



Benefits & Enrollment Guide

2026-2027





Welcome!

This guide contains a general overview of the benefits that are offered to help you select the coverage that is right for you. You can get more information and details about each benefit plan when you log in to Employee Navigator, our secure and easy-to-use online benefits enrollment system. Please take time to read about and understand the benefits, plan thoughtfully and enroll on time.

The Employee Navigator benefits website is also used to provide you and your family with important benefit documents. These are found on your home page, toward the bottom, under the heading “Important Plan Documents”. These documents include the Summary of Benefits and Coverage (SBC) for each plan offered. They also include, but are not limited to, the ERISA required Summary Plan Description (SPD), as well as notices relating to FMLA, USERRA, COBRA, WHCRA, GINA, Medicare Part D Notice, the Affordable Care Act (ACA), HIPAA and Michelle’s Law. Please take the time to review these and be aware of your rights as an employee. You have a right to a hard copy of these documents at no cost to you. Email your Alera Group Account Manager, if this is your preference.

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Contact Information

If your questions are not resolved by calling the insurance carrier or benefit provider, please contact Alera group for assistance.



Need Assistance?
Contact the insurance carrier or benefit provider using the phone numbers below.

Benefit Carrier Contacts:	Group Policy #	By Phone	Website/Email
Medical, Dental, Vision EMI Health	5547	(800) 662-5851	www.emihealth.com
Health Savings Account Health Equity	N/A	(866) 346-5800	www.healthequity.com
Voluntary Accident, Critical Illness Principal Financial	1189699	(800) 986-3343	www.principal.com

Your Employer Contact:	By Phone	Email
Adobe Rock Products Heather Pelfrey	(435) 843-0360 x713	heather@adoberock.com

Alera Group Contact:	By Phone	Email
Account Manager Jessica Wakefield	(385) 361-1115	jessica.wakefield@aleragroup.com
Account Executive Tonia Ballard	(385) 274-4390	tonia.ballard@aleragroup.com



Eligibility & Enrollment

Full time employees (working 30 or more hours per week on a consistent basis), who have completed the new hire waiting period, are eligible for the insurance. Legal spouse, domestic partner and dependent children under the age of 26 (married or unmarried) are eligible to enroll on an employee's insurance. A dependent child who depends on you for support due to a physical or mental handicap, is eligible to enroll regardless of age (subject to approval).



New Hire Waiting Period

Employees are eligible for insurance on the 1st of the month following 2 months of full time employment. You only have a limited amount of time to enroll on the plan(s) once you are eligible, so please don't delay.

End of Coverage

Once enrolled in the insurance, the insurance may be canceled if you experience a qualified life event. Life events include, but are not limited to, enrollment in other coverage, open enrollment, loss of eligibility, or termination of employment. When employment is terminated, whether voluntary or involuntary, the insurance will be effective through the last day of the month of termination; i.e. if the last day worked is 3/10 the insurance will be effective through 3/31. Upon termination you may be given the opportunity to continue your coverage for up to 18 months. You may also be eligible to enroll on an individual plan. Your account manager with Alera Group can assist you in deciding which option is best for you and your family.

Qualified Life Event

A Qualified Life Event is a change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. The Special Enrollment Period is 30 days from the date of the Qualified Life Event. Some examples of a Qualified Life Event are as follows:

- Birth, adoption, or change in custody
- Marriage
- Loss of employer sponsored health insurance as a result of termination of employment, reduction in hours, an employer no longer offering health insurance, employer no longer contributing to a company sponsored health plan
- Involuntary loss of coverage. This could be due to divorce, exhaustion of COBRA, loss of eligibility for Medicaid or CHIP, death of policyholder

These are only examples and there may be other events that would qualify for a Special Enrollment Period. Contact Jessica Wakefield if you feel you have an event that would qualify you for a Special Enrollment Period.

Open Enrollment

If you choose not to enroll in any of the insurance benefits at the time you are first eligible, you will be given the chance to enroll each year during open enrollment. The open enrollment period will start on April 6, 2026 and run through April 22, 2026. All elected benefits become effective May 1, 2026.

Eligibility & Enrollment

How do I enroll?

We use Employee Navigator, which is a secure online enrollment system, to show your plan options and per pay period costs. We invite you to log in using the instructions on the following pages to review the rates, benefits and provider search links to the plans we offer. You will only have a limited amount of time to enroll in benefits once you qualify, so please don't delay.

As you are viewing your benefit options in Employee Navigator, please be aware that if you click "Save & Continue" on any of the benefit screens, you will be enrolled in that benefit, even if you do not click "Sign" at the end of the enrollment system. If you are only looking to see what benefits are offered and the costs of the benefits, please do not click "Save & Continue" and instead navigate to the next benefit by clicking on that benefit from the drop down on the right side of your screen. If you select a benefit and click "Save & Continue" and then change your mind, you can cancel the enrollment by navigating back to that benefit and clicking "Don't want this benefit?" and indicating the reason for not wanting the benefit, and your enrollment will be cancelled. It is your responsibility to review your pay stubs to confirm the benefit deductions and to notify your employer in a timely manner if they are not as expected. There is a limited amount of time allowed for making corrections.

If your employer has an email address on file, you will also receive instructions for the enrollment system via email. If you have questions please contact Jessica with Alera Group for further assistance. E: jessica.wakefield@alragroup.com | P: (385) 361-1115

Adding/Removing Dependents

Please contact Jessica with Alera Group for any enrollment changes you have. If you experience a qualified life event and need to update your benefits, take action within 30 days! So please don't hesitate to reach out as soon as possible.

Insurance ID Number and Card(s)

You should receive your ID cards in the mail, directly from the insurance carrier(s), within 7-10 business days from the submission of your enrollment. Delays can occur during peak times of the year. If you need to see a doctor or other health care provider and you have not yet received your ID card, you can contact the insurance carrier to get the ID number or a temporary ID card that you can use while you are waiting for your ID card(s) to arrive in the mail. If the insurance carrier is not able to get you the information you need, please reach out to Jessica Wakefield for further assistance.

