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VOLT

2026 Benefits Guide

Hourly Consultants and Field Employees

Here's where to find ...

Innova appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your benefits team. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).

BENEFITS ELIGIBILITY

Employees

All health and welfare benefit plans have general eligibility requirements and may impose age limits. In general, to be eligible for our health and welfare benefits, an employee must maintain the following:

- work 30 or more hours per week; and
- reside in the continental US (some exceptions may apply); and
- be a resident alien or US citizen; and
- be 'actively at work'

Newly eligible full-time employees are eligible for coverage effective 1st of the month next following completion of a 30-day waiting period from date of hire.

Dependents of Employees

When you enroll, you may elect to cover your eligible dependents. Eligible dependents include:

- Legally married spouse, or certified domestic partner
- Natural born, step-, or legally adopted children under age 26
- Disabled, dependent children over age 26, that were covered under the plan prior to turning 26

Qualifying Life Events

It is your responsibility to notify the benefits team within 31 days of the qualifying life event (QLE). Failure to do so may result in an inability to change your benefit election(s). Qualifying Life Events must be requested through the benefits enrollment system, Alight WorkLife.

Here are some examples of qualifying life events:

- Marriage, birth, adoption or gain of legal guardianship
- Death or divorce
- Job change that creates a change of eligibility for benefits
- Loss (exhausts COBRA) or gain of other (qualified) coverage

The effective date of coverage as a result of a QLE is the first of the month following the date of the event. However, all newborn births are effective the date of the birth.

An exception to the 31-day rule applies if a Dependent loses or becomes eligible for Medicaid or the Children's Health Insurance Program. In this instance, you have 60 days to request a change to your election.

If you experience a loss of coverage or a QLE, you only have 31 days from the date of the QLE to request a change to your plan. You will be required to provide proof (documentation) of a life event to the Plan Administrator in order for your request to be considered.

HOW TO ENROLL

To enroll, log on to WorkLife.

WorkLife is our easy-to-use online enrollment system. you can visit WorkLife from any internet browser, even on your smart phone or tablet!

1. Visit https://innovasolutions.wl.alight.com/
2. Username: First two initials of First Name + first two initials of Last Name + last 6 digits of SSN **not case sensitive**
3. Password: Birthdate (MMDDYYYY)

Example: Name: John Smith, Date of Birth: 08/31/1990

Username: josm123456 PW: 08311990

Having trouble completing your self-service enrollment online?

For help navigating the enrollment system, answers to general benefits questions, or assistance enrolling, reach out by phone and/or email. Assistance is available Monday through Friday, 8am to 8pm (EST). Call 877.522.4013 or email innova@alight.com.

The Benefits Resource Center is Here for You!

We are available Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

PHONE: 877.522.4013 **EMAIL:** innova@alight.com

Your company provides this service in case you need assistance navigating through your benefits website. We are here to help and can be reached by phone and email.

SELF-SERVICE ENROLLMENT SUPPORT

Helping you to complete your benefits enrollment online

Changing benefits due to a qualifying life event like marriage or birth of a child

TECH SUPPORT FOR YOUR BENEFITS WEBSITE

Resetting your password

Navigating the enrollment system

BENEFITS SUPPORT

Dependent verification questions

General benefit questions

Evidence of insurability questions

You can also access benefits enrollment using the SmartBen.Now Mobile App! Download from your mobile app store today!

WHEN BENEFITS END

If you or your dependents fail to meet the eligibility requirements of the plan, your benefits will end. Most benefits end at the end of the month of loss of eligibility, however, the date a coverage ends due to loss of eligibility may vary from plan to plan. Once coverage ends, your benefits may be retained by paying for them outside of work, if the request is made timely. Specific rules determine the ability to continue, convert or port coverage.

Examples of events when an employee can lose benefits

- No longer works the required # of hours.
- Fails to maintain an 'actively at work' status (aside from approved leave).
- Resigns, retires or is terminated.
- Is on an extended absence (beyond 30 days).
- Exhausts FMLA, if available.
- Exceeds the age limitations of the plan.
- Moves outside the health plan's service area.

Examples of events when a dependent can lose benefits

- Exceeds the age limitations of the plan.
- Loses eligibility because employee loses eligibility.
- Death of a covered employee.
- Loses eligibility due to a divorce.
- Moves outside the health plan's service area.

Basic Insurance Glossary

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is $2,000, your plan won't pay anything until you've met your $2,000 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option. When a deductible is "embedded" it means that each member enrolled in a family tier only has to meet the individual deductible amount or the IRS minimum embedded deductible amount of $3,200 before coinsurance can begin for that specific member.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for. Your EOBs will be available online through UMR or through Kaiser, depending on your plan election.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

MEDICAL & RX

American Worker Plan (AWP) | theamericanworker.com | 800.462.0614
& CerpassRx | cerpassrx.com | 844.636.7506

Innova is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of three Medical Options for 2026:

MEC Plus Plan

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- First dollar coverage for Doctor Office Visits, Diagnostic X-Rays and Lab Work, Hospital Stays and more
- Key features include no deductibles, copays, pre-existing condition limitations or waiting periods
- Prescription Drug discounts
- National PPO Network - Save on Physician and Hospital services from network providers
- Telehealth - 24/7 access to doctors by phone, web or mobile app for free
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

