CMG FINANCIAL

BENEFITS GUIDE

January 1 to December 31, 2025

YOUR CMG BENEFITS

We understand the important role that benefits play in our lives and in our overall health. That's why we provide a benefits package that lets you elect the right coverage for you and your family, as a new hire and each year during Annual Enrollment.

This benefits guide can help familiarize you with your options in CMG Financial's benefits program. It also provides useful tips, tools and resources to help you think through your options and make wise decisions.

Getting ready to enroll:

- Consider your coverage needs for the upcoming year. For example, do you want to be financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you're covering dependents, you'll need their dates of birth and Social Security numbers. You may also need documents to verify dependents' eligibility — such as a marriage license or birth certificate.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

If you have any questions, please contact the **Benefits Team** at hrbenefitsteam@cmgfi.com.

TABLE OF CONTENTS

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the **Important Notice from CMG Financial about your Prescription Drug Coverage and Medicare information** in our Benefits Document Library for more details.

ENROLLING IN YOUR BENEFITS

Log in to **UKG**. Go to **Menu**, then click on **Manage My Benefits**.

Begin the benefits enrollment process.

Elect the benefits you want.

Save or submit your elections.

Print a copy of your elections for your records.

BENEFIT BASICS

CMG Financial strives to provide you with a valuable benefits package at a competitive cost. Based on your benefit selections and coverage level, you will be required to pay for a portion of the cost.

The Benefit Costs section on pages 21 to 22 of this guide outlines the rates and frequency of payroll deductions.

BENEFIT	TAX TREATMENT OF YOUR PAYROLL DEDUCTION	WHO PAYS
Medical and Pharmacy	Pre-tax*	CMG & You
Dental	Pre-tax*	CMG & You
Vision	Pre-tax*	CMG & You
Health Savings Account	Pre-tax**	CMG & You
Flexible Spending Accounts	Pre-tax**	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	N/A	CMG
Voluntary Life and AD&D Insurance	After-tax	You
Voluntary Short-Term Disability	After-tax	You
Basic Long-Term Disability	N/A	CMG
Voluntary Long-Term Disability Extension	After-tax	You
Accident Insurance	After-tax	You
Critical Illness Insurance	After-tax	You
Hospital Indemnity Insurance	After-tax	You
Whole Life Insurance (with Long-Term Care)	After-tax	You
Pet Insurance	After-tax	You
Employee Assistance Program (EAP)	N/A	CMG

*Premiums for enrolled registered domestic partners and children of registered domestic partners will be subject to imputed income and taxation as required by the IRS.

**Pre-tax contributions to Health Savings Accounts and Flexible Spending Accounts cannot be used on eligible expenses for registered domestic partners or children of registered domestic partners, as stipulated by the IRS.

Note: Consult your tax advisor regarding any questions you may have about imputed income and taxation information.

ELIGIBILITY

WHO IS ELIGIBLE?

Employees

Regular full-time employees working at least 30 hours per week are eligible to participate in the benefits program.

Dependents

- Your legal spouse/registered domestic partner
- Your or your registered domestic partner's biological children, stepchildren, adopted children or foster children up to age 26
- Your or your registered domestic partner's children of any age if they are incapable of self-support due to a physical or mental disability

BENEFITS EFFECTIVE DATE

- Your benefit choices made during CMG's Open Enrollment are effective on the plan renewal date and will remain in effect for the benefits plan year, **January 1 through December 31, 2025**.
- For regular full-time new hires, benefits are effective on the first of the month following the date of hire.
- If hired on the first of the month, benefits are effective on date of hire.
- If you elect Voluntary Life insurance in an amount that requires approval from Prudential, your increased coverage amount will become effective on the first of the month following the date that Prudential approves the increase.
- Employees hired in a temporary full-time capacity will be eligible for medical coverage starting the 91st day of employment.
- If a temporary full-time or a part-time employee converts to regular full-time status, they will become eligible for all plans in accordance with the new hire rules stated above.

CHANGES TO YOUR BENEFITS

Generally, you may only make or change your 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 an event such as:

- Marriage or divorce
- Birth or adoption of a child
- Loss or gain of other coverage by the employee, spouse/domestic partner or child
- Change in residence affecting eligibility or access
- Enrollment in Medicare or Medicaid
- Legal court order
- Enrollment or cancellation of dependent day care services (Dependent Care FSA only)

You have 30 days from the qualified 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.
- If you do not make the changes within 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).
- If your mid-year change is a result of the loss of eligibility for Medicaid, Medicare, or state health insurance programs, you must submit the request for change within 60 days of the loss date.

WAIVING BENEFITS

Employees must go through the online benefits enrollment process even if they choose to **waive** any of the plans offered by CMG. If you waive coverage, the next opportunity to enroll in benefits will be during annual open enrollment, unless you have a qualified status change as described above.

MEDICAL AND PHARMACY PLAN OVERVIEW

CMG Financial offers an HMO plan administered by **Kaiser Permanente** in select regions and four plans administered by **Blue Shield** (two PPO plans and two High Deductible Health Plans (HDHP) with HSA). All medical options include coverage for prescription drugs. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

UNDERSTANDING HOW YOUR PLAN WORKS

1. YOUR DEDUCTIBLE

You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible.

You can pay for these expenses from your Health Savings Account (HSA) if enrolled in one of Blue Shield's High Deductible Health Plans (HDHP 2500 or HDHP 5000). All other medical plans can be paired with a Flexible Spending Account (FSA).

2. YOUR COVERAGE

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses with coinsurance. The plan will pay a percentage of each eligible expense, and you will pay the rest.

3. YOUR OUT-OF-POCKET MAXIMUM

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.

MAKING THE MOST OF YOUR PLAN

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.

UNDERSTANDING YOUR PHARMACY COVERAGE

- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are on the Preventive Condition Drug List. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.
- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the Mail Order Pharmacy to save on a 90-day supply.
- **Pharmacy categories:** Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.
  - **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
  - **Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
  - **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.
  - **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

MEDICAL AND PHARMACY COVERAGE

To review carrier plan summaries, please visit our Benefits Document Library.