Claims Assistance

Occasionally, you may find that your insurance carrier has denied a claim or has paid it contrary to how you understood it to be paid. If this happens, know that you can contact Jessica or Tonia with Alera Group to act as your advocate to understand how the claim was processed and appeal the claim payment, if necessary.



How to Enroll in your Benefits

Rates and benefits are available once you log in and start your enrollment

NOTE: Depending on the benefits offered by your employer, you may have additional steps that are not included in these instructions

1 Log In

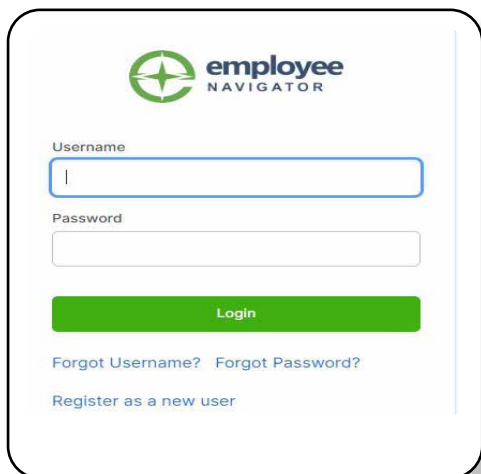
Go to www.EmployeeNavigator.com and click [Login](#)

First time users: Click [Register as a new user](#). Enter the information to identify yourself and create an account. (You only need to do this once.)

The company identifier is
Adobe Rock

Create a Username and Password for future logins.

Returning users: Log in with the Username and Password you selected. Click [Reset a forgotten password](#) if you forget it.



The login screen features the Employee Navigator logo at the top. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are links for 'Forgot Username?', 'Forgot Password?', and 'Register as a new user'.

2 Welcome!

You will click through a few screens to begin your enrollment/plan selection(s).

First Screen

[Continue](#)

Second Screen

[Let's Begin](#)

3 Start Enrollment

On this next screen, click

[Start Enrollment](#)



The screen displays various benefit icons (ambulance, house, person, document, family, tooth, piggy bank, heart, glasses) and a green 'Start Enrollment' button circled in blue. Text below the icons reads: 'Good Afternoon, Employee! You have 64 days left to complete your benefit enrollment.'

4 Enrollment

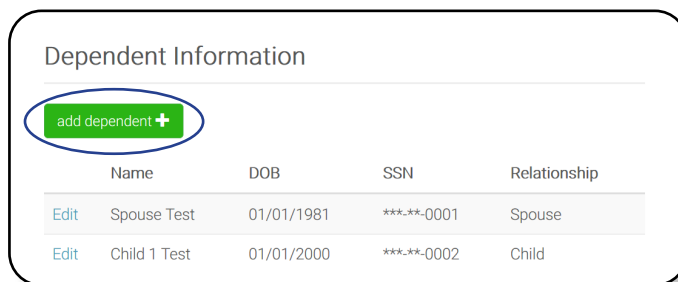
On the next screen, click

[Get Started](#)

5 Confirm Your Details

Confirm the details about yourself in the system are accurate. If correct, click [Save & Continue](#) to advance to the dependent screen. You can add your dependent(s) by clicking

[add dependent +](#)




The screen shows a table of dependent information with an 'add dependent +' button circled in blue. The table has columns for Name, DOB, SSN, and Relationship.

	Name	DOB	SSN	Relationship
Edit	Spouse Test	01/01/1981	***-**-0001	Spouse
Edit	Child 1 Test	01/01/2000	***-**-0002	Child

6 Review Your Options

To enroll dependents in a benefit, make sure you click the box next to the dependent's name under **Who am I enrolling?**



The screen shows a list of options under the heading 'Who am I enrolling?'. The 'Spouse Test (Spouse)' option is checked.

Who am I enrolling?

- Myself
- Spouse Test (Spouse)
- Child 1 Test (Child)
- Child 2 Test (Child)

The cost shown is the cost per pay period. To elect a benefit, click [Select](#) underneath the plan cost.

TIP

Underneath each plan option, click **compare** to see a side-by-side comparison of your benefit options. Click **details** to see details for a specific plan.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select from the drop down box the most accurate reason for not wanting the benefit.

Don't want this benefit?

Choose a reason for declining this benefit

- Covered under spouse's plan
- Covered under parent/guardian's plan
- Covered under Medicare and/or Medicaid
- Covered under individual plan
- Covered under Tricare
- Covered under another employer's plan
- Covered under retiree plan
- Cost
- Not Interested
- Ineligible for this plan
- Unresponsive Enrollment - Mgmt determined
- Other

Clicking **Save & Continue** at the bottom of each screen will save your selection and advance to the next screen and the next benefit. Please be aware that if you click **Save & Continue** for any benefit you will be enrolled in that benefit. Do not click **Save & Continue** if you are unsure about whether you want the benefit.

Save & Continue

7 Review & Confirm Elections

After you've selected the benefits and coverage levels you want, you will be at the Enrollment Summary screen. Review your elections and choose to sign and complete your enrollment

Click to Sign

Enrollment Summary Print

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

Signature required
You've elected all your benefits, but we still require a signature before advancing.

Please review the acknowledgment below.

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Sign to complete enrollment Click to Sign

Missed a required step? You'll see an unchecked circle to the left of the benefit and an Enrollment Not Complete warning--you must fix this before logging out.



TIP

You can toggle between benefits by clicking on the benefit name in the menu on the right.

