







A Guide to Your Benefits

A Guide to Your Benefits | Human Resources

2027

benesch

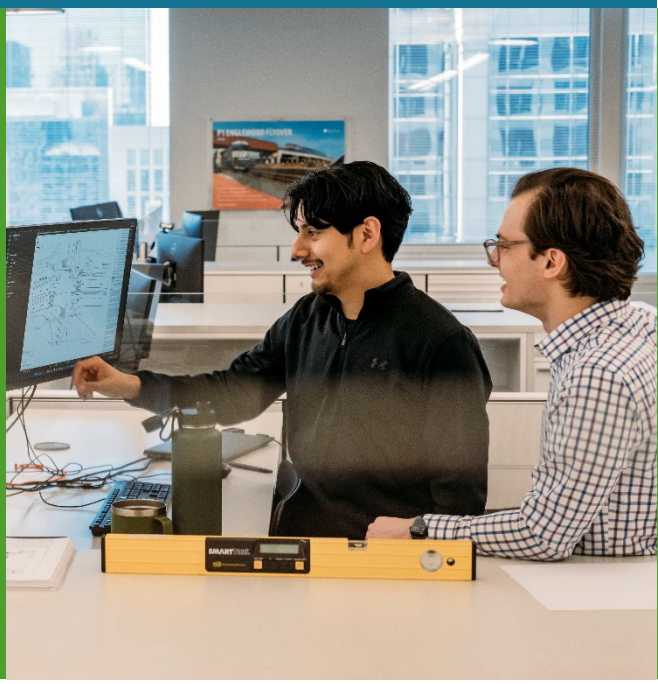


This document guides you through the benefits offered at Benesch.

CONTENTS

1 INTRODUCTION 2
2 MEDICAL 4
3 PRESCRIPTION DRUG BENEFITS 7
4 HSA (HEALTH SAVINGS ACCOUNT) 10
5 FLEXIBLE SPENDING ACCOUNTS 11
6 DENTAL 12
7 VISION 13
8 LIFE AND DISABILITY INSURANCE 14
9 ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY 16
10 ID-THEFT PROTECTION 17
11 PET INSURANCE 18
12 EMPLOYEE ASSISTANCE PROGRAM (EAP) 19
13 BENEFITS ASSISTANCE RESOURCES 20
14 ADDITIONAL CONTACT AND ASSISTANCE INFO 21

1 INTRODUCTION



Benesch strives not only to offer competitive and comprehensive benefits to employees, but to support you throughout the enrollment process.

Our goal is to provide you with the tools, resources and support to make a complex process a little less complicated, making it easier for you to select the benefits that are the right fit for you and your family. This benefit guide briefly summarizes our benefits program, defines key aspects of our plans and includes important links to contact information.

New Hire Enrollment

Welcome! As a new employee of Benesch, you are eligible for benefits if you are full-time or part-time and working at least 24 hours per week. Coverage is effective for most benefits on the 30th day of employment. Pet Insurance is effective on the 1st of the month following enrollment.

Open Enrollment

Open enrollment is your annual opportunity to review your current benefit coverage and make needed changes for the upcoming plan year. During open enrollment, you may add, change or decline coverage. In addition, you may add and/or drop dependents during this time.

If you do not wish to make changes to your medical, dental, vision, HSA or voluntary benefits, no action is required. However, all employees choosing to participate in the Flexible Spending Accounts (Health Care, Limited Purpose or Dependent Care) MUST make an election, as prior elections will not roll over.

Open Enrollment is scheduled to take place ***November 2, 2026 – November 20, 2026****.*

NOTE: This Benefit Guide only highlights the benefits available. For a complete description, see the Plan Document. If any conflict should arise between this Guide and the Plan Document, the Plan Document will govern in all cases. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the Guide, contact **Benefits@Benesch.com**.

Eligible Dependents

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Your domestic partner*
- Your children up to age 26 (custodial child, adopted child, stepchild, and child of legal guardian)

