illness insurance offers a lump-sum benefit to provide financial help during challenging health times, such as a heart attack, stroke or cancer diagnosis. It provides a cash benefit to help pay for out-of-pocket costs, such as medical expenses or day-to-day expenses.

Health Screening Benefit (\$50)

Each covered family member can receive \$50 per screening per year for getting a **covered screening test**:

- Annual exams: physicals, well-child visits, or dental and vision exams
- Screenings for cancer: including pap smear and colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Coverage Amounts

	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000, \$20,000 or \$30,000	\$30,000
Spouse/Domestic Partner	100% of the employee amount	\$30,000
Dependent Child(ren)	50% of the employee amount	\$15,000

Covered Conditions

Pre-existing conditions are excluded

Stroke	100%
Heart attack	100%
Coronary artery disease (with bypass)	100%
Coronary artery disease (with coronary intervention)	100%
Major organ failure	100%
End stage (renal) kidney failure	100%
Invasive cancer	100%
Non-invasive cancer	25%
Skin cancer	2.5%

Health Screening Benefit

\$50 per screening, per covered person, per year!

Rates will be calculated during enrollment, as cost is based on several factors, including levels of coverage (face amount), age, and coverage tiers (Employee, Employee & Spouse, Children). Spouse age will be based on the Employee's age

VOLUNTARY BENEFITS



ACCIDENT

Accident insurance pays you a lump-sum cash benefit for injuries that come from a covered accident and can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. However, you can use the money for whatever you would like.

Benefit	Accident Insurance
Accident coverage type	On & Off the Job Coverage
Fractures	\$300 - \$8,000
Dislocations	\$200 - \$6,000
Other Common Injuries	
Burns (2nd and 3rd degree)	\$900 - \$12,000
Coma	\$12,000
Concussion	\$500
Paralysis	\$10,000 - \$20,000
Lacerations	\$30 - \$600
Emergency and Hospitalization Benefits	
Ambulance (ground and air)	\$500 / \$2,000
Emergency room	\$200
Urgent care	\$200
Hospital admission	\$1,000
Additional Benefits	
Organized Sporting Activity	Benefits increased by 25%, to a maximum additional benefit of \$1,000
Health Screening Benefit	\$50 per screening (1 per calendar year)

Accident Biweekly Rates	
Employee	\$3.96
Employee + Spouse	\$7.15
Employee + Child(ren)	\$8.46
Family	\$11.65



VOLUNTARY BENEFITS

HOSPITAL INDEMNITY



Hospital Indemnity insurance pays you a fixed cash benefit directly if you're admitted to the hospital, regardless of your other health insurance coverage. It can be used for out-of-pocket expenses or anything you need during your recovery.

Benefit	Hospital Indemnity Insurance
Admission Benefits	
Hospital admission benefit	\$1,000
Intensive Care Unit (ICU) admission benefit	\$2,000
Confinement Benefits	
Daily inpatient hospital confinement benefit	\$200
Newborn/healthy baby confinement benefit	\$500
Intensive Care Unit (ICU) confinement benefit	\$400
Rehabilitation facility confinement	\$100
Short stay/observation unit	\$100

Hospital Indemnity Biweekly Rates	
Employee	\$7.48
Employee + Spouse	\$20.27
Employee + Child(ren)	\$13.14
Family	\$25.93



FILE A CLAIM

CRITICAL ILLNESS, ACCIDENT, HOSPITAL INDEMNITY

1) YOU'VE HAD A NEED TO USE YOUR BENEFITS

You or a covered loved one has an illness, injury or hospitalization that's covered by your benefits.

2) IT'S TIME TO FILE YOUR CLAIM

- You can submit a claim online at myNYLGBS.com. If it's your first visit to the site, be sure to click "Register here" to set up your online account.
- Please note that in most cases, we'll need you to include documentation to support your claim, such as medical records, doctor's notes, or hospital discharge summary.
- Submitting your claim through myNYLGBS.com allows for the fastest claim process. Make sure to have direct deposit or EFT (Electronic Funds Transfer) set up ahead of time, so that you receive your claim payment faster.
- You can also submit by phone at [888\) 842-4462](tel:8884462) or [\(866\) 562-8421](tel:8665628421) (español), or by mail (print a claim form and mail it to us).