Enrollment Summary

DISCLAIMER: Please be aware that if you have elected a benefit and clicked "Save & Continue" on any of the benefit screens, the benefit will be listed below and you will be enrolled in those benefits and payroll withholdings will be set up, even if you do not click "Agree" on this screen. If you do not want that benefit, you must return to that benefit screen immediately and click "Don't want this benefit?" for your enrollment to be cancelled. (You can navigate to each benefit by clicking "Benefits" on the left side of your screen and selecting the benefit to which you want to navigate.)

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Progress: 2 of 4

- 1 Personal Information
- 2 Dependent Information
- 3 Medical
- 4 Enrollment Summary

* Forms (if applicable)

If you have elected benefits that require a Primary Care Physician (PCP), beneficiary designation, or Evidence of Insurability form, you will be prompted to either enter the information or print and complete a form after each benefit that requires this additional information.

Need help?
Please call
Jessica Wakefield
with
Alera Group

Medical Insurance



Costs for the medical insurance are available when you log in to Employee Navigator

\$2,000 Traditional Care Plus Network

Benefits	In-Network	Out-of-Network
Single Annual Deductible	\$2,000	\$4,000
Two Party & Family Annual Deductible	\$4,000	\$8,000
Single Out-of-Pocket Max	\$6,000	\$12,000
Family Out-of-Pocket Max	\$12,000	\$24,000
Coinsurance	20% AD	50% AD
Preventive Care	Covered 100%	Not Covered
Office Visit - Primary	Tier 1 \$10 Tier 2 \$30	50% AD
Office Visit - Specialist	Tier 1 \$20 Tier 2 \$60	50% AD
Urgent Care	\$75	50% AD
Emergency Room	\$300	\$300
Mental Health - Office Visit	Tier 1 \$10 Tier 2 \$30	50% AD
Mental Health - Outpatient	20% AD	50% AD
Mental Health - Inpatient	20% AD	50% AD
Prescription		
Tier 1 - Generic		\$10
Tier 2 - Preferred		\$35
Tier 3 - Non-Preferred		50%
Specialty		
Tier 1 - Generic		25% (\$150 Max)
Tier 2 - Preferred		25% (\$250 Max)
Tier 3 - Non-Preferred		30% (\$500 Max)
Prescription Deductible		None

AD = After Deductible



Find a provider: www.emihealth.com

Medical Insurance

Costs for the medical insurance are available when you log in to Employee Navigator



\$4,000 HDHP HSA Care Plus Network

Benefits	In-Network	Out-of-Network
Single Annual Deductible	\$4,000	\$8,000
Two Party & Family Annual Deductible	\$8,000	\$16,000
Single Out-of-Pocket Max	\$4,000	\$12,000
Family Out-of-Pocket Max	\$8,000	\$24,000
Coinsurance	Covered 100% AD	40% AD
Preventive Care	Covered 100%	Not Covered
Office Visit - Primary	Covered 100% AD	40% AD
Office Visit - Specialist	Covered 100% AD	40% AD
Urgent Care	Covered 100% AD	40% AD
Emergency Room	Covered 100% AD	Covered 100% AD
Mental Health - Office Visit	Covered 100% AD	40% AD
Mental Health - Outpatient	Covered 100% AD	40% AD
Mental Health - Inpatient	Covered 100% AD	40% AD
Prescription		
Tier 1 - Generic	Covered 100% AD	
Tier 2 - Preferred	Covered 100% AD	
Tier 3 - Non-Preferred	Covered 100% AD	
Specialty		
Tier 1 - Generic	Covered 100% AD	
Tier 2 - Preferred	Covered 100% AD	
Tier 3 - Non-Preferred	Covered 100% AD	
Prescription Deductible	Medical Deductible Applies	

AD = After Deductible



Find a provider: www.emihealth.com

Medical Insurance



Costs for the medical insurance are available when you log in to Employee Navigator

\$8,300 HDHP HSA Care Plus Network

Benefits	In-Network	Out-of-Network
Single Annual Deductible	\$8,300	\$16,600
Two Party & Family Annual Deductible	\$16,600	\$33,200
Single Out-of-Pocket Max	\$8,300	\$16,600
Family Out-of-Pocket Max	\$16,600	\$33,200
Coinsurance	Covered 100% AD	50% AD
Preventive Care	Covered 100%	Not Covered
Office Visit - Primary	Covered 100% AD	50% AD
Office Visit - Specialist	Covered 100% AD	50% AD
Urgent Care	Covered 100% AD	50% AD
Emergency Room	Covered 100% AD	Covered 100% AD
Mental Health - Office Visit	Covered 100% AD	50% AD
Mental Health - Outpatient	Covered 100% AD	50% AD
Mental Health - Inpatient	Covered 100% AD	50% AD
Prescription		
Tier 1 - Generic	Covered 100% AD	
Tier 2 - Preferred	Covered 100% AD	
Tier 3 - Non-Preferred	Covered 100% AD	
Specialty		
Tier 1 - Generic	Covered 100% AD	
Tier 2 - Preferred	Covered 100% AD	
Tier 3 - Non-Preferred	Covered 100% AD	
Prescription Deductible	Medical Deductible Applies	

AD = After Deductible



Find a provider: www.emihealth.com

Health Savings Account

A Health Savings Account (HSA) is a tax advantaged account that can be used to pay eligible medical expenses not covered by an insurance plan including deductibles and coinsurance. You can fund an HSA with pre-tax dollars.