Or

MEC Enhanced Plan

- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- Copays for Doctor Office Visits, Labs, X-rays and Generic Drugs
- National PPO Network - Save on Physician and Hospital services from network providers
- Telehealth - 24/7 access to doctors by phone, web or mobile app for free
- Medical Price Shopping Tool - Estimate the costs of services before scheduling
- **Available to residents of New Mexico & Vermont only**

Limited Day Plan

- Coverage for healthcare services due to accident or illness and prescription drugs are available after a copay and are not subject to the deductible
- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- Telehealth - 24/7 access to doctors by phone, web or mobile app for free
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

Minimum Value Plan (MVP)

- Comprehensive coverage for healthcare services due to accidents or illnesses as well as prescription drugs after the applicable deductible
- 100% coverage when using in-network providers for Preventive Care and Wellness services required by ACA
- Telehealth - 24/7 access to doctors by phone, web or mobile app for free
- Medical Price Shopping Tool - Estimate the costs of services before scheduling

CerpassRx: Prescription Drug Coverage

Effective and reliable coverage with access to over 63,000 network pharmacies nationwide. Refer to the plan details for specific coverage amounts.

- To find a local pharmacy, visit Cerpassrx.com
- Customer service available anytime at 844.636.7506

HealthiestYou

All plan designs provide covered individuals with 24/7 access to U.S. licensed physicians that can provide general advice and recommendations, diagnostic medical consultations, and write non-controlled prescriptions when appropriate. HealthiestYOU also provides members with access to an online wellness platform to help improve the member's overall health. Visit: www.Healthiestyou.com Call: 866.703.1259

MEC Plus Plan

Preventative Services	
Minimum Essential Coverage (MEC)	Plan pays 100% for all ACA required preventive care services. **You MUST visit a PHCS Network provider for Preventive services to be covered.**
Fixed Indemnity Services	**Standard Plan**
Physician's Office	$70 per day; 4 days per year
Outpatient Diagnostic Lab	$75 per testing day; 2 days per year
Outpatient Diagnostic X-Ray	$100 per testing day; 2 days per year
Outpatient Diagnostic Advanced Studies	$300 per testing day; 1 day per year
Emergency Room Sickness	$100 per day; 2 days per year
Surgical Indemnity Benefit • Daily Inpatient Surgical • Daily Outpatient Surgical • Daily Outpatient Minor • Outpatient Benefit Maximum	 $500 per day, 1 day per year $250 per day $50 per day 1 day per year
Anesthesia	30% of Surgical Benefit
Hospital Admission	$500 lump sum per confinement
• Daily In-Hospital Indemnity • Intensive Care Unit • Substance Abuse • Mental Illness • Skilled Nursing (Inpatient)	$300 per day; 500 day lifetime max $600 per day; 30 days per year $150 per day; 30 days per year $150 per day; 30 days per year $150 per day; 60 days per stay
Prescription Drugs*	AWP Value Rx Plan - $10, $20, $50 Tier
Accident Medical Expense*	$5,000 maximum benefit per injury
Accidental Death & Dismemberment*	$15,000 Employee / $7,500 Spouse / $3,000 Child
HealthiestYou*	No cost access to doctors by phone or online
PHCS Network*	Physician and Hospital
Medical Price Shopping Tool*	Estimate medical costs before scheduling
Additional Plan Features	
PHCS PPO Limited Benefit Network	Members have access to the PHCS Network, which provides savings on Physician and Hospital services. By visiting a PHCS provider you can reduce your out-of-pocket expenses. FIND A NETWORK PROVIDER Limited Benefit Network: www.Multiplan.com/awp Call: 888.371.7427
AWP Value Rx - Provided by CerpassRx	The AWP Value Rx program is designed to provide substantial savings on your prescription drug expenses. This plan will help you identify affordable generic and brand name drugs by therapeutic class. • Select generic and brand name drugs available for $10, $20, $50 or less • Generic and brand name drugs for which a discounted price has been negotiated • Over 58,000 participating pharmacies nationwide • No maximum annual benefit, deductible or claim forms • To view drug prices or locate a pharmacy, visit www.AWPValueRx.com Note: The AWP Value Rx program is a non-insurance discount program
Medical Price Shopping Tool	Healthcare Bluebook. Shop for medical procedures at in-network providers in your area to find the best price and get an out-of-pocket cost estimate. It's easy to find hundreds to thousands of dollars in savings with a simple search before scheduling. Access the medical price shopping tool at www.theamericanworker.com or call 800.462.0614. The medical price shopping tool does not guarantee cost estimates will be the price you are charged or pay for services.

*Services not underwritten by Nationwide Life Insurance Company. MEC plus plan is not available to residents of NM and VT.

MEC Enhanced Plan

The American Worker MEC Enhanced Plan provides copays for affordable coverage. The plan offers coverage for basic healthcare services and prescription drug discounts. To find a provider, visit www.Multiplan.com/awp - Limited Benefit Network.

The MEC Enhanced Plan is available to residents of New Mexico & Vermont only.