MEDICAL PLAN PROVISIONS	KAISER HMO $30/$500 CA, CO, GA, MID-ATLANTIC, NW, WA REGIONS ONLY
	In-Network Only
Annual Deductible (Individual/Family)	$0/$0
Out-of-Pocket Maximum (Includes Deductible)	$3,000/$6,000
Preventive Care	Covered at 100%
Primary Care Provider Office Visit	$30 copay
Specialist Office Visit	$40 copay
X-Ray and Lab	$10 copay (CO: X-Ray No Charge)
Inpatient Hospital Services	$500 per admission
Outpatient Hospital Services	$250 per procedure
Urgent Care	CA and WA:$30 NW, CO, GA, and MAS: $40
Emergency Room	$200 copay (waived if admitted)
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)	
Tier 1 – Generic	$15 copay
Tier 2 – Brand Preferred	$35 copay
Tier 3 – Brand Non-Preferred	$70 copay
Tier 4 – Specialty	20%, $250 copay max per prescription MAS: 20%, $150 copay max per prescription
MAIL ORDER PHARMACY (100-DAY SUPPLY)	
Tier 1 – Generic	$30 copay
Tier 2 – Brand Preferred	$70 copay
Tier 3 – Brand Non-Preferred	$140 copay

Note: Plans available through Kaiser Permanente are HMO (Health Management Organization) and provide in-network coverage only. Make sure that you are located within a Kaiser service region before enrolling in a Kaiser HMO Medical plan; visit www.kp.org to search the medical provider network. Failure to verify access to care does not qualify for a mid-year change in coverage.

MEDICAL AND PHARMACY COVERAGE

(CONTINUED)

To review carrier plan summaries, please visit our Benefits Document Library.

MEDICAL PLAN PROVISIONS	BLUE SHIELD HDHP 2500		BLUE SHIELD HDHP 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Company Contribution to HSA** (Individual/Family)	$500/$1,000		$500/$1,000	
Annual Deductible (Individual/Family)	$2,500/$5,000 ($3,300 for an individual within a family)		$5,000/$10,000	$10,000/$20,000
Out-of-Pocket Maximum (Includes Deductible) (Individual/Family)	$4,000/$7,500	$7,000/$14,000	$5,000/$10,000	$10,000/$20,000
Preventive Care	Covered at 100%	Not covered	Covered at 100%	Not covered
Primary Care Provider Office Visit	20%*	40%*	0%*	50%*
Specialist Office Visit	20%*	40%*	0%*	50%*
X-Ray and Lab	20%*	40%*	0%*	50%*
Inpatient Hospital Services	20%*	40%*	0%*	50%*
Outpatient Hospital Services	20%*	40%*	0%*	50%*
Urgent Care	20%*	40%*	0%*	50%*
Emergency Room	20%*		0%*	
PHARMACY PROVISIONS	**ADMINISTERED BY CVS HEALTH**		**ADMINISTERED BY CVS HEALTH**	
Prescription Drug Deductible	Combined with plan deductible		Combined with plan deductible	
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)				
Tier 1 – Generic	$10 copay*	25% + $10 copay*	$10 copay*	25% + $10 copay*
Tier 2 – Brand Preferred	$25 copay*	25% + $25 copay*	$25 copay*	25% + $25 copay*
Tier 3 – Brand Non-Preferred	$40 copay*	25% + $40 copay*	$40 copay*	25% + $40 copay*
Tier 4 – Specialty	30%*	Not covered	30%*	Not covered
Tier 4 – Specialty with PrudentRx enrollment***	$0 copay* with PrudentRx enrollment	Not covered	$0 copay* with PrudentRx enrollment	Not covered
MAIL ORDER PHARMACY (90-DAY SUPPLY)				
Tier 1 – Generic	$20 copay*	Not covered	$20 copay*	Not covered
Tier 2 – Brand Preferred	$50 copay*	Not covered	$50 copay*	Not covered
Tier 3 – Brand Non-Preferred	$80 copay*	Not covered	$100 copay*	Not covered

*After plan deductible
**Prorated for mid-year enrollments
***If your Specialty medication is eligible for the PrudentRx program, you will receive a notice from Caremark or you can contact Caremark Customer Care with questions.

MEDICAL AND PHARMACY COVERAGE

(CONTINUED)

To review carrier plan summaries, please visit our Benefits Document Library.

MEDICAL PLAN PROVISIONS	BLUE SHIELD PPO 1000		BLUE SHIELD PPO 2000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	$1,000/$3,000	$1,000/$3,000	$2,000/$6,000	$4,000/$12,000
Out-of-Pocket Maximum (Includes Deductible) (Individual/Family)	$6,000/$11,000	$6,500/$13,000	$8,000/$15,000	$9,000/$18,000
Preventive Care	Covered at 100%	Not covered	Covered at 100%	Not covered
Primary Care Provider Office Visit	$35 copay	40%*	$50 copay	50%*
Specialist Office Visit	$45 copay	40%*	$65 copay	50%*
X-Ray and Lab	$35 copay*	40%*	$35 copay*	50%*
Inpatient Hospital Services	$100 copay + 20%*	40%*	$100 copay + 30%*	50%*
Outpatient Hospital Services	20%*	40%*	30%*	50%*
Urgent Care	$35 copay	40%*	$50 copay	50%*
Emergency Room	$100 copay + 20% (copay waived if admitted)		30%*	
PHARMACY PROVISIONS	**ADMINISTERED BY CVS HEALTH**		**ADMINISTERED BY CVS HEALTH**	
Prescription Drug Deductible	$200 per individual		$200 per individual	
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)				
Tier 1 – Generic	$10 copay	25% + $10 copay	$10 copay	25% + $10 copay
Tier 2 – Brand Preferred	$30 copay**	25% + $30 copay**	$30 copay**	25% + $30 copay**
Tier 3 – Brand Non-Preferred	$50 copay**	25% + $50 copay**	$50 copay**	25% + $50 copay**
Tier 4 – Specialty	30%**	Not covered	30%**	Not covered
Tier 4 – Specialty with PrudentRx enrollment* **	$0 copay with PrudentRx enrollment	Not covered	$0 copay with PrudentRx enrollment	Not covered
MAIL ORDER PHARMACY (90-DAY SUPPLY)				
Tier 1 – Generic	$20 copay	Not covered	$20 copay	Not covered
Tier 2 – Brand Preferred	$60 copay**	Not covered	$60 copay**	Not covered
Tier 3 – Brand Non-Preferred	$100 copay**	Not covered	$100 copay**	Not covered

*After plan deductible
**After prescription drug deductible
***If your Specialty medication is eligible for the PrudentRx program, you will receive a notice from Caremark or you can contact Caremark Customer Care with questions.