Eligibility

You are eligible for an HSA if you meet all of the following:

1. You are enrolled on a HDHP plan
2. Not covered under another health plan
3. Not enrolled in Medicare
4. Not enrolled under Tricare
5. Not claimed on another persons tax return
6. You are not covered by a general FSA or HRA

Enrollment level	2026 Maximum Annual Contribution
Individual enrollment (employee only)	\$4,400
Two party enrollment (employee + 1)	\$8,750
Family enrollment	\$8,750
Catch-Up for Individuals 55 and over	\$1,000

Qualified Expenses

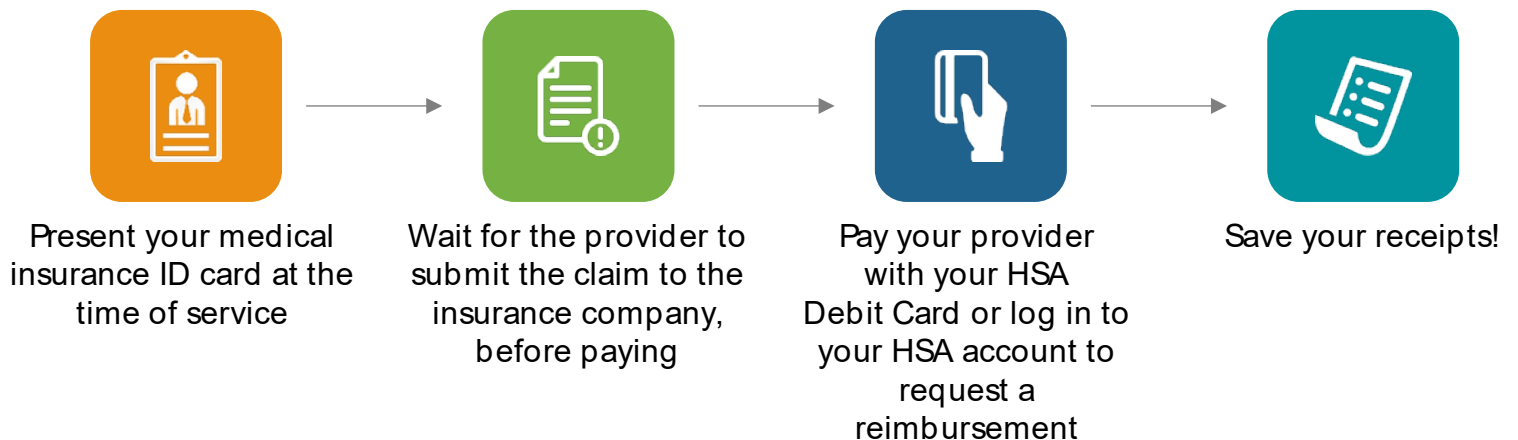
You can use your HSA at any time for tax-free reimbursement of qualified medical health expenses (QME) even if you are later covered under a health plan that is not a qualified high deductible health plan. Please note the following:

- The money must be in your account before you can claim a reimbursement
- You cannot make claims for services incurred before your HSA becomes active
- A debit card is typically included
- Overdraft fees and other charges may apply if your claims exceed your account balance
- A 20% penalty applies for non-qualified expenses

General

Because this is an actual bank account, your employer will only have the ability to contribute to the account. Just as any other account would be, your HSA is subject to bank fees, along with additonal fees that apply for things like NSF's, paper statements etc. which will be paid by the account holder.

How to Use Your HSA



Dental Insurance



Log in to Employee Navigator to see your insurance costs and for detailed plan summaries.

Advantage Co-Pay

Dental Benefits	In-Network	Out-of-Network
Deductible	\$0 / \$0	\$0 / \$0
Annual Maximum Per person/calendar year	None	
Class 1 - Preventive Services	Covered 100%	See Copay Schedule
Class 2 - Basic Services	See Copay Schedule	See Copay Schedule
Class 3 - Major Services	See Copay Schedule	See Copay Schedule
Class 4 - Orthodontic Services - dependent children	Discount Only	No Coverage
Class 4 - Orthodontic Lifetime Maximum	N/A	N/A

Choice PPO

Dental Benefits	In-Network Advantage-D	In-Network Premier-D	Out-of-Network MAC
Deductible	\$0 / \$0	\$50 / \$150	\$50 / \$150
Annual Maximum Per person/calendar year	\$2,000	\$1,000	
Class 1 - Preventive Services	Covered 100%	Covered 100%	80% up to MAC*
Class 2 - Basic Services	you pay 20% AD	you pay 20% AD	20% up to MAC*
Class 3 - Major Services	you pay 50% AD	you pay 50% AD	50% up to MAC*
Class 4 - Orthodontic Services	Discount Only	Discount Only	No Coverage
Class 4 - Orthodontic Lifetime Maximum	N/A	N/A	N/A

*MAC: Maximum Allowable Charge. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge



Find a provider: www.emihealth.com

Vision Insurance



Log in to Employee Navigator to see your insurance costs and for detailed plan summaries.

VSP Plus 10-130

Vision Benefits	In-Network	Out-of-Network	Frequency
Exams	\$10 Copay	up to \$65	Every 12 months
Lenses			
Single	\$10 Copay	up to \$30	Every 12 months
Bifocal	\$10 Copay	up to \$50	
Trifocal	\$10 Copay	up to \$65	
Lenticular	\$10 Copay	up to \$100	
Frames	\$130 Allowance	up to \$80	Every 12 months
Contacts	\$130 Allowance	up to \$115	Every 12 months
LASIK	up to \$500 in Savings	No Coverage	N/A



Find a provider: www.emihealth.com

Most plans cover preventive care at 100%—no copay, coinsurance, or deductible.

For services to be covered as preventive, your in-network provider must bill your claim with preventive codes. If your provider finds a condition that needs further testing or treatment, you'll need to pay regular copays, coinsurance, or deductibles.