Self-Funded Benefits	MEC Enhanced Plan
Minimum Essential Coverage (MEC	Plan pays 100% for all ACA required preventive care services. **You MUST visit a PHCS Network provider for Preventive services to be covered.**
Physician's Office Visit	$30 copay; 4 visits per year
Specialists	$75 copay; 1 visit per year
Diagnostic Tests & Lab Work	$30 copay; 4 test days per year
Advanced Imaging	$300 copay; 1 test per year
Additional Benefits	
Prescription Drugs Generics / Brand Name / Annual Max	$15 copay / Discounts / Unlimited
HealthiestYou	No cost access to doctors by phone or online
PHCS Network	Physician and Hospital
Medical Price Shopping Tool	Estimate medical costs before scheduling

Limited Day Plan

This plan utilizes the PHCS Physician and Ancillary Network for professional and out-patient services. Save money on these services by going to an in-network provider. For out-of-network and facility charges, the Limited Day plan reimburses providers based on Medicare rates. This allows you to use a facility of your choosing, and the plan will pay up to 150% of the Medicare rate for facility charges and up to 125% for physician charges.

***Copay applies after an individual's deductible has been met**

	In-Network		Out-of-Network
Deductible	**$1,000 Individual / $2,000 Family**		**$3,000 Individual / $9,000 Family**
Coinsurance	N/A		50%
Out-of-Pocket Maximum	**$5,000 Individual / $10,000 Family**		**$15,000 Individual / $30,000 Family**
Benefits	**Copay**	**Limits**	**Out-of-Network**
Preventive Care	$0 unlimited	N/A	Subject to Deductible & Coinsurance
Office Visits • Primary Care / Specialist • Urgent Care • Emergency Room	 $20 / $40* $50 $200*	 10 Visits / 10 Visits 6 Visits 3 Visits	 Subject to Deductible & Coinsurance Subject to Deductible & Coinsurance Combined With In-Network Benefit
HealthiestYou	No cost access to doctors by phone or online		N/A
X-Ray and Lab Work	$50	6 Testing Days	Subject to Deductible & Coinsurance
Advanced Imaging	$200*	4 Visits	Subject to Deductible & Coinsurance
Inpatient Hospitalization	$250*	10 Days; 3 Stays	Combined With In-Network Benefit
Outpatient Hospital Surgical	$250*	3 Surgeries	Combined With In-Network Benefit
Ambulance	$350*	2 Trips (Ground)	Combined With In-Network Benefit
Skilled Nursing Facility	$25*	10 Visits	Subject to Deductible & Coinsurance
Mental Health & Substance Abuse • Facility • Office Visits	 $250* $20	 10 Days 10 Visits	 Combined With In-Network Benefit Subject to Deductible & Coinsurance
Rehabilitation	$50*	10 Days / Visits	Subject to Deductible & Coinsurance
Maternity & Delivery	Deductible, then $250 copay/admission		
Prescription Drugs - 30 day supply	**Copay**	**Limits**	**Out-of-Network**
Preventive	$0	30-day retail or 90-day mail-order	Not Covered
Generic / Preferred Brand	$10 / $35		
Non-Preferred Brand / Mail Order	$70 / 2X		

Additional Plan Features	
CerpassRx	Prescription benefits with CerpassRx. Visit www.cerpassrx.com. Call 844.636.7506
PHCS Physician & Ancillary Network	Physician and many professional services are covered by the PHCS Physician and Ancillary network. You will pay less for care at PHCS Physician and Ancillary providers since the Plan will pay the in-network benefit. Use PHCS providers to get the most benefit from the Plan. To find a provider, visit www.hstconnect.com. Customer service is available at 800.440.7427.
Reference Based Pricing	Out-of-Network Services & Facility Charges. The Plan pays Reasonable and Appropriate fees after any applicable copay, deductible and/or coinsurance for out-of-network physician and ancillary services as well as facility charges. If out-of-network providers or facilities charge more than Reasonable and Appropriate fees for services (not to exceed 150% of Medicare Allowable), you may be responsible and billed for charges in excess of the amount the Plan pays based on Reasonable and Appropriate fees for services.
Precertification	Certain services require precertification prior to services being rendered. If precertification is not received prior to services being rendered the amount the Plan pays will be reduced.
Medical Price Shopping Tool: Healthcare Bluebook	Shop for medical procedures at in-network providers in your area to find the best price and get an out-of-pocket cost estimate. It's easy to find hundreds to thousands of dollars in savings with a simple search before scheduling. Access the medical price shopping tool at www.theamericanworker.com or call 800.462.0614. The medical price shopping tool does not guarantee cost estimates will be the price you are charged or pay for services.

Minimum Value Plan (MVP) - HSA Eligible

The Minimum Value Plan provides comprehensive medical care to protect you from injury and illness as well as coverage for your annual preventive care visits.

Preventive services are covered at 100% and are not subject to a deductible. For all other services and prescriptions, you must meet a deductible before benefits are eligible for plan payment.

The Minimum Value Plan uses the PHCS Physician and Ancillary Network for professional and out-patient services. Save money on these services by going to an in-network provider. For out-of-network and facility charges, the Minimum Value Plan uses referenced based pricing. This means that after the deducible has been met, services are reimbursed based on Medicare rates. This allows members to use a facility of their choosing, and the plan will pay up to 150% of the Medicare rate.