MEDICAL AND PHARMACY COVERAGE

(CONTINUED)

These plans are only available to employees living in Hawaii.
To review carrier plan summaries, please visit our Benefits Document Library.

MEDICAL PLAN PROVISIONS	KAISER – HAWAII $15/10%	HMSA – PPO	
	In-Network Only	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	$0/$0	$0/$0	$100/$300
Out-of-Pocket Maximum (Individual/Family)	$2,500/$7,500	$2,500/$7,500**	
Preventive Care	Covered at 100%	Covered at 100%	30%
Primary Care Provider Office Visit	$15 copay	$12 copay	30%*
Specialist Office Visit	$15 copay	$12 copay	30%*
X-Ray and Lab	$15 copay	10%-20%	30%*
Inpatient Hospital Services	10%	10%-20%	30%*
Outpatient Hospital Services	10%	10%-20%	30%*
Urgent Care	$15 copay	$12 copay	30%*
Emergency Room	$100 copay (waived if admitted)	20%	20%
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)			
Generic	$3-$10 copay	$7 copay	20% + $7 copay
Preferred Formulary	$35 copay	$30 copay	20% + $30 copay
Non-Preferred Formulary	$35 copay	$30 copay	20% + $30 copay
Specialty	$200 copay	$100-$200 copay	Not covered
MAIL ORDER PHARMACY (90-DAY SUPPLY)			
Generic	$20 copay	$11 copay	Not covered
Preferred Formulary	$70 copay	$65 copay	Not covered
Non-Preferred Formulary	$70 copay	$65 copay	Not covered

*After plan deductible
**HMSA has a separate Prescription Drug Out-of-Pocket Maximum of $3,600 Individual/$4,200 Family.

Note: Plans available through Kaiser Permanente are HMO (Health Management Organization) and provide in-network coverage only. Make sure that you are located within a Kaiser service region before enrolling in a Kaiser HMO Medical plan; visit www.kp.org to search the medical provider network. Failure to verify access to care does not qualify for a mid-year change in coverage.

BLUE SHIELD MEDICAL RESOURCES

BLUE SHIELD MEMBER PORTAL

Registered members can access the member portal at blueshieldca.com or scan the QR code to:

- See plan details, including copays/coinsurance.
- Check year-to-date deductible and out-of-pocket accumulators.
- Use Blue Shield's treatment cost estimator tool to help you budget and plan for your care.
- View Blue Distinction Centers, which are providers recognized for expertise in specialty care.
- Easily access plan information.

BLUE SHIELD NATIONAL DOCTOR AND HOSPITAL LOCATOR APPS

These apps can help you:

- Initiate a telemedicine appointment.
- Find urgent care.
- Locate physicians, hospitals or other healthcare professionals nationwide.
- Take advantage of GPS navigation search.
- View results on a map, email or SMS text.

CVS PHARMACY RESOURCES

Prescription drug benefits for the Blue Shield medical plans are administered by CVS Caremark. If you elected medical coverage through Kaiser, you can disregard this section as your prescription drug benefits will be administered by Kaiser.

Once enrolled in a Blue Shield medical plan, you will receive a **Welcome Kit** from CVS Caremark with a separate ID card to be used when filling prescriptions. The ID card will include details about your plan, including your ID number to be used for registration purposes. You can find in-network pharmacies under the CVS National Network. Covered drugs are under the **Advanced Control Specialty Formulary.**

Caremark Website

Visit caremark.com to register. Once registered, you can:

- Review your plan details.
- Check medication costs and find ways to save.
- Find in-network pharmacies or start delivery by mail.
- Order mail service refills and track shipments.
- View a history of your prescriptions.
- Track progress toward your deductible or out-of-pocket maximum.
- Set alerts and reminders to help you stay on track.

Caremark Mobile App

Once registered, you may also download the CVS Caremark App from your preferred app store to manage your medications on your smartphone.

PrudentRx

PrudentRx is an innovative, cost-saving program available for members taking specialty medications. If you have an eligible prescription, Caremark will contact you to inform you how to enroll. While you must opt in, you could reduce your medication cost to $0 out-of-pocket. Contact Caremark Customer Care if you have questions or want to learn more.

BLUE SHIELD VALUE-ADDED PROGRAMS

- **NurseHelp 24/7:** Connect with a registered nurse who can offer reliable information about treating minor illnesses and injuries 24/7. Chat online at blueshieldca.com/nursehelp or call 877-304-0504.
- **LifeReferrals 24/7:** Experienced professionals are ready to assist you with personal, family, and work issues.
- **Teladoc:** Talk to a doctor 24/7 by phone or video for conditions such as the flu, allergies or sinus problems. Visit blueshieldca.com/teladoc to register or log in. Teladoc also includes behavioral health services for conditions such as depression, anxiety, grief, and more. Download the Blue Shield app to access care from anywhere or initiate a visit by calling 800-835-2362.
- **Wellvolution:** Provides 24/7 access to apps, health coaching, exercise, nutrition advice and digital tools like Fitbit to members who have a health risk and need that level of support. Wellvolution can also match you to apps that teach you how to eat best for your unique needs, manage your stress, stop smoking and sleep better. All programs are available at no additional cost. To view the programs and services, go to blueshieldca.com/wellvolution.
- **Care Management Programs:** Nurse support, home visits, self-management tools and workshops are available to help members with behavioral health, cancer, chronic conditions (e.g., coronary artery disease, heart failure, diabetes, COPD, asthma), catastrophic injury, musculoskeletal conditions, stroke, LGBTQ health needs and transplant process. Call 877-455-6777 from Mondays through Fridays, 8:00 a.m. to 5:00 p.m., PT. You may also visit blueshieldca.com/shieldsupport.

KAISER MEDICAL RESOURCES

KAISER MEMBER PORTAL AND MOBILE APP

Visit kp.org or download the Kaiser Permanente mobile app to register. Once registered, you can:

- See your health history at your fingertips, including allergies, immunization, prescription details and most lab test results.
- Refill prescriptions for yourself or another member.
- Check the status of your prescription order.
- Schedule, view and cancel appointments.
- Access your message center to email your doctor or another department.
- Find locations and facilities near you and get directions and phone numbers on the spot.