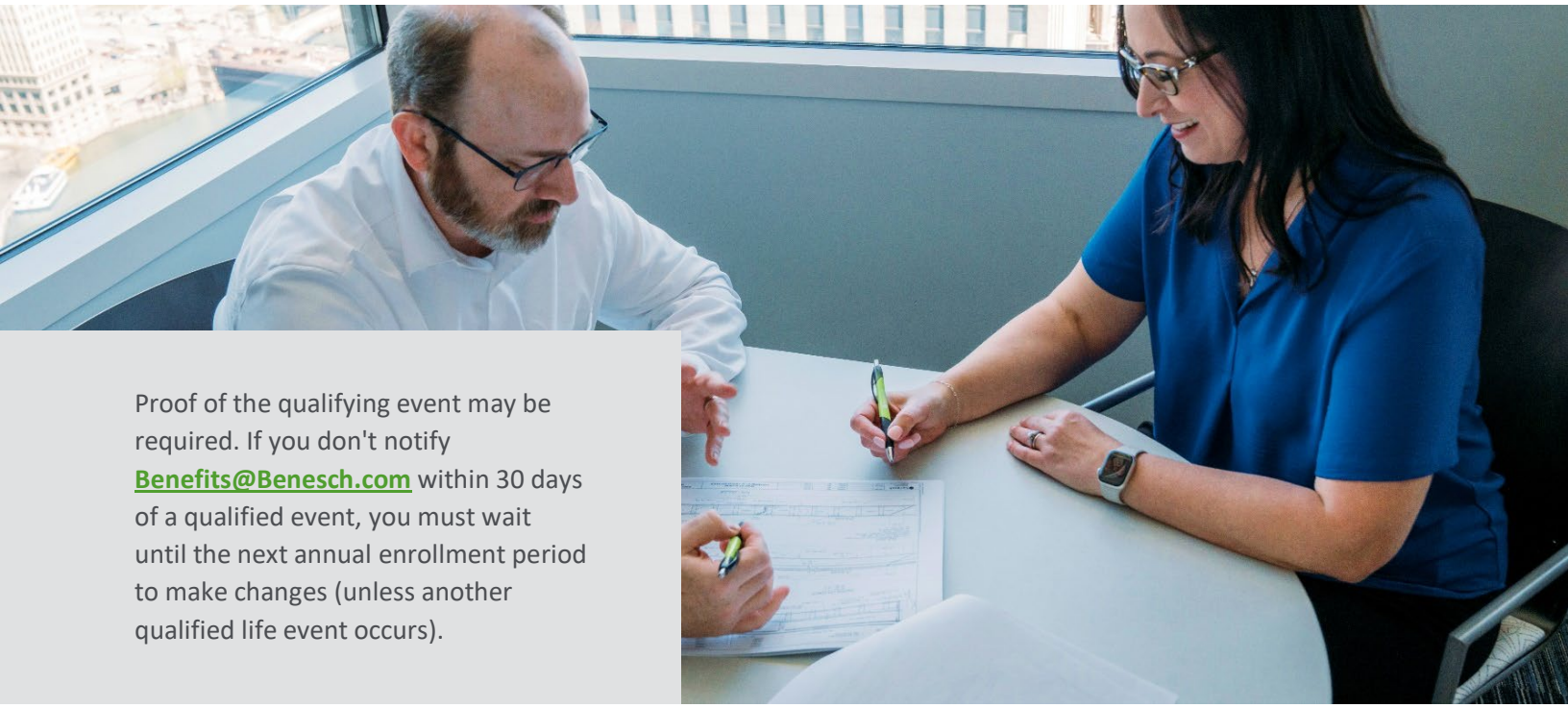
Once your benefit elections become effective, they will remain in effect until the end of the year unless you experience a qualified life event or terminate.

**Please see the Domestic Partner policy listed on Benefits Connection.*

Qualified Life Events

Generally, you may change your benefit elections only during the annual open enrollment period. However, you may also change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse, domestic partner or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse/domestic partner or dependent child
- Turning Age 26
- Entitlement to Medicare or Medicaid



Proof of the qualifying event may be required. If you don't notify Benefits@Benesch.com within 30 days of a qualified event, you must wait until the next annual enrollment period to make changes (unless another qualified life event occurs).

2 MEDICAL

Benesch offers the option of either a Traditional PPO or High Deductible Health Plan (HDHP) administered through Blue Cross Blue Shield of Illinois.

Plan Option Summary

Please note that the network is nationwide, even though the plan is administered by BCBS of Illinois.
For more detailed coverage information, please refer to the BCBSIL plan documents.

Plan Options	Traditional PPO*		High Deductible Health Plan (HDHP)	
	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Deductible				
	Embedded – no one individual must meet more than the individual limit		Embedded – no one individual must meet more than the individual limit	
Individual	$1,500	$3,000	$3,500	$3,500
Family	$3,000	$6,000	$7,000	$7,000
Out-of-Pocket Max	**Includes your Deductible**		**Includes your Deductible**	
Individual	$5,000	$10,000	$5,000	$5,000
Family	$10,000	$20,000	$10,000	$10,000
Coinsurance – You Pay	**20%**	**40%**	**20%**	**40%**
Wellness/ Preventive Care Visit	$0	40% after deductible	$0	40% after deductible
Physician Care Visit	$25 copay*	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	$50 copay*	40% after deductible	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Hospital Services				
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Complex Imaging (MRI, CAT, PET, etc.)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	$400 Copay* (waived if admitted) plus 20% after deductible		10% after deductible	
Rehabilitation Services				
Physical, Speech & Occupational Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible

Finding a Physician/Facility

Visit www.bcbsil.com and click "Find Care."