Benefits	In-Network (PHCS)	Out-of-Network
Deductible Individual / Family	$7,000 / $14,000	$17,750 / $35,500
Coinsurance Member Pays / Plan Pays	0% After Deductible / 100% After Deductible	50% After Deductible / 50% After Deductible
Out-of-Pocket Member Pays / Plan Pays	$7,000 / $14,000	$35,500 / $71,000
Physician Services • Primary Care • Specialists • Diagnostic X-Ray & Lab • Emergency Room • Surgery	Plan Pays 100% After Deductible	Plan Pays 50% After Deductible
• HealthiestYou	No cost access to doctors by phone or online	N/A
Preventive care	Plan Pays 100%	Plan Pays 50% After Deductible
Additional Services (Facility Charges) • Emergency Room • Surgery (Inpatient or Outpatient) • Hospital (Inpatient or Outpatient) • Diagnostic Lab, X-Ray and Advanced Imaging	Network Use Not Required* Plan Pays 100% After Deductible	
Prescription Drugs	Plan Pays 100% After Deductible	
Additional Plan Features		
CerpassRx	Prescription benefits with CerpassRx. Visit: www.cerpassrx.com. Call: 844.636.7506	
PHCS Physician & Ancillary Network	Physician and Out-Patient Services. Physician and many professional services are covered by the PHCS Physician and Ancillary network. You will pay less for care at PHCS Physician and Ancillary providers since the Plan will pay the in-network benefit. Use PHCS providers to get the most benefit from the Plan. To find a provider, visit www.hstconnect.com. Customer service is available at 800.440.7427	
Reference Based Pricing	Out-of-Network Services & Facility Charges. The Plan pays Reasonable and Appropriate fees after any applicable copay, deductible and/or coinsurance for out-of-network physician and ancillary services as well as facility charges. If out-of-network providers or facilities charge more than Reasonable and Appropriate fees for services (not to exceed 150% of Medicare Allowable), you may be responsible and billed for charges in excess of the amount the Plan pays based on Reasonable and Appropriate fees for services.	
Precertification	Certain services require precertification prior to services being rendered. If precertification is not received prior to services being rendered the amount the Plan pays will be reduced. Refer to your plan document for a list of services that require precertification.	
Balance Billing Assistance: Facility Charges	Your plan is based on fair and transparent pricing, if you receive a bill from a facility that is greater than what is listed as your responsibility on your Explanation of Benefits, call the Patient Advocacy Center. A patient advocate will be assigned to your case and will contact the facility directly to ensure that excessive hospital charges are not being passed down to you. Once the advocate has resolved the dispute with the facility, the advocate will notify you with the final resolution. To contact the Patient Advocacy Center call 888.837.2237 and make sure you have the information below on hand: Patient's Full Name, Employer's Name, Service Dates, Copy of the bill. Copy of the Explanation of Benefits (Available in your AWP member portal)	

**Out-of-Pocket Maximum includes deductible and coinsurance.*

A HELPING HAND WHEN YOU NEED IT

Rely on the support, guidance and resources of your Employee Assistance Program

The Standard | healthadvocate.com/standard3 | 888.293.6948

There are times in life when you might need a little help coping or figuring out what to do next. Take advantage of the Employee Assistance Program, which includes WorkLife Services and is available to you and your family in connection with your group insurance from the Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26) and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation and other legal documents

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

With the EAP, personal assistance is immediate, confidential and available when you need it.

SUPPLEMENTAL HEALTH BENEFITS

Voya | presents.voya.com/stageebrc/InnovaSolutions | 877.236.7564

Supplemental health insurance through Voya can help protect you from significant or unexpected out-of-pocket expenses. Consider your anticipated medical needs along with the cost of the insurance plans available to you. Keep in mind, these plans are intended to supplement, not replace, a medical plan.

Critical Illness Insurance

Innova partners with Voya to offer critical illness insurance, which supplements major medical coverage by helping employees pay the direct and indirect costs associated with a critical illness or event. Some of the conditions covered under this program include cancer, heart attack, stroke, Alzheimer's, kidney failure and paralysis. Benefits are paid tax-free in a lump sum. Child coverage is included with your employee election, and you also have the option of electing spouse coverage. Spouse costs are based on the employee's age and tobacco status.

Accident Insurance

The accident insurance through Voya is designed to supplement major medical coverage by paying specific benefit amounts for expenses resulting from injuries or accidents. Hospitalization, physical therapy, intensive care, transportation and lodging are some of the out-of-pocket expenses that this accident insurance could cover. Coverage is available for you, your spouse and/or your child(ren).

Hospital Insurance

Hospital indemnity insurance through Voya is designed to help you provide financial protection for covered individuals by paying a benefit for hospitalization. If you choose to enroll, you will have a plan that provides lump sum cash payments you may receive from your medical plan. This coverage can be used to help pay for expenses that may not be covered under your medical plan.

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

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call 800.318.2596 (TTY: 855.889.4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

WELLNESS BENEFIT

Voya | presents.voya.com/stageebrc/InnovaSolutions | 877.236.7564

When you enroll in an accident, critical illness, or hospital indemnity plan, a wellness benefit is included. It provides an annual benefit payment of $50 if you complete a covered health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test and may only receive a benefit payment once per calendar year, even if you complete multiple tests. You may also receive a benefit payment for your spouse ($50) and/or children ($50 for each covered child) if they are covered for the Wellness Benefit and complete a health screening test on or after your coverage effective date. Follow the steps below to get your wellness benefit today!