3) CLAIM REVIEW

- Once your claim has been received, one of our claim managers carefully reviews it.
- Sometimes, additional information is needed to help us make a claim decision. We will let you know if there's anything else needed, and you can easily send us any missing documentation through myNYLGBS.com.

4) CLAIM DECISION NOTIFICATION

- You'll be notified as soon as we've made a decision on your claim.
- Approved claim payments will be issued via direct deposit if you've signed up for Electric Funds Transfer or by mailed check.

5) IF YOU NEED TO FILE A CLAIM FOR YOUR HEALTH SCREENING BENEFIT (APPLIES TO ACCIDENT AND CRITICAL ILLNESS INSURANCE ONLY)

Provide the date and type of screening – claims can be approved and paid within 48 hours. Make sure to choose direct deposit to get your money even faster.



Sign up for text & email notifications online at myNYLGBS.com after you've submitted your claim.



You can also sign up for direct deposit at myNYLGBS.com. Signing up for direct deposit means getting your payment faster and easier.

IDENTITY THEFT



ALLSTATE IDENTITY PROTECTION

Every 2 seconds, thieves steal another identity. Your identity includes more than your Social Security Number and bank accounts. The Allstate Identity Protection Pro+ and Pro+ Cyber 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
- IP Address Monitoring
- Deceased Dependent Protection
- 24 / 7 Remediation Support

Identity Theft Biweekly Rates		
Coverage Level	Pro+	Pro+ Cyber
Employee	\$3.67	\$5.05
Employee + Family	\$6.90	\$9.21

NEW Allstate Scam ProtectionSM

Moving beyond prevention, our new focus for 2026 is on more extensive scam protection. We're deeply committed to continuously improving our scam detection and alert systems to catch fraudulent activity before it causes harm. By giving your employees improved tools and tech to stay safe, we're putting scam control back in their hands.

Also launching in 2026

- Expanding new reimbursements to include scams, social engineering, cryptocurrency fraud, and cyberbullying.
- Data removal tool for Pro+ Cyber that discovers and removes member data on broker sites automatically.
- Child credit checks to detect and prevent identity theft for minors with Pro+ and Pro+ Cyber family plans.
- Cybersecurity device expansion to 10 devices per individual or 10 per family member with a family plan.

SPENDING ACCOUNTS

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

A Healthcare Flexible Spending Account (FSA) allows you to set aside pre-tax money to pay for eligible health expenses, including medical, dental and vision expenses.

Eligible expenses may include:

- Co-pays and coinsurance
- Prescription medications
- Glasses or contact lenses
- Deductibles
- LASIK surgery
- Orthodontia

2026 Contribution Limit: \$3,400

Use It or Lose It

The funds in your Healthcare FSA are use-it-or-lose-it, so it's important to accurately estimate your upcoming expenses.

Remember you must spend the entire balance for the plan year. You'll choose your contribution amount when you enroll during your enrollment period.

This plan offers a roll-over feature, up to the IRS maximum for 2026 of \$680. With this feature, any remaining balance, up to the \$680, will roll over to the next calendar plan year automatically.

Prepaid debit card



Spend pre-tax dollars on eligible health, dependent care and/or commuter expenses using just one card. Smart card technology is coded into your card, so it can automatically pull funds from the proper account.

Convenient mobile app



Capture receipts, reimburse yourself for out-of-pocket expenses, view your account balance, complete transactions and more, all on the go with your mobile device.

Secure online portal



Complete the same tasks you can with the app - plus file claims, get email notifications and more through a secure consumer portal.

SPENDING ACCOUNTS



DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCAP)

A Dependent Care Flexible Spending Account (FSA) allows you to set aside pre-tax money to pay for eligible dependent care expenses. Expenses must be related to the care of a dependent child (under age 13, or any age with special needs) or dependent adult, and must enable you to work or attend school full-time.