You may search either by physician/facility name or network; the network for each of the plans offered is **Participating Provider Organization (PPO).**

Blue Access for Members (BAM)

- All participants have access to BAM. You may create your own account at **www.bcbsil.com.**
- Members can check the status of claims, view benefit information, access wellness information, compare hospitals, request replacement ID cards and more.
- Employees can even access their accounts through their mobile or smart phone.

Hinge Health

With Hinge Health, you can get virtual physical therapy and more at no cost to you and your covered dependents (18+) if you are enrolled in one of Benesch's medical plans. Help reduce everyday joint and muscle aches, recover from an injury and improve your mobility. Partner with real people who are dedicated to helping you feel your best with personalized care that includes:

- A care plan designed for your everyday activities and long-term goals — and to treat multiple areas of your body at once.
- Exercise therapy sessions you can do in as little as 15 minutes — anytime, anywhere with the Hinge Health app.
- 1-on-1 support from a physical therapist or health coach to tailor your sessions as needed and help you reach your goals.
- Instant feedback during your exercise sessions with precise motion tracking — to improve your form and build confidence.

To learn more and enroll, scan the QR code or visit hinge.health/enroll-today.

Questions?
Call 855-902-2777 or visit their website at **www.hingehealth.com.**

Join the Women's Pelvic Health Program

Get personalized pelvic floor care at no cost to you and your covered dependents (18+).

What's your pelvic floor?
Your pelvic floor is the group of muscles supporting the bladder, uterus and bowel. Pregnancy, menopause, injury and certain conditions can sometimes weaken those muscles resulting in pain, bladder control issues and more.

Why join?

- Get personalized exercise therapy for pregnancy and postpartum, bladder control, pelvic muscle strengthening or pelvic muscle relaxation.
- Work 1-on-1 with a clinical care team that specializes in pelvic floor care.
- Exercise from the privacy of your own home, on your schedule.

MDLive Telehealth

MDLive is a service outside of your traditional in-network provider access. MDLive offers the following:

- Telemedicine visits
- Calls for non-emergency medical issues such as colds, flu, ear infections or pink eye.
- Visits via phone or video.
- Available 24 hours a day, 7 days a week.
- Available to employees and covered dependents.
- The standard cost is $48 (behavioral health visits may be more) until the deductible is met.
- Then, $20 copay after deductible for PPO / $10 copay after deductible for HDHP.

Activate your account –
pick the way that is easiest for you:

- Call MDLIVE at 888-676-4204
- Go to **MDLIVE.com/bcbsil**
- Text BCBSIL to 635-483
- Download the MDLIVE app

Blue365 is a discount program for members. With this program, you can save money on health care products and services that are most often not covered by your benefit plan. There are no claims to file and no referrals or pre-authorizations. See all the Blue365 deals and learn more at **www.blue365deals.com/BCBSIL.**

Bi-Weekly Medical Contributions	HDHP Plan	PPO Plan
Employee	$92.08	$179.64
Employee & Spouse	$186.57	$337.45
Employee & Child(ren)	$159.12	$300.78
Family	$263.95	$485.93

3 PRESCRIPTION DRUG BENEFITS

Prescription benefit coverage is administered by RxBenefits, Inc. and Express Scripts (effective January 01, 2027).

HDHP-HSA Plan

Retail Pharmacy Coverage (1-30 Day Supply)	In Network Pharmacy
Generic	20% Co-insurance
Preferred Brand	20% Co-insurance
Non-Preferred Brand	20% Co-insurance
Retail Pharmacy Coverage (1-90 Day Supply)	**In Network Pharmacy**
Maintenance Generic	20% Co-insurance
Maintenance Preferred Brand Medications	20% Co-insurance
Maintenance Non-Preferred Brand Medications	20% Co-insurance
Mail Order Extended Supply (1-90 Day Supply)	**In Network Pharmacy**
Generic	20% Co-insurance
Preferred Brand	20% Co-insurance
Non-Preferred Brand	20% Co-insurance

Accumulations	
Deductible Embedded	$3,500 Individual / $7,000 Family
Maximum Out-of-Pocket Embedded	$5,000 Individual / $10,000 Family
The calendar year deductible applies to pharmacy and medical claims. Each individual family member must meet the individual deductible unless the family deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to copays above. Generic dispense as written policy does not apply to the deductible. The deductible does apply to the maximum out-of-pocket.	
The calendar year maximum out-of-pocket applies to pharmacy and medical claims. Each individual family member must meet the individual maximum out-of-pocket unless the family maximum out-of-pocket has been met by any two or more covered family members. Once met, your covered prescriptions are paid 100%. Generic dispense as written policy does not apply to the maximum out-of-pocket.	