KAISER VALUE-ADDED PROGRAMS

- **Find Convenient Locations:** You have many facilities to choose from and you're free to see different doctors at different locations. For example, you can choose a personal doctor close to your work and a pediatrician near your child's school. Search locations in your area at kp.org/kpfacilities.
- **Get Prescriptions:** After you join, just call or go online and they'll help you transition your prescriptions to the Kaiser Permanente pharmacy of your choice. You can also order most refills online at kp.org/refill and have them shipped to your home at no charge.
- **Calm:** An app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality through guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos and more. Get the Calm app from kp.org/selfcareapps.
- **myStrength:** Offers personalized programs with interactive activities, daily health trackers to monitor and maintain your progress, in-the-moment coping tools and more. It's designed to help you set goals and work towards them in ways that work for you by making positive changes that support your mental, emotional and overall wellbeing. Get myStrength from kp.org/selfcareapps.

SAVINGS AND SPENDING ACCOUNTS

CMG Financial offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each type of account at www.irs.gov.

HEALTH SAVINGS ACCOUNT (HSA)

Available to those enrolled in the Blue Shield High Deductible Health Plans (HDHP 2500 or HDHP 5000) as long as you are not enrolled in any other health coverage or Medicare or claimed as a dependent on someone else's tax return.

HEALTH CARE FLEXIBLE SPENDING ACCOUNTS (FSAs)

Your options depend on your medical plan enrollment.

- **Health Care FSA** – If you are not enrolled in a Blue Shield HDHP, you can use this account for medical, pharmacy, dental and vision expenses.
- **Limited Purpose FSA** – If you are enrolled in a Blue Shield HDHP, you can use this account to pay for dental and vision expenses only.

DEPENDENT CARE FSA

Regardless of your medical plan enrollment, you can use this account for eligible childcare expenses for dependents under age 13 or elder care.

COMPARISON OF ACCOUNTS

	HSA	FSA
Does the company contribute? *Amount for full-year 2025**	✓ Employee: $500 Employee +1 or Family: $1,000	✕
Can I contribute my own savings?	✓	✓
Is there an IRS maximum annual contribution?	✓ Employee: $4,300 Family: $8,550 Those 55 and older can contribute an additional $1,000 annually.	✓ Health Care or Limited Purpose FSAs: $3,300 Dependent Care FSA: $5,000
Will my savings roll over each year?	✓ Unlimited	! Up to $660** for Health Care and Limited Purpose FSAs; No roll over for Dependent Care FSA
Will I earn interest on my savings?	✓	✕
Are the savings tax-free? *In most states*	✓	✓
Do I keep the money if I leave the company?	✓	✕
Can I also have a Flexible Spending Account (FSA)?	! Limited Purpose and Dependent Care FSAs only	N/A

*Company HSA contributions are prorated for mid-year enrollments.
**You must re-enroll in the applicable FSA to receive the available rollover amount.

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that belongs to you and is paired with the **Blue Shield HDHP 2500 and HDHP 5000 Plans**. The HSA allows you to make tax-free contributions that you can use to pay for current and future medical expenses for you and your dependents.

START IT

- Contributions to an HSA are tax-free for you – whether they come from you or the company. CMG contributes $500 for individual coverage and $1,000 for family coverage.
- CMG's contributions are prorated for mid-year enrollments and are funded per paycheck in equal installments during the year.
- Plans with an HSA typically costs less than other plans so the money you save on premiums can be put into your HSA. This helps you save money on taxes and gives you more flexibility and control over your health care dollars.

BUILD IT

- All of the money in your HSA is yours (including any contributions deposited by the company) even if you leave your job, change plans or retire.
- In 2025, the total of your contributions and the company's can be up to $4,300 for individual coverage and $8,550 for family coverage. If you are age 55 or older, you can contribute an additional $1,000 per year.

USE IT

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.

GROW IT

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

ELIGIBILITY DETAILS

- You cannot have an HSA if you are enrolled in any other non-HDHP medical plan, enrolled in a Medicare plan, or claimed a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse/domestic partner also cannot have a Health Care FSA.
- To view the full list of HSA eligibility requirements, review IRS Publication 696 at www.irs.gov/forms-pubs/about-publication-969.

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) helps you pay for health care, dependent care, or parking/transit costs using tax-free dollars. Your contribution is deducted from your paycheck on a pre-tax basis and put into the FSA. When you incur expenses, you can access the funds in your account to pay for *eligible* expenses.

This chart shows the eligible expenses for each type of FSA and how much you can contribute per year. Each of these options reduces your taxable income.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan, such as copays, coinsurance, deductibles, eyeglasses, orthodontia and prescriptions.	Maximum contribution is $3,300 per year. You cannot enroll if you are enrolled in the Blue Shield HDHPs. Funds are deducted throughout the year, but all funds are available on January 1.
Limited Purpose FSA	Only dental and vision expenses that are not covered by your medical, dental or vision plans, such as copays, coinsurance, deductibles, eyeglasses and orthodontia.	Maximum contribution is $3,300 per year. This is available to those enrolled in the Blue Shield HDHPs. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses including day care, after school programs for children under age 13 or elder care programs so you can work or attend school full-time.	Maximum contribution is $5,000 per year, per family ($2,500 if married and filing separate tax returns).
Commuter Account	Expenses for commuting to and from work using public transit or paying parking fees at or near your workplace or at a commuter lot where you transfer to a vanpool or mass transit.	Maximum contribution is $325 per month to your transit/vanpool account and up to $325 per month to your parking account.

IMPORTANT INFORMATION ABOUT FSAS

- Your FSA elections are effective from January 1 through December 31. (If you separate employment or become ineligible during the year, your plan access ends on the date your employment or eligibility ends.)
- Claims for reimbursement must be submitted by March 31 of the following year.
- The Health Care or Limited Purpose FSAs allow you to carry over $660 in unused funds to the following plan year.
- Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.
- **FSA elections do not automatically continue from year to year; you must actively enroll each year.** Employees will only be allowed to carry over balances from 2025 into 2026 if they re-elect in 2026. Employees with FSA balances in 2025 who do not re-elect in 2026 will forfeit their remaining balance after the claims window closes for the 2025 plan year.
- You can only change your FSA contribution amount if you experience a qualified status change.
- The FSA plans are not interchangeable. You must enroll in each separately and funds are non-transferable.

DENTAL PLAN – NEW CARRIER IN 2025!

It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer two dental plans through **Delta Dental**. Visit deltadentalins.com and go to the "Find a Dentist" section to enter your location and find a provider in your area.