1. You, your covered spouse and/or your covered children complete a health screening test. Covered Health screening tests include but are not limited to:
   - Blood test for triglycerides
   - Pap smear or thin prep pap test
   - Flexible sigmoidoscopy
   - CEA (blood test for colon cancer)
   - Bone marrow testing
   - Serum cholesterol test for HDL & LDL levels
   - Hemoccult stool analysis
   - Serum Protein Electrophoresis (myeloma)
   - Breast ultrasound, sonogram, MRI
   - Molecular or antigen test (Coronavirus disease (COVID-19)*
   - Immunizations
   - Chest x-ray
   - Mammography
   - Colonoscopy
   - CA 15-3 (breast cancer)
   - Stress test on bicycle or treadmill
   - Fasting blood glucose test
   - Thermography
   - PSA (prostate cancer)
   - Hearing test
   - Routine eye exam
   - Routine dental exam
   - Well child/ preventative exams age 1 through age 18
   - Biometric screenings
   - Electrocardiogram (EKG)
   - Annual Physical Exam – Adults
   - CA 125 (ovarian cancer)
   - Tests for sexually transmitted infections (STIs)
   - Ultrasound screening for abdominal aortic aneurysms
   - Hemoglobin A1C (HbA1c)
   - Bone density screening
2. Visit the Voya Claims Center at voya.com/claims OR your Employee Benefits Resource Center at https://presents.voya.com/stageebrc/InnovaSolutions. Group policy name: Innova Solutions Group policy number: 740063
3. Complete the questions regarding the health screening test, electronically sign and submit your claim. A confirmation number will be provided, as well as the option to save the form for your records. You will receive a follow up email with a claim number, which you can use to check the status of your claim.
4. Receive a benefit payment for each covered individual for whom an eligible claim was filed.

File a Claim

Voya Employee Benefits offers an easy, formless claims submission process for your Supplemental Health coverages. If you are enrolled in these coverages, you can complete and submit your entire claim online without having to print any forms.

Submit claim:

1. Visit the Voya Online Claims Center at voya.com/claims. Click on "Get Started" under "Start a Claim". You will need to enter your group name and policy number. (Group Policy Name: Innova Solutions Group Policy Number: 740063)
2. After answering a few questions, you will be asked to upload supporting documentation for your claim.
3. Electronically sign and submit your claim. You will immediately receive an email with a confirmation number letting you know the claim submission was successful.

Claim confirmed: Once the claim is set up, you will receive a second email with a claim number.

Check status: By entering your claim number, you can then check the status of your claim with accessible, real-time monitoring by visiting the Online Claims Center at voya.com/claims.

The online claims submission process usually takes about 15 minutes. If your claim is approved, you should receive your paid benefit within 10 business days of the approval.

HEALTH SAVINGS ACCOUNT (HSA)

Bank of America | healthaccounts.bankofamerica.com | 800.718.6710

Tax-favored account

An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in an eligible high-deductible health plan, you can open an HSA.

NO ACCOUNT FEES!

$0 monthly account admin fee for active employees

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pretax dollars to the HSA. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. The HSA funds you use can help you meet your plan's annual deductible.

A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds, so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year — you can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

If you enroll in a high-deductible health plan, you can open an HSA.

IMPORTANT! How much you can deposit into an HSA in 2026

IRS limits subject to change	Under age 55	Age 55 and older (and not enrolled in Medicare)
Employee Only Coverage	$4,400	$5,400 (includes $1,000 "catch-up" contribution)
Employee + Dependents Coverage	$8,750	$9,750 (includes $1,000 "catch-up" contribution)

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.**
- You are not covered by your spouse's health plan, Healthcare Flexible Spending Account (FSA) or health reimbursement arrangement (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE For Life.
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.

**If you make the full-year contribution based upon your status as of Dec. 1, you may be subject to an IRS testing period and could owe tax and a penalty on part of that contribution if you do not remain an eligible individual through Dec. 31 of the following year. You may also need to prorate your contribution if you drop or reduce the level of your coverage midyear.*

***You must not have any other first-dollar health insurance coverage before the deductible is met. Preventive care services are not required to be subject to the deductible. Individuals may also carry separate coverage for accidents, disability, dental or vision care, and long-term care, not subject to the deductible. Limited-purpose flexible spending accounts are allowed for vision and dental expenses.*

FLEXIBLE SPENDING ACCOUNT (FSA)

Bank of America | healthaccounts.bankofamerica.com | 800.718.6710

A great way to plan ahead and save money over the course of a year is to participate in an FSA. An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in an FSAs, you must elect the amount you want to contribute.

Innova offers three types of FSAs that can help you save on a pretax basis for out-of-pocket expenses.

	2026 Annual Contribution Limits
Healthcare Flexible Spending Account	$3,400 per household
Limited-Purpose Flexible Spending Account	$3,400 per household
Dependent Care Flexible Spending Account	$7,500 filed jointly $3,750 filed individually

Healthcare Flexible Spending Account

The healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses.

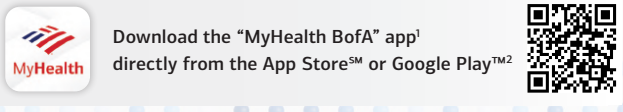
Three ways to pay with a Healthcare FSA:

1. Pay with your Bank of America Health and Benefit Visa debit card at the time of purchase, or when your provider sends a bill.
2. Pay a provider directly from the member website or the MyHealth BofA mobile app.
3. Pay out-of-pocket and then reimburse yourself on the member website or the MyHealth mobile app.

Find tool and resources to help you manage your health care spending at healthaccounts.bankofamerica.com.

Funds in the healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren't covered by our healthcare plan.