SaveOnSP Adapt Copay Assistance Benefit

Your HDHP/HSA plan includes the SaveOnSP Adapt benefit, which works similarly to the standard SaveOnSP program but is designed for HSA-eligible plans. You must first meet your deductible before the benefit applies. Once met, a 30% coinsurance is applied to eligible specialty medications—and SaveOnSP coordinates manufacturer copay assistance to cover most or all of that cost, potentially reducing your responsibility to $0. Note that this coinsurance does not count toward your out-of-pocket maximum. A SaveOnSP representative will reach out when you fill an eligible medication to guide you through enrollment.

Traditional PPO Plan

Retail Pharmacy Coverage (1-30 Day Supply)	In Network Pharmacy
Generic	$15.00
Preferred Brand	$50.00
Non-Preferred Brand	$75.00
Retail Pharmacy Coverage (1-90 Day Supply)	**In Network Pharmacy**
Maintenance Generic	$30.00
Maintenance Preferred Brand Medications	$100.00
Maintenance Non-Preferred Brand Medications	$150.00
Mail Order Extended Supply (1-90 Day Supply)	**In Network Pharmacy**
Generic	$30.00
Preferred Brand	$100.00
Non-Preferred Brand	$150.00

Accumulations	
Maximum Out-of-Pocket Embedded	$5,000 Individual / $10,000 Family
The calendar year maximum out-of-pocket applies to pharmacy and medical claims. Each individual family member must meet the individual maximum out-of-pocket unless the family maximum out-of-pocket has been met by any two or more covered family members. Once met, your covered prescriptions are paid 100%. Generic dispense as written policy does not apply to the maximum out-of-pocket.	

SaveOnSP Copay Assistance Benefit

Your plan includes a copay assistance benefit administered by SaveOnSP that can significantly reduce your out-of-pocket costs on select specialty medications. If you fill an eligible specialty drug, a SaveOnSP representative will contact you to enroll in the manufacturer's copay assistance program. Once enrolled, your cost may be reduced to as little as $0. If you choose not to participate, you will pay the full plan coinsurance. Note that your cost share under this benefit does not count toward your deductible or out-of-pocket maximum.

Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through Accredo specialty pharmacy by calling Accredo at 1.800.803.2523 (some exceptions apply). These medications are limited to a 30-day supply. Specialty medications largely fall into the formulary brand category but may also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate cost share as listed below. Accredo Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication (1-30 Day Supply)	Specialty Pharmacy
Specialty Generic	20% Co-insurance
Specialty Preferred Brand	20% Co-insurance
Specialty Non-Preferred Brand	20% Co-insurance

Questions?

The My RxBenefits member portal gives you 24/7 online access to your account, ID card, real-time prior authorization status and prescription details. You can also chat with our Member Services team to address any questions. Register for the portal by visiting **RxBenefits.com** and clicking on "Member Portal."

Chat: With a live agent by registering the RxBenefits member portal at **Member.RxBenefits.com**, Monday-Friday, 9:00 am to 6:00 pm (CST)

Call: Talk to RxBenefits Member Services at 1-800-334-8134, Monday-Friday, 7:00 am to 8:00 pm (CST)

Email: **CustomerCare@RxBenefits.com**, Monday-Friday, 7:00 am to 8:00 pm (CST)

Specialty Pharmacy: 1-800-803-2523

Prior Authorizations (PA): 1-888-608-8851

For detailed information, visit Benefits Connection.

4 HSA (HEALTH SAVINGS ACCOUNT)

This benefit is available to employees enrolled in the High Deductible Health Plan only. Benesch will contribute $3,200 (Family) or $1,600 (Employee only) annually to your Health Savings Account (HSA)!

- HSAs are set up with Chard Snyder to coordinate with the High Deductible Health Plan.
- An HSA is a tax-advantaged account that participants may use to pay for qualified health care expenses, including dental and vision.
- Money is set aside on a pre-tax basis and remains tax-free used for qualified expenses.
- To qualify for an HSA, you must:
  - Have coverage under an HSA-qualified High Deductible Health Plan (HDHP).
  - Not be enrolled in Medicare.
  - Not be claimed as a dependent on someone else's tax return.
  - Not participate in a Health Care FSA. (You may participate in the Limited Purpose FSA; see next page).