Eligible expenses may include:

- Daycare
- After-school care
- Preschool
- Adult day programs
- In-home care
- Summer day camp

2026 Contribution Limits:

Married Employee, Filing Separately: \$3,750

Married or Single Parent: \$7,500

Use It or Lose It

The funds in your Dependent Care FSA are use-it-or-lose-it, so it's important to accurately estimate your upcoming expenses.

Remember you must spend the entire balance for the plan year or forfeit any remaining funds. You'll choose your contribution amount when you enroll during your enrollment period.

This plan offers a run-out feature. Meaning, you have an additional 90 days into the next calendar year to submit claims that were INCURRED in 2026. Date(s) of service must have been in 2026.

Prepaid debit card



Spend pre-tax dollars on eligible health, dependent care and/or commuter expenses using just one card. Smart card technology is coded into your card, so it can automatically pull funds from the proper account.

Convenient mobile app



Capture receipts, reimburse yourself for out-of-pocket expenses, view your account balance, complete transactions and more, all on the go with your mobile device.

Secure online portal



Complete the same tasks you can with the app - plus file claims, get email notifications and more through a secure consumer portal.

SPENDING ACCOUNTS

HEALTHCARE SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-advantaged account that helps you save and pay for healthcare expenses now and in the future. Your unused money automatically carries over year to year, and the HSA is yours to keep — even if you leave your job or change health plans.

Eligible expenses may include:

- Doctor, dental & vision exams
- Copays and deductibles
- Prescription drugs
- Vision and dental expenses

2026 Employer Annual Contribution:

Employee Only: \$600

Employee + Dependent: \$1,200

2026 Annual Contribution Limits:

Employee Only: \$4,400

Employee + Dependent: \$8,750

Catch-Up (Age 55+): \$1,000

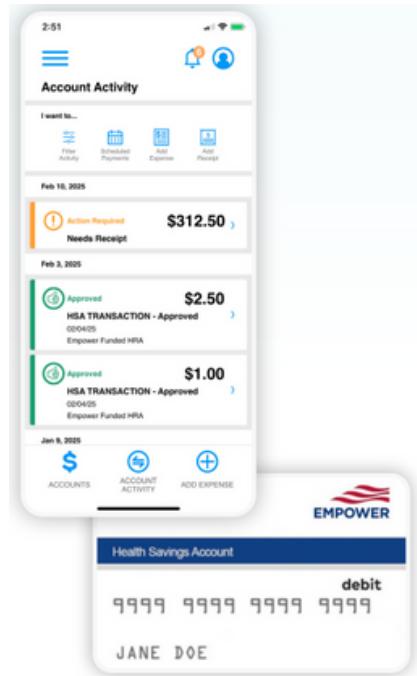
***Your Total Annual Contribution Limit must also factor in your Evident Scientific Employer HSA Contribution

How Does It Work?

- During enrollment, you must sign up for a high deductible health plan and then sign up for an HSA.
- Choose how much money you'd like to have deducted from your paycheck each pay period to put into your HSA.
- You can use these funds immediately, up to the amount that's been put into your account.
- When paying for eligible expenses, use your Empower Benefit Accounts card for purchases, or use personal funds and get reimbursed.
- Save your receipts in case documentation is needed.
- An HSA through Empower is seamlessly connected to your workplace retirement account so you can easily access and manage your accounts in one place.

Expanded choices for all consumers

- **Two** member cash balance options: high yield insurance backed option or standard FDIC rate
- User-friendly online portal and mobile app with helpful engagement tools including a virtual medicine cabinet, alerts, notifications, and educational resources
- Ability to add a card to a digital wallet, enabling faster, more secure and touch-free payments
- A single card can be coordinated across multiple benefit account types



Modern investment experience

- Investment lineup comprised of low-cost exchange-traded funds (ETFs) to reduce total cost of ownership
- Real-time trading with ETFs
- **Three** investment model options to meet different investor needs include the option to buy and sell from thousands of ETFs and stocks on the S&P 500® Index

EMPLOYEE ASSISTANCE PROGRAM (EAP)



How to Use Your AllOne Health EAP Benefit

Reach Out to Us

[800-451-1834](tel:8004511834)

allonehealth.com

[Download the
AllOne Health App](#)



Share Your Concerns

When you call us, you'll be immediately connected to a compassionate professional who will learn about you and your needs and customize a path to wellbeing.