DENTAL PLAN PROVISIONS	DELTA DENTAL BASE PPO		DELTA DENTAL BUY-UP PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible^ (Individual/Family)	$50/$150		$50/$150	$75/$225
Annual Maximum (per Individual)	$1,000		$2,000	
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%		Covered at 100%	
Basic and Restorative Services (e.g., fillings)	20%*		Covered at 100%*	20%*
Major Services (e.g., dentures, crowns, bridges)	50%*		40%*	50%*
Orthodontia (for all covered plan members)	Not covered		50%, up to a lifetime maximum of $1,500 per individual	

^Annual deductibles cross accumulate for all networks
*After plan deductible

Note: Out-of-Network services are covered at the 90th percentile of the prevailing fee for a particular service in the geographic area. Amounts above the 90th percentile may be balance billed to the member.

VISION PLAN

Our vision plans provide coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. We offer a vision plan through **VSP**. Visit vsp.com/eye-doctor to locate an in-network vision provider.

VISION PLAN PROVISIONS	VSP VISION PPO		
	In-Network	Out-of-Network	Frequency
Exam	$10 copay	Up to $50 allowance after copay	Once every calendar year
Frames	$140 allowance, then 20% off remaining balance	Up to $70 off	Once every other calendar year
Lenses (Single Vision/Bifocal/Trifocal)	$25 copay	Up to $50/$75/$100 allowance after copay	Once every calendar year
Contact Lenses (in lieu of Lenses and Frames)	$140 allowance, plus up to $60 copay for contact lens exam (fitting and evaluation)	Up to $105 allowance after copay	Once every calendar year

GET THE MOST FROM YOUR DENTAL AND VISION PLANS

- **Stay in-network** – While you have the option of choosing any provider, you will save money when you use in-network dentists and vision providers.
- **Free annual dental check-up** – Use free preventive care to keep your mouth and gums healthy all year long.
- **Use your FSA or HSA funds** – Help pay for eligible out-of-pocket dental and vision expenses.
- **Added perks available!** – Both Delta Dental and VSP offer added savings for members, available online.

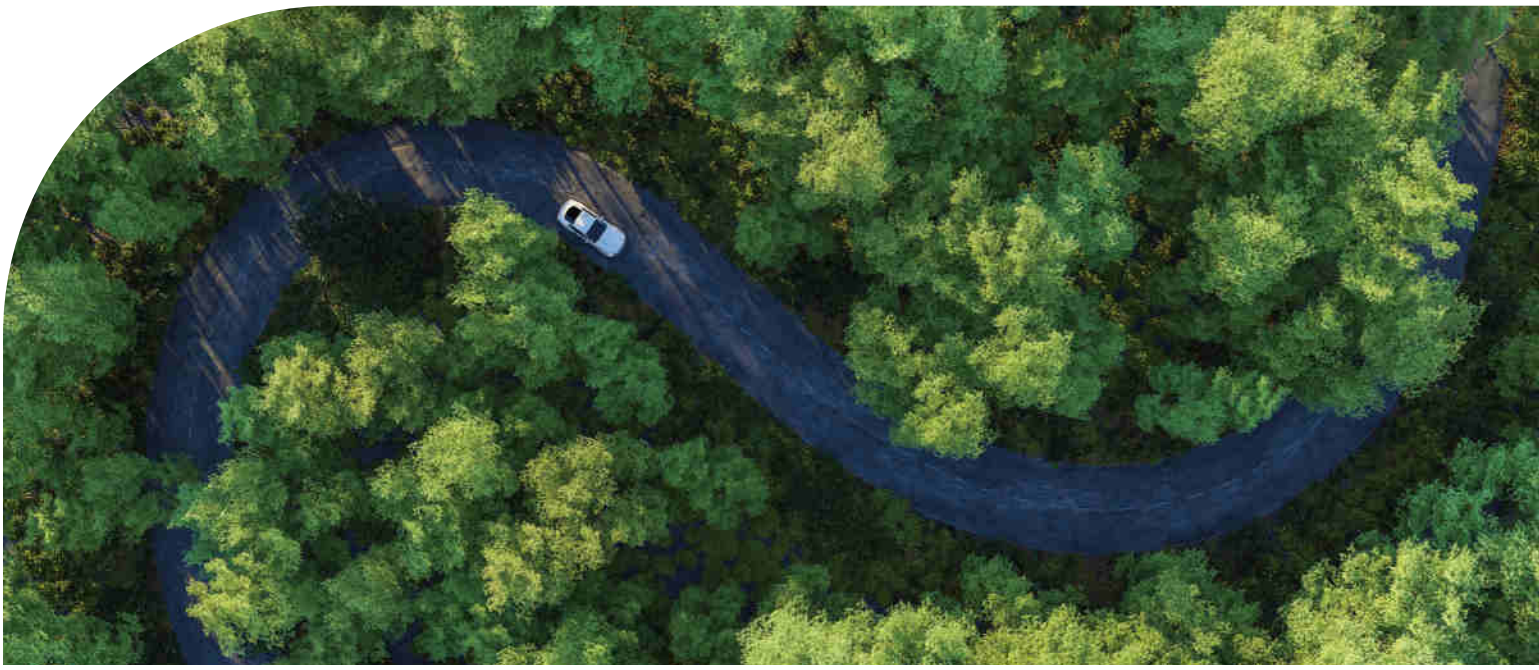
HMSA DENTAL AND VISION PLANS

Employees enrolled in the HMSA PPO medical plan can access dental and vision services through the HMSA provider network. Call 808-948-6111 or visit hmsa.com for any questions about your HMSA dental and vision coverage.

DENTAL PLAN PROVISIONS	HMSA DENTAL PPO	
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	$0/$0	$0/$0
Annual Maximum (per Individual)	$1,500	$1,500
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	30% to Covered at 100%	Based on eligible charge
Basic and Restorative Services (e.g., fillings)	30%	Based on eligible charge
Major Services (e.g., dentures, crowns, bridges)	50%	Based on eligible charge
Orthodontia	Not covered	Not covered

VISION PLAN PROVISIONS	HMSA VISION PPO (EYEMED)		
	In-Network	Out-of-Network	Frequency
Exam	$10 copay	Up to $40 allowance after copay	Once every 12 months
Frames	$15 copay + amount above eligible charges	Up to $12 allowance after copay	Once every 24 months
Lenses (Single Vision/Bifocal/Trifocal)	$10 copay + amount above eligible charges	Up to $16/$25/$25 allowance after copay	Once every 12 months
Contact Lenses (in lieu of Lenses and Frames)	$25 copay, then $130 allowance	Up to $50 allowance after copay	Once every 12 months

LIFE AND AD&D INSURANCE



Life insurance is an important part of your financial wellbeing, especially if others depend on you for support.