Annual HSA Contribution Limits

You may choose to fund your HSA to meet your expected health care costs for the next year or fund all the way up to the contribution limit to build your tax-advantaged account. Any funds you do not use in a given plan year remain in your account, building a larger account or transactional account for future health care expenses.

	Individual Plan Contribution	Family Plan Contribution (EE + Spouse, EE + Children, or EE + Family)
Maximum HSA Limit for 2027 Tax Year	$4,500	$9,000
Benesch Annual Contribution	**$1,600** *($61.53 bi-weekly)*	**$3,200** *($123.07 bi-weekly)*
Your Allowed Annual Contribution	$2,900	$5,800
Catch Up Ages 55 +	$1,000	$1,000

Distributions

- You may use the money in the account to pay for any qualified health care expense (medical, prescription, dental, vision) permitted under the federal tax guidelines.
- You may also use the money in the account to pay for health care expenses for yourself, your spouse or your dependent children, even if they are not covered by your High Deductible Health Plan. Any amounts used for purposes other than to pay for qualified health care expenses are taxable as income and subject to an additional 20% tax penalty. After you turn age 65, the 20% additional tax penalty no longer applies.

More information regarding Health Savings Accounts: The information contained here is not intended to represent all HSA regulations. For complete information, visit the Treasury's HSA website at **www.treas.gov.**

5 FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) are designed to save you money. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses. With an FSA, the money you contribute is never taxed – not when you put it into the account, not when you are reimbursed with the funds from the account, and not when you file your income tax return at the end of the year. FSAs are administered by **Chard Snyder**. Annual contribution limits are set by the IRS.

Account Type	Eligible Expenses	Annual Limits	Benefit
Health Care FSA ***(for employees not participating in the HSA)***	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medication).	Maximum contribution is $3,500 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income.
Limited Purpose FSA ***(for HSA enrolled employees only)***	Dental and vision care expenses that are not covered by your dental or vision plans (such as copayments, coinsurance, deductibles, surgery and orthodontia).	Maximum contribution is $3,500 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time.	Maximum contribution is $7,500 per year ($3,750 if married and filing separate tax returns)	Reduces your taxable income.
Transit	Bus passes, subway vouchers, passes or tokens, train vouchers, passes or tokens, and vanpooling fees. **Eligible transit expenses must be work related.**	The maximum monthly Transit election is $350	Set aside funds pre-tax from your paycheck for qualified transit expenses.
Parking	Metered parking, monthly and/or daily parking fees for parking lots and/or ramps, park n' ride lots, and parking at mass transit facility. **Eligible parking expenses must take place at or near your place of employment, or at a location from where you commute to work.**	The maximum monthly Parking election is $350	Set aside funds pre-tax from your paycheck for qualified parking expenses.

Important Information about FSAs: Your FSA elections will be in effect from January 1 through December 31. All expenses must be incurred within the calendar year. Claims for reimbursement for the Health Care, Limited Purpose and Dependent Care FSAs must be submitted by March 31 of the following year. The Health Care and Limited Purpose FSAs allow up to $700 to be rolled over into the following year. Any money remaining in your account after March 31 will be forfeited. This is known as the "use it or lose it" rule and it is governed by IRS regulations. Please plan your contributions carefully. Note that FSA elections do not automatically continue from year to year. You must actively enroll each year.

Parking and Transit elections will rollover each year. Mass Transit tickets/passes must be purchased with the debit card provided. Claims for reimbursement for the Parking and Transit must be submitted within 180 days of the date of service.

6 DENTAL

With your dental benefit program, you can go to any licensed dentist. However, you will save the most money by visiting a dentist in the Delta Dental PPO or the Delta Dental Premier network. Out-of-network dentists have not agreed to accept Delta Dental's fees, which means they may bill for any charges over the allowed amount.

Plan Options

You can choose between two dental plans, the **Base Plan or the Buy-Up Plan.**

Bi-Weekly Dental Contributions	Base	Buy-Up
Employee	$3.76	$9.39
Family	$11.74	$25.82

Buy-Up Plan includes:

- $2,500 annual maximum
- Orthodontics benefits with a $2,500 lifetime maximum
- **To Go** Carryover Feature - If you have a dental service that applies to your annual maximum during the benefits plan year, **To Go** allows unused annual maximum dollars to be applied to your dental plan for the next year — up to twice the amount of your plan's annual maximum. Plus, your **To Go** carryover balance never expires, so you keep the additional dollars until you need them. **Click to learn more!**

To search for in-network providers, visit **www.deltadentalil.com** or call 1-800-323-1743.