If you are contributing to an HSA through Innova or through your spouse's plan, you are not eligible to participate in the Healthcare FSA.



Carryover Benefit

Typically, Healthcare Flexible Spending Accounts are use-it-or-lose-it. If you haven't spent the funds in the account during the plan year, you lose them. Our plan allows you to roll up some of your unused funds from your health or limited FSA from 2026 into the 2027 plan year. For 2027, the maximum rollover amount is $680.

Limited-Purpose Flexible Spending Account

If you are enrolled in the HSA plan, you are eligible to enroll in the limited-purpose flexible spending account. IRS rules state that you cannot have both an HSA and healthcare FSA since both apply funds toward your medical expenses. A limited-purpose FSA allows you to continue to contribute to an HSA. A limited-purpose FSA is much like a general healthcare FSA. The main difference is that the limited-purpose account is only set up to reimburse eligible FSA dental and vision expenses. The annual contribution limit for limited-purpose flexible spending accounts is $3,400 for 2026.

Dependent Care Flexible Spending Account

INCREASED LIMIT FOR 2026

Dependent Care FSAs allow you to set aside money before taxes to pay eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full-time. You must contribute money through payroll deduction to your Dependent Care FSA before you can spend it.

During open enrollment, you must decide how much to set aside for this account in 2026. You may contribute up to $7,500, or up to $3,750 if you are married and file separate tax returns.

Eligible expenses

- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care
- Transportation to and from eligible care (provided by your care provider)

Ineligible expenses

- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial elder care (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)

DENTAL

Cigna | my.cigna.com | 800.244.6224

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Dental	Basic Dental Plan	Enhanced Dental Plan
Name of Provider Network	Cigna Total DPPO	Cigna Total DPPO
Deductible Individual/Family	$50 / $150	$50 / $150
Deductible Explained	Embedded / Per Person	Embedded / Per Person
Annual Max Benefit Per Person	**$1,000**	**$1,500**
Preventive (Class 1)	100%	100%
Basic Benefit (Class 2)	80%	90%
Major Benefit (Class 3)	50%	60%
Ortho (Adult or Child)	Not Covered	50% to $1,000 Lifetime Max

Refer to the summary document or 2026 rate sheet for premium details. See plan details provided for more information.

Out of Network Reimbursement: For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. **The dentist may balance bill up to their usual fees.**

Finding a dentist in our directory is easy.

- Go to Cigna.com, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."(If you're already a Cigna Healthcare customer, log in to my.Cigna.com or the myCigna® App to search your current plan's network. To search other networks, use the Cigna.com directory.)
- Change the geographic location to the city/ state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results
- Answer any clarifying questions, and then verify where you live (as that will determine the networks available).
- Optional: Select one of the plans offered by your employer during open enrollment.

No ID card needed!

You don't need an ID card to receive care from network dentists. Simply make your appointment and provide identification to the office staff. They can verify your coverage with Cigna. You can also access a digital ID card after your benefits are effective and you have activated your my.cigna.com account

Cigna Dental Virtual Care

Access dental care 24/7/365 without leaving home. If you have questions, log on to myCigna to chat with a representative or call 800.244.6224

VISION

VSP | vsp.com | 800.877.7195

VSP vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Find a vision provider at: www.vsp.com/eye-doctor.

Vision Plan	In-Network	Out-Of-Network
Exam Copay	You pay $10	Up to $45 reimbursement
Hardware Benefit	You pay $25	Up to $30-$100 reimbursement
Frame Allowance	Up to $150; 20% off balance over $150	Up to $70 allowance
Contact Lens Benefit (in lieu of frames)	Up to $150; 15% off balance over $150	Up to $105 reimbursement
Exam Frequency	Once every 12 Months	
Lens Frequency	Once every 12 Months	
Frames Frequency Benefit	Once every 24 Months	

Our vision plan helps keep eye care affordable. Other benefits of our vision plan include:

- Lens benefit covers lens for your eyes -or- glasses annually
- Discounts for lens or frame upgrades
- Special Children's and Maternity Eye Care Benefit
- Lasik discounts

Remember, when choosing contacts for your annual lens benefit (in lieu of lens for your glasses), spend 100% of your contact lens benefit all at once. You can purchase contact lenses from any provider with a valid prescription (shop around!).

Refer to the summary document or 2026 rate sheet for premium details. See plan details provided for more information.

Employees can visit vsp.com or download the VSP mobile app to find a VSP in-network doctor, discover special offers and savings, and find the eye care and eyewear information you need.

After you create an account on vsp.com you can:

- View personalized benefit information
- Access your member ID card information
- Customize your email preferences

Exclusive VSP Member Offers!

- Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.
- Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details.

VOLUNTARY LIFE AND AD&D

The Standard | www.standard.com | 888.937.4783

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Coverage	Available Benefit	Guaranteed Amount
Employee ($10,000 increments)	$10,000 to $500,000, not to exceed 5 times your annual base salary	$150,000
	The Life Amount and AD&D Principal Sum will reduce to 40% of the amount shown above when the Employee reaches age 70.	
Spouse ($5,000 increments)	$5,000 to $250,000 (cannot exceed 50% of employee coverage)	$30,000
Dependent child(ren) ($10,000)	Birth through 25 years: $10,000	$10,000

Spouse rates are determined by the employee age.