Adult Preventive Services (ages 18 and older)	Pediatric Preventive Services (Younger than age 18)	Obstetrical Preventive Services	
<p>Laboratory tests</p> <ul style="list-style-type: none"> Complete Blood Count (CBC) Prostate Cancer Screening (PSA) Diabetes Screening Cholesterol Screening Gonorrhea Screening Human Papillomavirus (HPV) Testing (once every 3 years for women ages 30 to 65) Chlamydia Screening Human Immunodeficiency Virus (HIV) Screening Syphilis Screening Tuberculosis (TB) Testing Lead Screening BRCA 1 & 2 Testin (covered once per lifetime for high-risk individuals who meet criteria) Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria) Hepatitis C Virus (HCV) Screening (once per lifetime for individuals over age 50) <p>Procedures</p> <ul style="list-style-type: none"> Pap Test (once every 3 years for ages 21 and older) Lung Cancer Screening (between ages 50 and 80) Screening Mammogram (once every 275 days) Colonoscopy Colon Cancer Screening (once every five years for ages 45 to 75)* Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75) Bone Density/DEXA (once every two years in women ages 60 and older) Certain Sterilization Procedures (such as tubal ligation) <p>Examinations/Counseling</p> <ul style="list-style-type: none"> Physical Exam Eye Exam** Tobacco Use Counseling Alcohol Misuse Screening and Counseling 	<ul style="list-style-type: none"> Annual Hearing Screening (ages 65 and older) Glaucoma Screening (once every 12 months) Sexually Transmitted Infections Counseling Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases) Depression Screening <p>Immunizations</p> <ul style="list-style-type: none"> Influenza Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap) Pneumococcal Hepatitis A & B Meningitis Zoster (ages 18 and older) Human Papillomavirus (HPV) (ages 9 to 45) Varicella (MMRV) Measles, Mumps, Rubella (MMR) <p>Contraception</p> <p>Most contraceptives are covered as a preventive service under your pharmacy benefit.</p> <ul style="list-style-type: none"> Cervical Cap with Spermicide Diaphragm with Spermicide Emergency Contraception (Ella, Plan B) Condoms Implantable Rod IUDs Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use) Patch Shot/Injection (Depo-Provera) Software Application for Contraception (FDA approved only) Spermicide Sponge with Spermicide Surgical Sterilization for Women (Tubal Ligation) Surgical Sterilization Implant for Women Vaginal Contraceptive Ring 	<p>Procedures/Counseling</p> <ul style="list-style-type: none"> Preventive Well-Child Visit (no limit from birth to age 12; every 275 days from ages 12 to 18) Eye Exam Depression Screening Developmental Testing Newborn Hearing Screening (once per lifetime) Annual Hearing Screening (ages 21 and younger) Application of Fluoride Varnish (younger than age 5) Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases) <p>Laboratory tests</p> <ul style="list-style-type: none"> Newborn Metabolic Screening (younger than age 1) Human Immunodeficiency Virus (HIV) Screening PKU Screening (younger than age 1) Thyroid (younger than age 1) Sickle Cell Disease Screening (younger than age 1) Lead Screenings Tuberculosis (TB) Testing Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria) <p>Immunizations</p> <p>(As recommended by the CDC/ACIP)</p> <ul style="list-style-type: none"> Measles, Mumps, Rubella (MMR) Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP) Haemophilus influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib) Polio (OPV, IPV, DtaP-Hep-LPV) Influenza Pneumococcal Hepatitis A Hepatitis B Meningitis Varicella (including MMRV) Rotavirus Human Papillomavirus (HPV) (ages 9 to 45) Respiratory Syncytial Virus (RSV) 	<p>These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.</p> <p>Laboratory Tests</p> <ul style="list-style-type: none"> Iron Deficiency Anemia Screening Diabetes Screening Urine Study to Detect Asymptomatic Bacteriuria first prenatal visit or at 12 to 16 weeks gestation) Rubella Screening Rh(D) Incompatibility Screening Hepatitis B Infection Screening (at first prenatal visit) Gonorrhea Screening Chlamydia Screening Syphilis Screening <p>Breast-feeding supplies and support</p> <ul style="list-style-type: none"> Breast Pump, Electronic AC or DC (one per pregnancy) Lactation Class (one per pregnancy) <p>Questions?</p> <p>Call Customer Service at 800-662-5851.</p> <p>This information is subject to change and additional limitations may apply. This list is not all-encompassing. To verify the eligibility of a service or supply, call Customer Service.</p>

*If a colonoscopy is received post Cologuard, the test will no longer be covered as preventive.

Talk to a Doctor in minutes—

\$0 Copay, No Claims, No Hassle.



24/7 On-Demand, Nationwide Access — Powered by Recuro Health

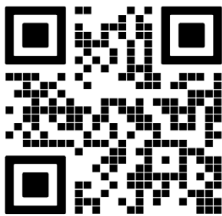
When you're not feeling well, getting care should be simple. With EMI Health's telehealth benefit, you can speak to a licensed doctor anytime—day or night—by phone or video. No waiting rooms. No driving. And no copay.

Why Members Love It:

- Available 24/7 – Get care anytime, including nights and weekends
- \$0 Copay – You pay nothing for a doctor visit
- Fast Access – Most visits start within minutes
- Convenient – No appointment needed, no claims filed
- Covers Your Family – Dependents included

Common Conditions Treated

- ✓ Sore Throat
- ✓ Cough or congestion
- ✓ Cold & flu symptoms
- ✓ Allergies
- ✓ Rashes & skin issues
- ✓ Pink eye or earaches
- ✓ UTIs & yeast infections
- ✓ Insect bites
- ✓ And more!