Benefit	Delta Dental PPO* Delta Dental Premier** In-Network Base Plan	Delta Dental PPO* Delta Dental Premier** In-Network Buy-Up Plan	Out-of-Network ***
Annual Deductible: Individual/Family	$50/$150	$50/150	$50/$150
Annual Maximum	$1,500 / person	$2,500 / person	Base Plan: $1,500 / Person Buy-Up Plan: $2,500/Person
Diagnostic and Preventative Care: Includes cleanings, fluoride treatments, sealants and x-rays	100%	100%	100%
Basic Services: Includes fillings, periodontics, scaling and root planning, and oral surgery	80%	80%	80%
Major Services: Includes crowns, bridges and full partial dentures	50%	50%	50%
Orthodontics: Dependent Children to Age 19, Adults are eligible for coverage	N/A	50%	Buy-Up Plan: 50%
Lifetime Orthodontics Maximum	N/A	$2,500	Buy-Up Plan: $2,500
To Go Carryover Feature: Allows you and your covered dependents to carry over qualified unused portions of your annual maximum from one year to the next – up to 2X your annual maximum	N/A	Up to $5,000 (2X annual maximum)	Buy-Up Plan: Up to $5,000 (2X annual maximum)

* Delta Dental PPO dentists accept payment based on Delta's maximum allowed fees. This is usually the highest discount available to members.

** Delta Dental Premier dentists accept payment based on a higher maximum of allowed fees. Members may pay more out of pocket.

*** Out-of-network dentists do not accept payment based on Delta's maximum allowed fees. Members are responsible for any balance billing.

Delta Dental PPO and Premier dentists cannot balance bill members for the difference between Delta's allowed fee and the submitted charge.

7 VISION

Vision is administered through Vision Service Plan (VSP).

VSP's network has over 20,000 vision providers in the United States. The amount you pay for vision services depends upon whether you visit an in-network or out-of-network provider. Providers can be found at www.vsp.com (VSP Choice Network) or call 800-877-7195.

You can choose between two plans, the Core Plan or the Buy-Up Plan. The Buy-Up Plan allows you to purchase frames every 12 months instead of 24 months. The frame allowance is increased from $140 to $150. You can also purchase a second pair of eyewear (frame & lenses), or you can receive additional contacts for a $10 copay.

Benefit	In-Network Core	In-Network Buy-Up	Out-of-Network
Exam	$10 Copay	$10 Copay	Up to a maximum reimbursement of $45
Hardware/Materials	$25 Copay	$25 Copay	N/A
Frequency • Exam • Lenses • Frames	 12 months 12 months 24 months	 12 months 12 months **12 months**	 12 months 12 months 24 months Core/12 Months Buy-Up
Frames	Covered 100% up to $140; 20% off balance over $140 ($160 for featured brands)	Covered 100% up to **$150**; 20% off balance over **$150** (**$170** for featured brands)	Max reimbursement up to $70
Lenses • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses	Covered in Full after $25 copay	Covered in Full after $25 copay	Up to a max reimbursement of $30 Up to a max reimbursement of $50 Up to a max reimbursement of $65
Elective Contact Lenses in Lieu of Glasses	Covered up to $120 allowance	Covered up to **$150** allowance	Max reimbursement up to $105
Medically Necessary Contact Lenses	100% after $25 copay	100% after $25 copay	Max reimbursement up to $210
2nd Pair (Lenses & Frame or Contacts)	N/A	**$10 Copay, Covered up to $150 allowance**	Frames: $70 Lenses: $30/$50/$65 Contacts: $105

Bi-Weekly Vision Contributions	Core	Buy-Up
Employee	$0.71	$8.98
Family	$1.52	$19.34

Using your VSP Benefit is easy.

- **Create an account at www.vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit www.vsp.com or call 1-800-877-7195.
- **At your appointment, tell them you have VSP.** No ID card is necessary. If you'd like a card as a reference, you can print one at www.vsp.com.

There are no claim forms to complete when you use a VSP provider.

8 LIFE AND DISABILITY INSURANCE

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

To assist your family financially in the unfortunate event of your death, Benesch provides you with basic term life and AD&D insurance at no cost to you.