Voluntary Life and AD&D Employee Rates Per $1,000 of Coverage		
	Employee Coverage	Spouse Coverage based on Employee Age
Age	**Rate (per $1,000)**	**Rate (per $1,000)**
<25	$0.098	$0.087
25-29	$0.098	$0.087
30-34	$0.117	$0.108
35-39	$0.124	$0.116
40-44	$0.146	$0.140
45-49	$0.196	$0.196
50-54	$0.277	$0.277
55-59	$0.475	$0.475
60-64	$0.702	$0.702
65-69	$1.307	$1.307
70-74	$3.962	$3.962
75+	$3.962	$3.962
Child Coverage: $10,000 Benefit		

The monthly premium covers all eligible dependent children.
$2.20 per month

Example

Employee A is age 29. Based on the above chart, the rate is $0.098 per $1,000 of coverage. Employee A elects $20,000 in coverage. The monthly premium will be $1.96.

$0.098	**x**	**20**	**=**	**$1.96**
Plan rate (determined by age)		**Coverage per $1,000**		**Monthly premium**

Note: Voluntary AD&D is a separate charge per $1000 of coverage elected.

BENEFICIARY TIPS

Certain benefits like life insurance and critical illness plans have a survivor benefit and require a beneficiary. If you do not name a beneficiary on these accounts, distribution to your loved ones may be delayed. Naming the right beneficiary is important.

Review Your Coverage

Review your coverage every few years and after major life events. Ensure coverage, important documents (wills, living wills, trusts, Power of Attorneys).

Keep Beneficiaries Up To Date

Remember, you can update your beneficiary any time as often as you'd like: https://innovasolutions.wl.alight.com/.

Name at least 2 'Valid' Beneficiaries

- Name a contingent or secondary beneficiary. Generally, beneficiaries must be of age (exception if the appropriate legal trust/Etc documents in place).
- Remember, a life insurance policy is a contract. Life insurance proceeds are paid to the designated beneficiary, subject to probate laws.

Plan Ahead

Tell the person who you've left in charge so they know you have a life insurance policy, where it is and how to (easily) find it.

IMPORTANT NOTE: Health Savings Account beneficiaries must be named directly with Bank of America (you cannot name a beneficiary for your HSA bank account through Innova).

SHORT- AND LONG-TERM DISABILITY

The Standard | www.standard.com | 888.937.4783

Innova offers two disability plans through The Standard to provide financial assistance in case you become disabled or unable to work.

Short-Term Disability (STD) Plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to $1,500 weekly, during the first 12 weeks of injury or illness.

Short-term disability eligibility — full-time employees	100% paid by the employee
Weekly benefit amount	Up to 60% of your base salary
Weekly benefit maximum	$1,500/week
Benefits begin	After 7 days
Benefits duration Cost $0.15 per $10 weekly benefit	Up to 12 weeks

Long-Term Disability (LTD) Plan

This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

Long-term disability eligibility — full-time employees	100% paid by the employee
Monthly benefit amount	Up to 60% of your base salary
Monthly benefit maximum	$10,000 a month
Benefits begin	After 90 Days
Benefits duration	Up to Social Security Normal Retirement Age

Cost / Rates are based on age and amount of coverage

***Please note,** for Physical Disease, Pregnancy, or Mental Disorders, the Benefit Waiting Period extends to 60 days for the 1st year after enrollment if you don't elect as a new hire. This means there will be no payout for the first 60 days of the 90-day STD Maximum Benefit Period (MBP). Accidental Injury claims have the normal 7-day benefit waiting period, and the same 90-day MBP, regardless of when coverage was elected (late entrant or not). After 1 year enrolled in the STD plan, the 7-day benefit waiting period for all reasons applies – i.e. the late entrant period goes away.

**If you reside in a state where statutory short-term disability coverage is mandatory, any benefit you would receive from the employer group plan with the Standard will be reduced.*

Example

An employee elects Short-Term Disability coverage with a weekly salary of $1,200, premium is calculated as follows

Weekly Salary	Benefit Percentage	Benefit	Benefit Limit (Maximum Benefit Allowed)	Rate Units	Units	Rate	Monthly Premium
$1,200	60%	$720	$1,500	$100	7.2	$0.15	$1.08

Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to your certificate of coverage for more details.

LEGAL PLAN

Create an account at members.legalplans.com or scan the QR code.

With MetLife Legal Plans, you have access to expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step. The high-low plan enables you to choose the right plan to suit your needs and your budget. For $15.50 per month for the high plan, or for $8.25 per month for the low plan, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductibles, and no claim forms when using a network attorney for a covered matter. To learn more, contact MetLife Legal Plans at 800.821.6400 or visit metlife.com/innova.

Employees are only eligible to enroll during an open enrollment period, a QLE, or as a new hire.

IDENTITY PROTECTION PLAN

MetLife and Aura Identity & Fraud Protection help safeguard the things that matter to you most: your identity, money and assets, family, reputation, and privacy. Premiums are payroll deducted. If you have any questions, Aura's customer support team is available 24/7/365 by phone at 844.931.2872 or visit metlife.com/innova. To enroll, visit innovasolutions.wl.alight.com/.

Employees are only eligible to enroll during an open enrollment period, a QLE, or as a new hire.

PET INSURANCE

You have the option to buy pet insurance through MetLife. MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by helping them cover the cost of care for a sick or injured pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. You can also add on a wellness/preventative care rider to cover vaccinations, flea and tick medication, teeth cleaning and so much more.