How to Get Started

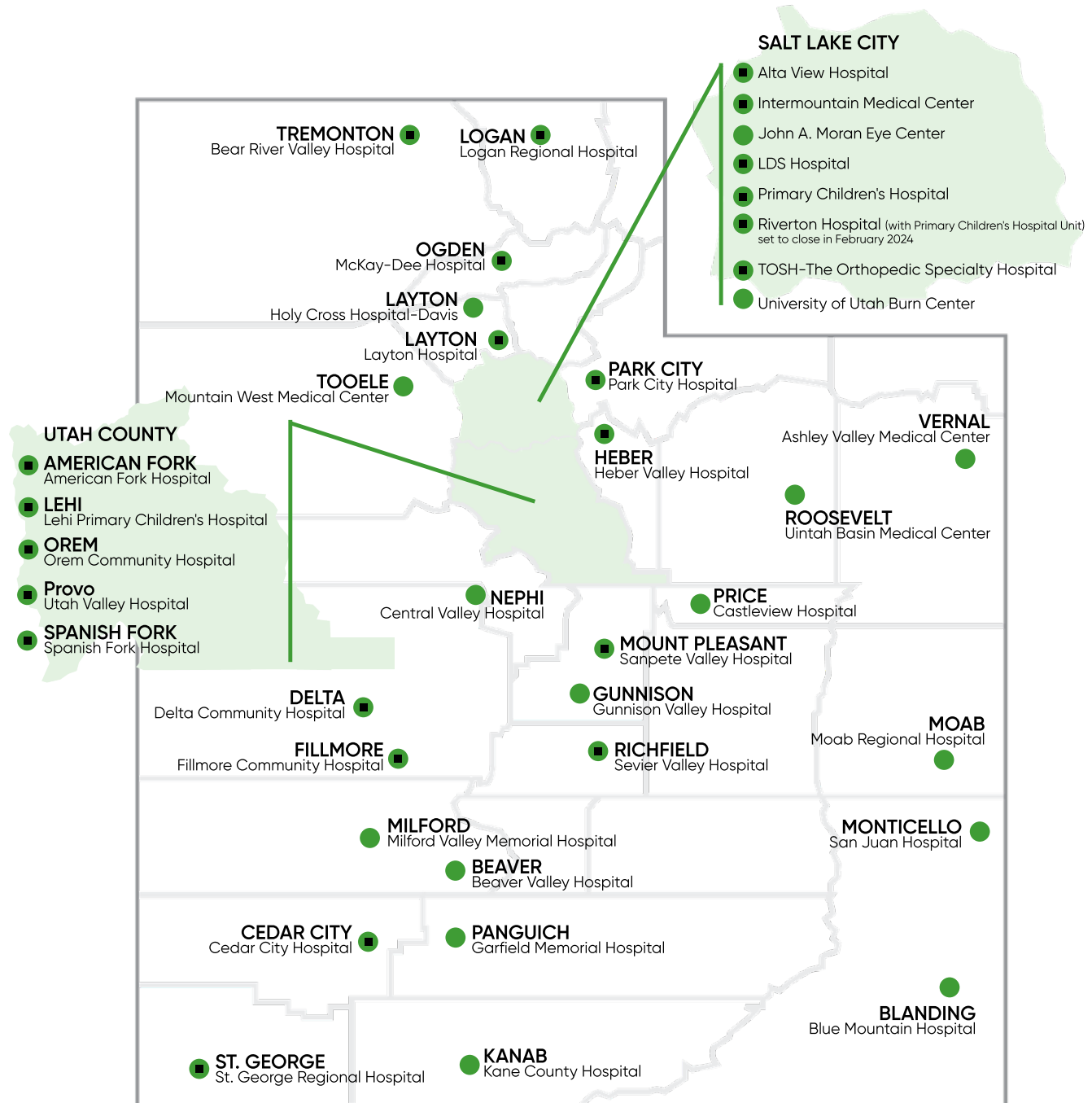
→ SCAN QR CODE TO DOWNLOAD APP

OR

→ CALL ANYTIME 1-855-673-2876

Telehealth is available 24/7 via phone or secure message. Video visits may be limited to certain hours based on provider availability. Services are administered by Recuro Health and do not generate insurance claims. Not for emergency care—call 911 in case of a life-threatening condition.

Utah Hospital Network



■ Indicates an Intermountain Healthcare owned facility.

emihealth.com | 5101 S Commerce Dr. Murray UT 84107 | (800) 662-5850

It's easy to register and get started!

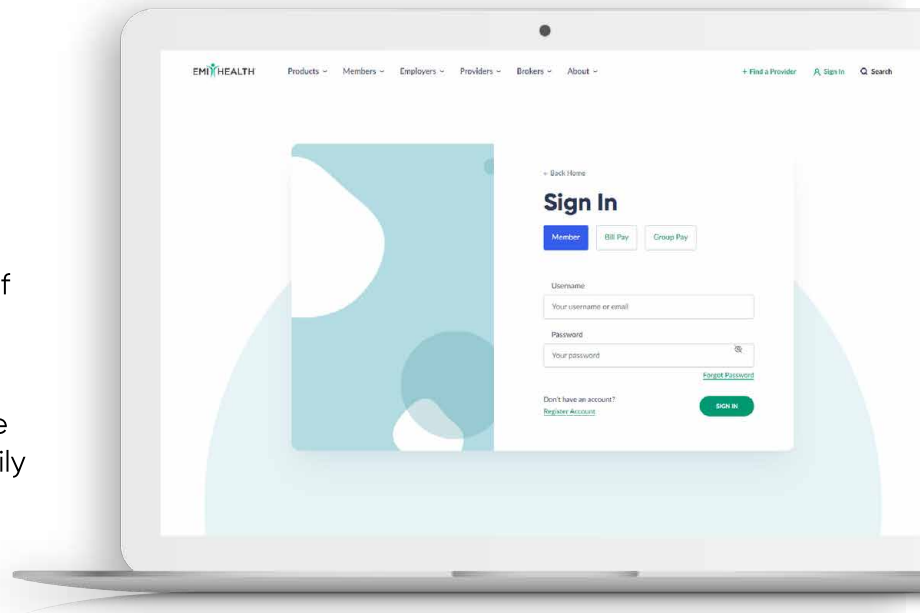
My EMI Health Account

Getting Started

Find everything related to your benefits from general plan documents to detailed claims information.