Maximum Coverage Amount	$500,000
AD&D	Equal to Basic Life
Age Reduction	65% at age 70
Class 1 – Imputed Income*	2x salary up to $500,000
Class 2 – No Imputed Income	$50,000

**IRS assessed tax for coverage in excess of $50,000*

Voluntary Life and AD&D Insurance

You can elect coverage for yourself, your spouse and/or your child(ren). You pay for the cost of this coverage but get the advantage of group rates. To purchase life coverage for your spouse and/or child, you must purchase life coverage for yourself.

- Guarantee Issue – Employee $250,000 / Spouse $50,000 / Child $10,000
- Coverage above the Guarantee Issue may require completion of Evidence of Insurability (EOI)
- Maximum coverage for Employee – lesser of 5x Salary or $500,000
- Maximum coverage for Spouse – Employee's elected amount up to $500,000
- Maximum coverage for Child – $10,000

Group Long Term Disability Insurance (Employer Paid)

- Benefit Amount – 50% of your monthly earnings
- Maximum Monthly Benefit – $5,000
- Minimum Monthly Benefit – $100
- Maximum Benefit Duration – Social Security Normal Retirement Age (SSNRA)
- Elimination Period – 90 days

Group Long Term Disability Insurance (Buy Up/Voluntary)

- Benefit Amount – 66.67% of your monthly earnings
- Maximum Monthly Benefit -- $10,000
- Maximum Benefit Duration – SSNRA
- Elimination Period – 90 days

If you have a medical condition and receive treatment within 3 months before your coverage starts, benefits for that condition may not be available until you've been covered for 12 months.



Group Short Term Disability Insurance (Employer Paid)

No action required. All benefit-eligible employees will be automatically enrolled in this benefit.

- Benefit Amount – 66.67% of your weekly earnings
- Maximum Weekly Benefit – $1,750
- Minimum Weekly Benefit – $25
- Maximum Benefit Duration – 13 weeks
- Elimination Period – Accident: 0 days, Illness: 7 days

What is the Guaranteed Issue Amount?

If you are newly eligible and have not previously waived your opportunity to elect coverage, you may elect up to the guaranteed issue amounts without submitting Evidence of Insurability (EOI). If you are a late entrant and have previously waived the opportunity to purchase additional coverage, you will be required to submit EOI.

Annual Enrollment Provisions

Employees may change coverage at annual enrollment and increase up to two increments (for a total of $20k), up to the guaranteed issue without EOI. Spouses may change coverage at annual enrollment and increase up to two increments (for a total of $10k), up to the guaranteed issue amount without EOI. If the amount elected during annual open enrollment exceeds two increments or the guaranteed issue amount, EOI will be required.

An employee or spouse who is not currently insured at annual enrollment and elects coverage for the first time is considered a late entrant and all amounts of life insurance elected are subject to EOI.

Children are not subject to EOI.



9 ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY

Accident Insurance

Provides an extra layer of protection with cash payments for out-of-pocket expenses from qualifying accidents, on and off the job. Includes additional Accidental Death and Dismemberment (AD&D) coverage, beyond Basic Life and AD&D. Covered expenses may include ambulance services, burns, blood/plasma, sports-related injuries for covered children, comas, concussions, dislocations, fractures and more. Please refer to your official Guardian plan for full coverage details.

Accident Rates	Rate Per Pay Period
Employee	$3.52
Employee + Spouse	$5.67
Employee + Child(ren)	$7.62
Employee + Spouse + Child(ren)	$9.77

Critical Illness Insurance

Gives you a cash payment to help cover out-of-pocket expenses should you experience a serious illness such as cancer, a heart attack or a stroke, giving you the financial support to focus on recovery. You may choose to elect a lump sum benefit of $10,000 or $20,000. Acquiring certain conditions can allow you to receive 100% of that lump sum if it is either the first or second occurrence. Eligible conditions include but are not limited to cancers, vascular issues such as a heart attack or stroke, organ failure, kidney failure, loss of sight/hearing/speech, ALS and more.

Employee Rates	<30	30-39	40-49	50-59	60-69	70+
$10,000 Coverage	$1.43	$2.45	$4.71	$9.42	$16.15	$25.66
$20,000 Coverage	$2.86	$4.89	$9.42	$18.83	$32.31	$51.32
Spouse Rates*	**<30**	**30-39**	**40-49**	**50-59**	**60-69**	**70+**
$10,000 Coverage	$1.43	$2.45	$4.71	$9.42	$16.15	$25.66
$20,000 Coverage	$2.86	$4.89	$9.42	$18.83	$32.31	$51.32

**Spouse coverage premium is based on employee age*

**Spouse benefit amount cannot exceed employee amount*

**Dependent child(ren) coverage is included if employee enrolls in coverage. Child(ren) cost is included with employee election*

Hospital Indemnity Insurance

Covers some of the costs associated with a hospital stay. Benefits incurred from a hospital/ICU admission or confinement can be used to pay for deductibles and copays, travel to and from the hospital for treatment, and even childcare assistance during recovery.