Get reimbursed for exam fees, telemedicine visits, prescription food, and more at metlife.com/innova. Enter in "Innova Solutions" as your employer to receive discounted rates. Premium payments will be direct billed by MetLife Pet Insurance.

AUTO AND HOME INSURANCE

Choose Auto and Home* Insurance to Fit Your Needs!

As a Innova Solutions, Inc. employee you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service, and a full suite of products. In addition to auto and homeowners insurance, we offer a variety of other policies, including:

- Condo
- Renter's
- Personal excess liability
- Boat
- Motorcycle
- RV

PROGRAM DISCOUNTS AND FEATURES: Take advantage of special Farmers GroupSelect discounts and benefits that could save you hundreds.

- Automatic payment discount
- Good driving rewards
- A loyalty discount for your years of service[1]
- Multi-policy discounts[1]
- Multi-vehicle savings
- 24/7 claim reporting

Switch & Save!

You may apply for auto and home insurance through this program for eligible group members at any time. Take advantage of these savings today and call 877.330.6238 and mention your discount code FQC.

**Home insurance has limited availability in MA and is not part of the Farmers GroupSelect program in FL and CA.*
[1]Not all discounts available in all states

NOTE: This benefit will not be payroll deducted. Premiums are payable direct to Farmers GroupSelect.

Advertisement produced on behalf of the following specific insurers seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance and certain of its affiliates: Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company, Farmers Direct Property and Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, or Farmers Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. The Farmers GroupSelect program is not available in CA. Coverage outside this program, without certain discounts may still be available for qualified CA applicants from Farmers Ins. Exchange, Fire Ins. Exchange, & Truck Ins. Exchange, with offices in Woodland Hills, CA. List of licenses at farmers.com/companies/state/. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. © 2025 Farmers Insurance®

RETIREMENT SAVINGS PLAN

Fidelity Investments | netbenefits.com | 800.890.4015

Innova Solutions Retirement Savings Plan is designed to help you prepare for retirement and attain your financial goals. Our plan makes it easy to save money on a pre-tax or post-tax basis. Your contributions are immediately vested.

- Your contributions (pretax and/or Roth).
- Investment earnings on both types of contributions.

Innova Solutions does not match employee contributions to the plan.

Eligibility

Innova employees (part-time and full-time) are eligible to enroll in and participate in the 401(k) retirement plan on the first day of the month following date of hire. You must also be at least 21 to participate.

Beneficiary Designation

An important aspect of estate planning is making beneficiary designations and keeping them up to date after life changes. It's generally quick and easy to assign or update your beneficiary designation by visiting netbenefits.com. You will need to provide the name and Social Security number of each beneficiary. If you cannot complete the designation online, you can obtain a paper form.

Explore NetBenefits and take advantage of the wealth of financial education and planning resources available to you and your family!

Fidelity
Innova Solutions Retirement Savings Plan 08763
800.890.4015

Retirement Plan Terminology:

401(K): A 401(k) plan is a tax-advantaged, defined-contribution retirement account offered by many employers to their employees. It is named after a section of the U.S. Internal Revenue Code. Workers can make contributions to their 401(k) accounts through automatic payroll withholding, and their employers can match some or all of those contributions. The investment earnings in a traditional 401(k) plan are not taxed until the employee withdraws that money, typically after retirement.

PRETAX: A pretax contribution is any contribution made to a designated pension plan, retirement account or other tax-deferred investment vehicle for which the contribution is made before federal and municipal taxes are deducted. For example, if you put $10,000 into a 401(k), you do not have to pay tax on that $10,000 of income in the year that it was earned. Pretax contributions are the government's way of encouraging you to save for your retirement.

VESTING: Vesting is a legal term that means to give or earn a right to a present or future payment, asset or benefit. It is most commonly used in reference to retirement plan benefits when an employee accrues nonforfeitable rights over employer-provided stock incentives or employer contributions made to the employee's qualified retirement plan account or pension plan.

CONTACTS

Medical Plans
American Worker Plans (AWP) | 800.462.0614 | theamericanworker.com

Prescription Drug Coverage
CerpassRx | 844. 636.7506 | Cerpassrx.com

Employee Assistance Program
The Standard | 888.293.6948 | healthadvocate.com/standard3

FSA & Commuter Benefits
Bank of America | 800.718.6710 | healthaccounts.bankofamerica.com

Health Savings Account
Bank of America I 800.992.3200 Option 1 I healthaccounts.bankofamerica.com

Dental Insurance
Cigna | 800.244.6224 | my.cigna.com | Group #: 3345965

Vision Insurance
VSP I 800.877.7195 I vsp.com | Group #: 40157013

Life & Disability
The Standard | 888.937.4783 | standard.com | Group #: 762721

Accident, Critical Illness, & Hospital Indemnity
Voya | 877.236.7564 | https://presents.voya.com/stageebrc/InnovaSolutions | Group #: 740063

Legal Plan
MetLife | 800.821.6400 | metlife.com/innova

Identity & Fraud Protection
MetLife Aura | 844.931.2872 | metlife.com/innova

Pet Insurance
MetLife | 855.270.7387 | metlife.com/innova | Group #: 248105

Retirement
Fidelity | 800.890.4015 | netbenefits.com

For enrollment, benefits, and tech support, reach out to the Benefits Resource Center!

Available Monday through Friday, 8am to 8pm EST via email at innova@alight.com or phone at 877.522.4013