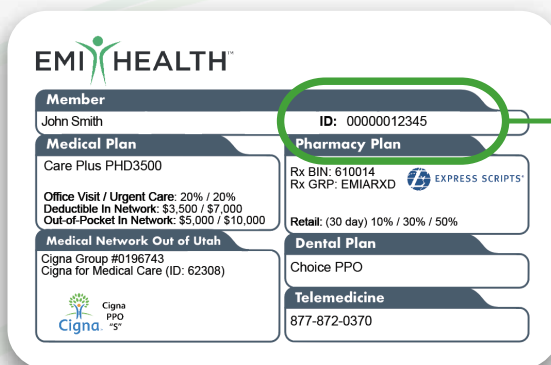
- Go to **emihealth.com**.
- Click **Sign In** and select **My EMI Health**.
- Select **Register** and choose **Member** as the type of account.
- Enter the data to identify yourself and click **Continue**.

*Please note that you will only make an EMI Health account for your family through the plan subscriber. Dependents and spouses will not have their own account.



Questions?

As always, we are here to help. Call customer service at 800-662-5851.



Your Member ID Card

You will receive a Member ID Card in the mail. Please use your Member ID number found on your EMI Health ID card to register your account.

emihealth.com | (800) 662-5851 | 5101 S Commerce Drive Murray, UT 84107

EMI.MKTG.REGISTERACCOUNT.1123.1421

Mental Health Support Resources

Confidential. Flexible.
 Support for you—and your covered family members.*



IN A CRISIS?

Call or Text 988 Or Text “Hello” to 741741 (Crisis Text Line - Available 24/7)

If you or someone you know is in immediate danger or experiencing a mental health crisis.

FREE OPTIONS*

BeWell Mental Health Coaching (Subscribers Only)

- Anxiety or depression
- Trauma or grief
- Work-related burnout, and more...

Coaching Access: <https://emihealth.com/Identity/Account/Login>

IN-NETWORK PROVIDERS

Lyra Mental Health Providers

Get matched with a licensed therapist fast—often with 24 hours.

- Virtual and in-person appointments

Sign-Up: <https://emihealth.lyrahealth.com/>

IN-NETWORK SERVICES

Provider Search

Use EMI Health’s Provider Search tool to find in-network mental health providers. You can filter by specialty, such as:

- Marriage/Family Therapist
- Psychologist
- Psychiatry

To search, visit: <https://emihealth.com/ProviderSearch>

***Employee Assistance Program (EAP)**

Ask your HR team if your company offers this benefit. EAPs often include free counseling and support for personal or work challenges.

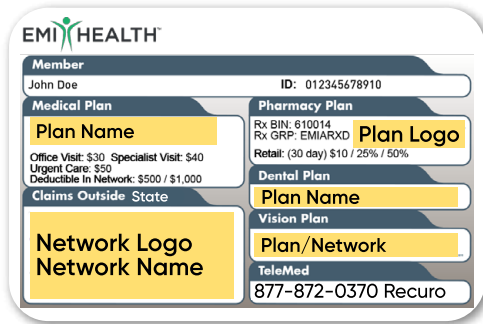
Questions? We’re here to help. Call Customer Service: (800) 650-0401
 Monday–Friday, 6:00 am–6:00 pm MST

* This flyer is a summary. Actual benefits depend on your specific plan. Family members are eligible only if enrolled in a family medical plan. Please refer to your official plan documents for full coverage details.

Your benefits. *Anytime. Anywhere.*

The EMI Health App

Download the app and log in using your My EMI Health username and password. If you haven't registered your account, you can do so in the app or online at emihealth.com.



ID Card

Access your ID Card from anywhere at any time.

Claims

View claim details and Explanation of Benefits (EOB).

Plan Information

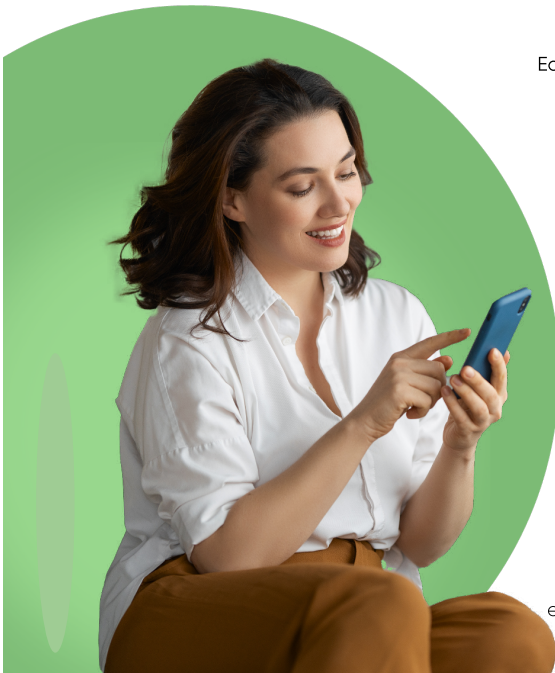
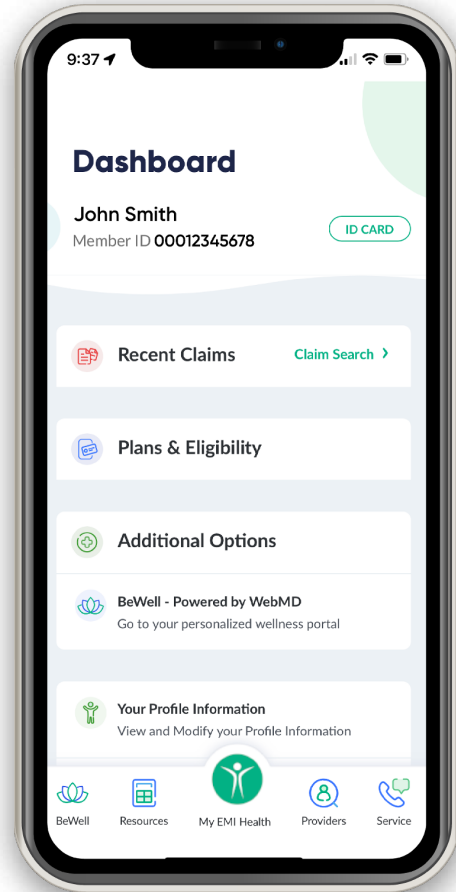
View and download your plan grids.