Confidential Care

All the services available to you are kept confidential. Your privacy is important to us.



Access Code: R5WET

AllOne Health's EAP (formerly Carebridge) provides confidential, no-cost support for employees and their households, including 24/7 counseling, life and work coaching, legal and financial guidance, work-life referrals, and every day concierge assistance to help manage personal, family, and workplace challenges.



EVIDENT SCIENTIFIC 401(K)



RETIREMENT SAVINGS PLAN

Whether retirement is way down the road or just around the corner, it's important to have savings goals and specific investment objectives. To help you meet your goals and objectives, we offer a 401(k) Retirement Savings Plan, with multiple investment options and a company match. Key details and features of our plan are listed below.

Employee Contributions

You can contribute up to \$24,500 in 2026, and if you are age 50 or older, you may contribute up to an additional \$8,000 as a "catch-up" contribution.

The Evident Scientific 401(k) Plan offers an option to elect standard pre-tax 401(k) and/or after-tax Roth 401(k) contributions. The IRS limits apply to the combined Standard and Roth 401(k) contributions.

You can make Roth 401(k) contributions with money that has already been taxed, and any earnings then grow tax-free. When you start taking withdrawals in retirement, they are considered tax-free. Please visit https://www.empower.com/learning_center/#/ for more information and resources or call Empower at 844-465-4455. Company contributions are made on a pre-tax basis.

IMPORTANT: If you qualify for, and want to contribute the additional catch-up amount, you must elect a catch-up contribution percentage via the Empower website when you make or change your elections.

You begin contributing to the Plan no later than the second payroll date that occurs following the first 30 days of employment. Shortly following your employment date, you will receive information from Empower Retirement, the Plan's record keeper, regarding the auto enrollment feature, with instructions on how to increase or decrease your initial contribution rate from the automatic rate of 4%.

Employer Contributions

Whether or not you choose to defer money into your 401(k), you will automatically receive a 4% company contribution in your account. Then, you receive a 3% match, over the 4% contribution. In addition to the company's regular match on employee deferrals, Evident Scientific may match an additional 0.5% for each pay period an employee contributes 5% and another 0.5% for each pay period and employee contributes 6%. This is a discretionary match paid in a lump sum the following year based on company performance. A 6% deferral percentage will get you the maximum match amount.

Vesting

Vesting refers to your ownership of the money in your 401(k). The plan has a 33% graded vesting 100% after three years of service. You are always 100% vested in your contributions to the plan.

EVIDENT SCIENTIFIC 401(K)



RETIREMENT SAVINGS PLAN

Company Match

If you choose to defer money into the 401(k) account, here is how the match will work:

Regular 401(k) Matching Structure				
If I Contributed _% of my Pay	Then Evident Scientific Will Match _% of my Pay	Example (\$40,000 salary)		
Employee Contributes	Evident Scientific Matches	Total Contribution		
1.0%	1.0%	\$400	\$400	\$800
2.0%	2.0%	\$800	\$800	\$1,600
3.0%	2.5%	\$1,200	\$1,000	\$2,200
4.0%	3.0%	\$1,600	\$1,200	\$2,800

You will receive an email from Empower within 2 weeks of your hire date with instructions on how to enroll.