CMG provides basic life and AD&D insurance for employees and offers voluntary insurance options for employees and their dependents through **Prudential**.

BASIC LIFE AND AD&D INSURANCE

CMG provides basic life and accidental death and dismemberment insurance at **no cost** to you equal to $50,000. Coverage is automatic; you do not need to enroll. However, you must choose a beneficiary.

Beneficiaries

- Beneficiaries are individuals or entities you select to receive benefits from your policy.
- You can change your beneficiary designation anytime from your UKG profile. Click on Menu, then select Manage My Benefits.
- You must identify at least one primary beneficiary to receive payment in the amount you specify. You may also identify secondary beneficiaries to receive the benefit if your primary is unable to.

Benefit Reduction Schedule

As you age, coverage will reduce under these policies. At age 65, coverage will reduce to 67% of the original volume on all policies. At age 70, coverage will reduce to 45% on the Basic policy and 34% on the Voluntary policies.

VOLUNTARY LIFE AND AD&D INSURANCE

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

Employee

- Increments of $10,000 up to a maximum of $500,000
- Guaranteed issue up to $250,000

Spouse

- Increments of $5,000 up to a maximum of $250,000
- Must not exceed 100% of employee's voluntary life coverage
- Guaranteed issue up to $50,000

Child(ren)*

- Birth to 14 days: $500
- 15 days to age 26: $1,000, $5,000, or $10,000

* Employee must be enrolled in voluntary life coverage to elect child life insurance.

Evidence of Insurability (EOI)

Prudential requires submission of Evidence of Insurability (EOI) forms when electing coverage over $250,000 for an employee or over $50,000 for a spouse/registered domestic partner. Prudential will also request an EOI if an employee elects to increase coverage following the initial enrollment opportunity.

DISABILITY INSURANCE

CMG provides eligible employees with disability coverage options through **Prudential**. Should you experience a non-work-related illness or injury that prevents you from working, disability coverage acts as an income replacement to protect important assets and help you continue with some level of earnings.

STATE DISABILITY INSURANCE

- The state you reside in may provide a partial wage-replacement disability insurance plan.
- If you live in a state with a state disability program, Prudential will reduce (offset) your total payment amount from them by any amount you are eligible for through your state program.
- For more information regarding statutory disability programs, contact Human Resources or visit your state's website.

VOLUNTARY SHORT-TERM DISABILITY

- You pay for the full cost of this benefit. Coverage amount is equal to 60% of your earnings to a maximum of $2,308 per week.
- Benefits begin on the 8th calendar day that you've been absent from work due to a disability and last up to 12 weeks.

BASIC LONG-TERM DISABILITY

- This plan is offered at **no cost** to you and is paid by the company.
- Coverage amount is equal to 60% of your earnings to a maximum of $10,000 per month.
- Benefits begin on the 91st calendar day of a disability and last up to 2 years.
- Since this plan is paid on a pre-tax basis, you will be responsible for income taxes on any company-provided LTD benefits you receive.

VOLUNTARY LONG-TERM DISABILITY

- You pay for the full cost of this benefit. You may elect this plan to insure coverage beyond 2 years of a disability.
- Benefits may continue until you reach the Social Security Normal Retirement Age.

Voluntary STD Monthly Rates

AGE OF INSURED	RATE PER $10 OF WEEKLY BENEFIT
>30	$0.257
30 - 34	$0.199
35 - 39	$0.156
40 - 44	$0.148
45 - 49	$0.148
50 - 54	$0.198
55 - 59	$0.225
60+	$0.266

Voluntary LTD Monthly Rates

AGE OF INSURED	RATE PER $100 OF MONTHLY PAYROLL
>30	$0.104
30 - 34	$0.208
35 - 39	$0.208
40 - 44	$0.234
45 - 49	$0.337
50 - 54	$0.390
55 - 59	$0.507
60+	$0.676

Additional Information About Your Voluntary Disability Plans

- **Evidence of Insurability:** Prudential requires submission of Evidence of Insurability (EOI) forms when electing Voluntary STD or Voluntary LTD coverage following the initial enrollment opportunity. Exceptions apply to certain qualified life events.
- **Monthly Premiums:** Voluntary STD and LTD Rates are based on your age and total CMG earnings for the prior measurement period. Rates for new employees are based on age and your starting salary. Contact HR for more information.
- **Taxation:** By paying for your disability coverage on an after-tax basis, you will not pay income taxes on any Voluntary STD and/or Voluntary LTD benefits you receive. In effect, you will not have income taxes withheld on the benefit you receive from your disability insurance.

VOLUNTARY PLANS

CMG offers a variety of group voluntary benefits through **Prudential** available for purchase if you are seeking additional financial protection for yourself and your eligible dependents.

ACCIDENT INSURANCE

Provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.

If you purchase coverage and are hurt in a covered accident, you will receive a lump-sum cash benefit for covered injuries that you may spend as you like. The coverage amount depends on the type of accident you experience.

Examples of Covered Conditions:

- Broken bones
- Burns
- Concussions
- Cuts repaired by stitches
- Eye injuries
- Ruptured discs
- Torn ligaments

CRITICAL ILLNESS INSURANCE

Provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up – like rent, mortgage, child care, transportation and even household items – while you are ill.

If you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits.

Examples of Covered Conditions:

- Cancer
- Coronary artery bypass graft surgery
- End-stage renal (kidney) failure
- Heart attack
- Major organ failure
- Stroke

HOSPITAL INDEMNITY INSURANCE

Pays a fixed lump-sum cash benefit for a covered accident, injury or illness if you are admitted to the hospital for an inpatient stay.

This plan does not have any pre-existing condition exclusions, so an upcoming surgery or maternity will be covered on Day 1.

Please review the Prudential Benefit Summary for more details on the Accident, Critical Illness and Hospital Indemnity plans.

WHOLE LIFE INSURANCE (WITH LTC)

Life and Long-term Care insurance are vital parts of financial and retirement planning. These benefits help pay for expenses not covered by traditional medical insurance, long-term disability or Medicare.

The Whole Life Plan through **Unum** can pay for coverage in your home, community, assisted living facility or nursing home. It is available to you, your spouse and your children in various amounts up to $200,000 of coverage.

This benefit also has Long-Term Care (LTC) coverage incorporated into the Whole Life policies. Review coverage options in detail as the LTC benefits may qualify as an alternative to mandatory payroll taxes in 19 state legislative houses.