Profile

Update information like email address, password, or security.

Provider Search

Easily search for participating providers along with their contact information.



Scan this QR code with your phone to download.

emihealth.com | (800) 662-5851 | 5101 S Commerce Drive Murray, UT 84107

GET Healthy
FEEL Strong
BE Happy



OFFERED BY



Business Membership Details

PREMIUM FITNESS AMENITIES ACROSS 50+ LOCATIONS AT DISCOUNTED RATES



COMPANY CODE:

BDUTEMIH

COMPANY NAME:

EMI Health

To activate your membership, scan the QR code or go to vasafitness.com/join and enter your company's promo code. Questions about add-ons or issues with enrollment? Email businessmemberships@vasafitness.com.

FITNESS MEMBERSHIP

~~\$24.99/month~~

\$19.99/month*

- Expansive Cardio Deck
- Free Weights
- Performance Lifting Area
- Strength Training Machines
- Functional Training Turf Area
- Group Fitness Classes
- Cycle Classes
- Indoor Pool & Spa
- Sauna & Steam
- Basketball
- HydroMassage Lounge
- Light Therapy

Available Add-ons:

- Personal Training
- KidCare
- Guest Privileges

STUDIO MEMBERSHIP

~~\$39.99/month~~

\$34.99/month*

- STUDIO RED HIIT Classes
- Unlimited InBody Scans
- \$15 Off A KidCare Bundle
- Monthly \$5 REVIVE Credit
- Expansive Cardio Deck
- Free Weights
- Performance Lifting Area
- Strength Training Machines
- Functional Training Turf Area
- Group Fitness Classes
- Cycle Classes
- Indoor Pool & Spa
- Sauna & Steam
- Basketball
- HydroMassage Lounge
- Light Therapy

Available Add-ons:

- Personal Training
- KidCare
- Guest Privileges

Amenities vary by location. TEAM Training classes are available in locations that do not have STUDIO. *All memberships will be paid directly by the employee and charged an annual fee of \$49.99, 60 days after enrollment and each subsequent year on the same date.





Get the Most From Your Vision Benefits

Some EMI Health vision plans include a WellVision Exam from a VSP network doctor. Other plans cover hardware only—glasses or contacts—at in-network locations. Either way, you'll save with exclusive member extras and offers from private practice doctors and retail partners nationwide.

Important: Not all EMI Health vision plans include an eye exam. Some plans only cover eyewear. Check your plan summary or log in to your EMI Health or VSP account before scheduling an exam. In-network providers may vary based on plan and location.

Quality vision care you need.

Exam Coverage Plans

Get a WellVision Exam to detect early signs of vision or health conditions.

Hardware-Only Plans

Use your benefit for frames, lenses, or contacts at in-network providers or online at Eyeconic.com.

Using your benefit is easy!

1. Create an account at vsp.com to see your in-network coverage.
2. Check if your plan includes an exam, hardware, or both.
3. Find a VSP network doctor or retailer.
4. At your visit or purchase, show your EMI Health Member ID card and tell them you have VSP.

Get more when you visit these in-network retailers.*



Find a provider: vsp.com | 800.877.7195

*Disclaimer: Coverage and in-network providers vary by plan and location. Review your plan summary or log in to your EMI Health or VSP member account for details on covered services and providers. Not all EMI Health vision plans include an eye exam; some plans cover eyewear only. VSP Premier Edge™ is not available for some members in Texas. For information about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices at vsp.com. VSP, Eyeconic, eyeconic.com, and WellVision Exam are registered trademarks, and VSP Premier Edge is a trademark of Vision Service Plan. All other brands are the property of their respective owners.

Voluntary Accident Insurance

Log in to Employee Navigator to see detailed plan summaries provided by your carrier.



Injury	Benefit
Burn	up to \$5,000
Coma	\$15,000
Concussion	\$500
Dental injury	\$500
Dislocation	up to \$7,500
Eye injury with surgical repair	\$500
Injuries not specifically listed	\$100
Internal injury	\$1,500
Knee cartilage injury with surgical repair	\$1,500
Ruptured disc with surgical repair	\$1,500
Tendon/ligament/rotator cuff injury with surgical repair	\$1,500
Accidental Death & Dismemberment (AD&D)	
Employee	\$25,000
Spouse	\$12,500
Child(ren)	\$6,250



www.principal.com

Voluntary Critical Illness

Log in to Employee Navigator to see detailed plan summaries provided by your carrier.



	Benefit	Amount:
Employee:	Benefit increments:	\$5,000
	Minimum Amount:	\$5,000
	Maximum Amount:	\$50,000
	Guaranteed Issue:	\$20,000
Spouse:	Benefit increments:	\$2,500
	Minimum Amount:	\$2,500
	Maximum Amount:	Cannot Exceed 50% of employee's benefit amount up to \$25,000
	Guaranteed Issue:	\$10,000
Child(ren):	Benefit Amount:	Automaticall covered for 25% of an employee's benefit

**Guarantee Issue is the maximum scheduled benefit amount available during the initial enrollment period with no proof of good health required.



www.principal.com



About Alera Group

Alera Group is an independent, financial services firm with more than \$1.5 billion in gross revenue, offering comprehensive property and casualty insurance, employee benefits, wealth services and retirement plan solutions to clients nationwide. Working collaboratively across specialties and across the country, Alera Group's team of more than 4,600 colleagues offer unique solutions, personalized services and proactive insights to help ensure each client's business and personal success. For more information, visit aleragroup.com and follow us on LinkedIn.

*STATISTICS ACCURATE AS OF January 1, 2025

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