Additional Performance 401(k) Matching Structure				
If I Contributed _% of my Pay	Then Evident Scientific Will Match an Additional _% of my Pay	Example (\$40,000 salary)		
Employee Contributes	Evident Scientific Matches	Total Contribution		
5.0%	0.5%	\$2,000	\$1,200 (Regular Match) + \$200 (.5% Performance Match) = \$1,400 Total Match	\$3,400
6.0%	1.0%	\$2,400	\$1,200 (Regular Match) + \$400 (1% Performance Match) = \$1,600 Total Match	\$4,000

More Information

- You can enroll in the plan and make changes to your contributions at any time.
- The Performance Contribution occurs if the company has had a successful fiscal year. We are usually notified of this in July of each year. To be eligible you have to be employed on December 31 of the previous plan year and you must contribute at least 5% per pay period, however, 6% per pay period will get you the maximum match for the year.
- Empower has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment objectives.

When you enroll in the Plan, you will be asked to create your user ID and Personal Identification Number (PIN). Your user ID and PIN will be used for telephone or on-line transactions.

How can you maximize your Retirement Contributions? By contributing at least 6.0% to the 401(k) plan each pay period you will take full advantage of the company matching contribution. It is important to plan, as best you can, to spread your contributions out over the year. This will help maximize the match and to avoid reaching the IRS maximum early in the year – at which time all company matches will stop.

Go to Empower website www.empower-retirement.com/participant to change your pay contributions to 6.0% or more. If you cannot increase your contributions all at once, sign up for auto increase, which increases your contributions over time.

PAID TIME OFF (PTO)

Paid Time Off Eligibility

All full-time and part-time regular Evident Scientific employees are eligible for paid time off, as set forth in the Paid Time Off Policy.

Full-time eligible employees who are regularly scheduled to work at least forty (40) hours per week will be entitled to accrue PTO days pursuant to the following chart:

Years of Service	Below Director PTO Days	Director/Executive Director PTO Days	Vice-President and Above PTO Days
0-4	15	20	25
5-9	20	25	30
10-19	25	30	30
20+	30	30	30

**If you are primarily based in California, please refer to the Paid Time Off Policy - California Employees.*

Sick Days

All Evident Scientific employees will receive five sick days on January 1 of each calendar year.

Please refer to the respective PTO Policy in our U.S. Policies & Benefits channel in Teams for details.

Paid Holidays

You receive 11 scheduled holidays and 2 floating holidays each calendar year.

Volunteer Hours

16 hours are given to all employees each calendar year to volunteer during work hours.

Parental Leave

Evident Scientific provides paid time off to eligible employees to give parents additional time to bond with their new child and adjust to their new family situation. An eligible employee may take up to four weeks (20 business days) of Parental Leave within the 365 calendar days from the date of the birth or placement of a child for adoption.

Eligibility: All regular full time and part time employees of Evident Scientific who have completed 90 days of service, are based in the United States and are scheduled to work 30 hours per week or more are eligible parental leave. Non-United States employees should refer to their local benefit programs and policies.

Eligible employees must be:

- the biological mother or father of the newborn baby, or
- the adoptive mother or father of the baby or child, or
- the biological or adoptive parent's spouse or domestic partner

Contingent workers and short-term employees, including those working for Evident Scientific in an internship, co-op program or other program where employment has been defined as temporary in nature are not eligible for this leave policy.

Adoption Assistance Program

The Evident Scientific Adoption Assistance Program provides reimbursement up to \$10,000 to eligible employees for all, or a portion of, qualifying expenses incurred from their legal adoption of a child under the age of 18. All regular active employees working a minimum of 30 standard hours per week and based in the United States are eligible for the Adoption Assistance Program. You must be an employee at the time of reimbursement.

UHC GLOBAL TRAVEL PROGRAM



When traveling on company business outside your home country, you're protected by UnitedHealthcare Global's Business Travel Medical Insurance. This coverage provides emergency medical care, medical evacuation and repatriation, and assistance services such as lost document replacement, translation support, and travel coordination. Employees also have access to a 24/7 multilingual emergency response center and a global provider network to ensure rapid, high-quality care wherever travel takes you. This coverage is for urgent and emergency care only and is not a substitute for your regular health insurance.

This benefit is 100% paid by Evident Scientific.