Scan the QR code to learn more about the Whole Life plan and elect or decline coverage during your enrollment period.

PET INSURANCE

You can purchase health insurance, administered by **Nationwide**, for your dogs, cats, birds and other exotic pets like reptiles and small mammals. Like a regular health insurance plan, a pet insurance policy can help you plan for your pet's health care.

Nationwide's My Pet Protection Plan reimburses members a portion of eligible veterinary expenses related to accidents, injuries and illnesses.

Rates are determined by the type of pet as well as coverage chosen and will be taken via payroll deduction for easy payment.

For more information, a quote or to enroll, visit petsnationwide.com and enter **CMG Financial**. You may also call 877-738-7874 and mention CMG Financial. (Avian and exotic pet plans are available only by phone.)

ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

Because personal issues can affect every aspect of your life, we automatically provide you and your family with an Employee Assistance Program (EAP) through **ComPsych** at **no cost** to you. You and your family have access to three free consultations with a licensed clinician per incident, per individual, per calendar year.

Call the EAP 24/7 for unlimited confidential assistance on areas, such as:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning, and more
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning, and assistance with tax issues
- **Childcare and Eldercare Assistance:** Needs assessment along with referrals to childcare and eldercare providers
- **Identity Theft Recovery Services:** Information on identity theft prevention, an identity theft emergency response kit, and help if you are victimized
- **Daily Living Services:** Referrals to help with event planning, transportation services, pet services, and more.

To get started:

- Call 800-311-4327 at any time.
- You may also log in to guidanceresources.com.

(Username: **GEN311**)

DISCOUNT PROGRAM

Working Advantage is a one-stop shop for exclusive discounts at many of your favorite national and local merchants! Employees and their dependents can save up to 60% on virtual events and online shopping.

Get exclusive deals and limited time offers on:

- Appliances
- Apparel
- Cars
- Electronics
- Flowers
- Fitness Memberships
- Gift Cards
- Groceries
- Hotels
- Movie Tickets
- Rental Cars
- Special Events
- Theme Parks
- And More!

To get started:

- Register at workingadvantage.com. (Company Code: **204143194**)
- If you have additional questions, send an email to customerservice@workingadvantage.com.

GYM ACCESS

Wellhub features a variety of resources and access levels to give you the wellness plan that you desire! With the Digital Plan, employees can access 10 mobile wellness apps and online classes at **no cost** to you!

Employees and up to 3 eligible dependents can subscribe to 1 of 8 Buy-Up levels to access thousands of gyms across the country, more apps and online classes. Employees can buy up or change their subscriptions anytime during the year. Payment is made directly to Wellhub for buy-up membership.

To get started:

- Go to wellhub.com/en-us or download the Wellhub app by scanning the QR code.
- To register, enter **CMG Financial** and select our company from the drop-down menu.
- Create your account and choose a plan that works for you.

BENEFITS DECISION SUPPORT

Nayya is a benefits guidance tool that helps you choose the best plans for you and your family based on your health, financial situation, future plans and preferences. We encourage you to explore Nayya as the first step in the enrollment process.

To get started:

- Click here to sign in or scan the QR code.
- Answer simple questions about your family, lifestyle, and any upcoming life changes you have planned.
- After finishing the survey, you will be provided with your benefits recommendations and be directed to complete your enrollment process.

Notes:

- Nayya is an online resource that should be used in coordination with other plan materials to make your benefits decisions.
- Nayya keeps all of your responses private and confidential. Nayya is SOC 2, HIPAA, and CCPA-compliant. Rest assured, your personal data is well protected.

BENEFIT COSTS

Below are the **per pay period** payroll contributions for medical, dental and vision benefits effective **January 1, 2025**.

MEDICAL (ALL REGIONS, EXCEPT HAWAII)

COVERAGE LEVEL	KAISER HMO $30/$500	BLUE SHIELD PPO 1000	BLUE SHIELD PPO 2000	BLUE SHIELD HDHP 2500	BLUE SHIELD HDHP 5000
Employee Only	$91.80	$147.63	$123.08	$100.34	$68.46
Employee + Spouse	$242.34	$334.52	$296.81	$244.94	$194.06
Employee + Child(ren)	$220.31	$273.20	$242.40	$200.04	$158.49
Family	$346.98	$476.75	$423.00	$349.38	$276.57

MEDICAL (HAWAII ONLY)

COVERAGE LEVEL	KAISER HMO $15/10%
Employee Only*	$13.85
Employee + Spouse	$215.27
Employee + Child(ren)	$193.74
Employee + Family	$322.90

COVERAGE LEVEL	HMSA PPO
Employee Only*	$13.85
Employee + 1 Dependent	$238.67
Employee + 2 or more Dependents	$358.01

*To comply with Hawaii state regulations, the monthly premium for Employee Only medical coverage will not exceed 1.5% of total monthly compensation based on minimum wages earned per month.

DENTAL AND VISION

COVERAGE LEVEL	DELTA DENTAL BASE PPO	DELTA DENTAL BUY-UP PPO	VSP VISION PPO
Employee Only	$6.86	$10.07	$1.17
Employee + Spouse	$14.71	$21.60	$2.01
Employee + Child(ren)	$14.95	$21.96	$2.05
Family	$22.81	$33.49	$3.31

Registered domestic partners and children of registered domestic partners will be covered at the same level and premium expense as Spouse and Children, respectively. Imputed income and taxation will apply as required by the IRS. Contact a tax specialist for questions regarding imputed income.

BENEFIT COSTS (CONTINUED)

Below are the payroll contributions for voluntary benefits effective **January 1, 2025**.

CRITICAL ILLNESS (MONTHLY RATES)

AGE OF INSURED	EMPLOYEE (RATE PER $1,000)	SPOUSE (RATE PER $1,000)
>25	$0.361	$0.363
25 - 29	$0.434	$0.436
30 - 34	$0.520	$0.510
35 - 39	$0.605	$0.597
40 - 44	$0.688	$0.675
45 - 49	$0.995	$1.001
50 - 54	$1.426	$1.473
55 - 59	$2.080	$2.207
60 - 64	$2.913	$3.132
65 - 69	$4.483	$4.847
70+	$5.796	$6.227
CHILD (RATE PER $1,000)		$0.381

ACCIDENT (PER PAY PERIOD)

COVERAGE LEVEL	BASE PLAN	BUY-UP PLAN
Employee Only	$1.82	$3.86
Employee + Spouse	$2.59	$5.45
Employee + Child(ren)	$2.77	$6.20
Family	$4.22	$9.31

HOSPITAL INDEMNITY (PER PAY PERIOD)

COVERAGE LEVEL	BASE PLAN	BUY-UP PLAN
Employee Only	$3.89	$7.80
Employee + Spouse	$7.58	$15.21
Employee + Child(ren)	$5.90	$11.83
Family	$9.59	$19.24

HELPFUL BENEFIT TERMS

- **Annual maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Brand preferred drugs** – A drug with a patent and trademark name that is considered "preferred" because it's safe and effective and usually less expensive than other brand-name options.
- **Brand non-preferred drugs** – A drug with a patent and trademark name that is "not preferred" because it's usually more expensive than other generic and brand preferred options.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- **Copay** – A fixed amount (for example $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
- **Deductible** – The amount you have to pay for covered services each year before your health plan begins to pay.
- **Elimination period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Evidence of Insurability (EOI)** – EOI is documentation or declaration of good health requested by the insurance company in order for the enrollee to obtain coverage.
- **Flexible Spending Accounts (FSA)** – FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the "use it or lose it" rule which means you must spend the money in the account before the end of the plan year.
- **Generic drugs** – A drug that is equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
- **Guaranteed issue** – Guaranteed issue refers to coverage that is offered to all eligible enrollees regardless of their health status.
- **Health Savings Account (HSA)** – An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor's office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your dependents, even if they are not covered by the HDHP.
- **Health Reimbursement Arrangement (HRA)** – A fund you can use to help pay for eligible medical costs not covered by your medical plan. Funds are contributed to the HRA by the company.
- **High Deductible Health Plan (HDHP)** – A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail order pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Providers that are not in the plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Pre-existing condition** – A health condition that an individual was treated for, or got medical advice from a doctor about, prior to when they applied for health or life insurance. This can also apply if a person had existing symptoms that would cause them to seek treatment.
- **Primary Care Provider (PCP)** – A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
- **Specialty drugs** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

BENEFIT ACRONYMS

ACA – Affordable Care Act
AD&D – Accidental Death & Dismemberment
FSA – Flexible Spending Account
HDHP – High Deductible Health Plan
HMO – Health Maintenance Organization
HSA – Health Savings Account
LPFSA – Limited Purpose Flexible Spending Account
LTD – Long-Term Disability
PPO – Preferred Provider Organization
STD – Short-Term Disability

CONTACT INFORMATION

COVERAGE	CARRIER	GROUP NUMBER	PHONE	WEBSITE/EMAIL
Medical	Blue Shield of California	W0052222	855-599-2650	blueshieldca.com www.bscaplan.com/0yb6jq
Pharmacy (for Blue Shield Members)	CVS Caremark	21EX	866-414-5256	caremark.com
Medical and Pharmacy	Kaiser Permanente North California South California Colorado Georgia Hawaii Mid Atlantic Northwest Washington	 23043 231894 47313 10703 45149 26782 22401 2167900	 800-464-4000 800-464-4000 800-632-9700 888-865-5813 800-966-5955 800-777-7902 800-813-2000 888-901-4636	kp.org
Medical and Pharmacy	HMSA	027556001	808-948-6079	hmsa.com
Dental	Delta Dental	23033	888-335-8227	deltadentalins.com
Vision	VSP	12287223	800-877-7195	vsp.com
Dental and Vision	HMSA	027556001	808-948-6111	hmsa.com
Health Savings Account	HealthEquity	00773	877-857-6810	my.healthequity.com
Flexible Spending Accounts	Navia Benefits Solutions	CFL	425-452-3500	naviabenefits.com
Life and AD&D Insurance	Prudential	53063	800-524-0542	prudential.com
Disability Insurance	Prudential	53063	800-842-1718	prudential.com
Accident, Critical Illness and Hospital Indemnity	Prudential	53063	844-455-1002	prudential.com
Whole Life (with Long-Term Care)	Unum	R0847830	877-454-3001	enrollvb.com/cmgfi
Pet Insurance	Nationwide	10693	877-738-7874	petsnationwide.com (Company: CMG Financial)
Employee Assistance Program (EAP)	ComPsych		800-311-4327	guidanceresources.com (Username: GEN311)
Discount Program	Working Advantage	204143194	800-565-3712	workingadvantage.com customerservice@workingadvantage.com
Gym Access	Wellhub			wellhub.com/en-us (Company: CMG Financial)
Enrollment and Human Resources	CMG Financial	925-983-3004	925-983-3004	hrbenefitsteam@cmgfi.com

BENEFITS HELPLINE

Understanding your employee benefits options and planning for your family's health and welfare can be confusing and complicated. The Benefits Helpline, in partnership with **Willis Towers Watson**, provides answers and information at your fingertips. It is your resource for guidance when navigating your benefits plan, from Open Enrollment to handling life's many changes.

General Support

- Enrollment process and general benefit questions
- Finding a service provider

COBRA Support

- Information regarding continuation coverage
- Navigate through your individual options

The Benefits Helpline is available from Mondays through Fridays, 8:30 a.m. to 5:00 p.m., Pacific Time. Call toll-free at 888-777-3379 or email CMGFinancial@willistowerswatson.com.

For more information, carrier plan documents and Annual Notices, please visit our Benefits Document Library.

2025 ANNUAL NOTICES

As a CMG Financial employee, you are entitled to receive Annual Notices discussing various laws and rights you have regarding your employment and benefits. To conserve resources and make the required information as accessible as possible, we post this information in our Benefits Document Library.

The following Notices are available:

- Premium Assistance Under Medicaid and Children's Health Insurance Program (CHIP)
- Patient Protection Disclosure
- HIPAA Special Enrollment Notice
- Paperwork Reduction Act Statement
- Women's Health and Cancer Rights Act (WHCRA) Notice
- Newborns' and Mothers' Health Protection Act
- Notice of Availability of CMG Financial Notice of Privacy Practices
- Continuation Coverage Rights Under COBRA
- **Important Notice from CMG Financial about your Prescription Drug Coverage and Medicare**
- Employee Rights & Responsibilities under the Family Medical Leave Act
- Your Rights and Protections Against Surprise Medical Bills

Please contact Human Resources with questions or if you need additional information.

NOTES

NOTES

ABOUT THIS GUIDE

This benefit summary provides selected highlights of the CMG Financial benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. CMG Financial reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.