Plan Details	Coverage Highlights
Eligibility	All active full-time employees traveling on company business outside their home country
Coverage Level	100% coverage for eligible medical expenses; no deductible or out-of-pocket cost
Plan Maximum	\$300,000 per person per trip
Pharmacy Benefits	Covered up to plan maximum when related to emergency treatment
Emergency Medical Evacuation & Repatriation	Up to \$250,000
Travel Emergency Services	24/7 worldwide assistance, including lost documents, translation, and travel coordination
Sojourn Travel	Up to 7 days of personal travel coverage during a business trip
Virtual Visits & Pre-Existing Conditions	Included
For assistance while traveling	Contact the UnitedHealthcare Global Emergency Response Center (number on your ID card).

ZURICH GLOBAL TRAVEL BENEFIT



This benefit provides 24-hour coverage for employees and their eligible dependents in the event of an accidental death, dismemberment, paralysis, or other serious injury. Coverage applies anywhere in the world, including while traveling on company business or accompanying an employee on an approved trip.

Who's Covered

All full-time U.S. employees and their eligible dependents. **This benefit is fully paid by Evident Scientific.**

Key Benefits	
Benefit	Coverage Summary
Accidental Death	Benefit amount varies by benefits class and ranges from approximately 4–5x base annual earnings for employees, with maximums up to \$2,000,000. Spouse and dependent child benefits are also included.
Accidental Dismemberment / Paralysis	Payable up to the same amount as the accidental death benefit, depending on the type and severity of loss.
Coma Benefit	Monthly benefit equal to 1% of the covered amount for up to 11 months, plus a final lump sum if the coma continues.
Additional Benefits	Includes coverage for carjacking, critical burn, day care, higher education, home alteration and vehicle modification, natural disaster, rehabilitation, seat belt/air bag, spouse retraining, and therapeutic counseling.

Out-of-Country Travel Medical

Provides medical coverage for employees and dependents traveling on company business outside their home country.

- Coverage up to **\$250,000 per accident or illness**
- **No deductible**; 100% of reasonable and customary charges covered
- Includes hospitalization, emergency medical evacuation, repatriation, emergency dental, and pregnancy-related care
- Assistance and coordination provided through Zurich's global travel support team

Enhanced Travel Assistance

When traveling on company business, employees have access to Zurich's global assistance services, including:

- Emergency medical evacuation and repatriation
- Hospital admission and medical expense guarantees
- Return of remains
- Family visitation or companion return travel
- Return of dependent children
- Security evacuation in the event of imminent danger

All services require pre-authorization through Zurich's travel assistance provider.

ADDITIONAL BENEFITS

Benefit Hub

An employee discount on-line marketplace where employees and their families can find other benefits, perks and amazing deals on thousands of brands and services we use every day.

<https://evidentscientificusaperks.benefithub.com>

Referral Code: XBBWFU

Educational Assistance

Our Educational Assistance is designed to assist full-time regular employees with certain costs associated with the successful completion of approved courses and/or degrees from accredited colleges, universities, or technical schools to further continued education and career development.

Please refer to this and many other policies in our U.S. Policies & Benefits channel in Teams for details.



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 and you live in a State listed below, 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 one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program</p> <p>All other Medicaid</p> <p>Website: https://www.in.gov/medicaid/</p> <p>http://www.in.gov/fssa/dfr/</p> <p>Family and Social Services Administration</p> <p>Phone: 1-800-403-0864</p> <p>Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services</p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services</p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov)</p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/</p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328</p> <p>Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kynect.ky.gov</p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/laipp</p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840 TTY: 711</p> <p>Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/</p> <p>Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</p> <p>Phone: 1-800-694-3084</p> <p>Email: HHSIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-programhipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://bms.wv.gov http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



New 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.¹²

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.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact help@evidentbenefits.com.

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

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.



This guide is a general summary of your benefit options. For specific details, you may refer to each plan's Summary Plan Description (SPD). SPDs for health insurance plans can be found on the Evident Scientific Benefits website: www.evidentbenefits.com. Every effort has been made to ensure that this document accurately represents the benefits being offered. However, if there are any discrepancies between the terms in this document and the terms in the SPD, the SPD will prevail.