Hospital Indemnity Rates	Rate Per Pay Period
Employee	$4.72
Employee + Spouse	$11.52
Employee + Child(ren)	$8.44
Employee + Spouse + Child(ren)	$15.24

10 ID-THEFT PROTECTION

LifeLock

In today's world, cybersecurity is more important than ever. LifeLock gives you an extra layer of assurance that your identity is being protected. LifeLock with Norton Benefit Plans combine leading identity theft protection with device security and protection against online threats to block thieves from stealing personal information from PCs, Macs and mobile devices.

LifeLock features:

- **LifeLock Identity Alert System**
  - Monitors for fraudulent use of your Social Security number, name, address, or date of birth in applications for credit and services
- **Dark Web Monitoring**
  - Patrols the dark web and notifies you if it finds your information on dark websites and forums
- **LifeLock Privacy Monitor**
  - Scans common public people-searching websites to find your personal information and helps you opt out
- **Lost Wallet Protection**
  - If your wallet gets lost or stolen, LifeLock can act as a resource to assist with canceling/replacing credit cards, driver's licenses, Social Security cards, insurance cards, etc.
- **24/7 Live Member Support**
- **US-based Identity Restoration Specialists**
- **Fictitious Identity Monitoring**



LifeLock Premier Rates	Rate Per Pay Period
Individual Coverage	$6.23
Family Coverage	$12.45
LifeLock Essential Rates	**Rate Per Pay Period**
Individual Coverage	$3.69
Family Coverage	$7.38

11 PET INSURANCE



If you're a pet parent, your fur babies are an important part of your family, bringing comfort, joy and unconditional love. In return, you do the best you can to take care of them. But pet care is expensive and veterinary costs continue to rise. That's why we're offering pet insurance to our employees.

Take the stress out of unexpected vet bills!

Pet insurance reimburses you for the cost of accidents and/or illnesses throughout your pet's life. After a $300 deductible, the plan will pay 80% up to a $5,000 annual limit. There is also an optional wellness rider you can purchase to cover specific amounts for preventive visits. There are additional maximum allowable limits for wellness care.

You can enroll pets from 8 weeks to 10 years old. If your pet is 11 years of age or older, they are not eligible for coverage as a new enrollee. If a pet turns 11 years old after enrolled, coverage will continue.

Coverage will be effective on the 1st of the month following enrollment for new hires and Qualified Life Events.

Here's how it works:

1. Visit your vet (or any licensed vet or clinic)
2. Pay your vet, then submit a claim
3. Get reimbursed for eligible expenses

Species/Age	Accident & Illness	Accident, Illness & Wellness
Dog (Age 0-10)	$28.54	$37.30
Cat (0-10)	$14.37	$21.18

Rates per pay period

What's Covered (Accident/Illness)

- Pre-Existing Conditions*
- Broken Bones
- Diagnostics
- Surgery
- Prescription Medication
- Toxin Ingestion
- Digestive Issues
- Cancer
- Hospitalization

**Pre-existing condition coverage may require a 12-month waiting period.*

What's Covered (Wellness)

- Office Visit/Exam
- Heartworm Test/Feline Leukemia
- Rabies/Preventative Vaccines
- Flea/Tick Prevention
- Blood, Fecal, Parasite Test
- Urinalysis
- Spay/Neuter
- Microchip

12 EMPLOYEE ASSISTANCE PROGRAM (EAP)

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. ComPsych's Guidance Resources is company-sponsored, confidential and provided at no charge to you and your dependents.

EAP specialists will confidentially discuss challenges you and your family may be facing and provide you with consultation, information, action plans and resources within your community. The EAP offers face-to-face sessions, as well as unlimited access to master's-level consults by telephone and online tools and resources.

ComPsych offers 5 free counseling sessions per issue per year for you and all of your household family members.

Counseling and Work-Life Services

- Stress management
- Work and home relationships
- Depression and grief
- Alcohol and substance abuse
- Child, adult and elder care
- Legal and financial consultations

Utilizing the Employee Assistance Program

- Phone consultations: 800.272.7255; unlimited calls, 24/7
- Your company Web ID: COM589
- Online tools and resources: visit www.guidanceresources.com

Guidance Resources Online

Your one-stop for expert information on the issues that matter most to you…relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, help sheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Childcare, elder care, attorney and financial planner searches

There is a strict standard of confidentiality in place to protect your privacy. Treatment information is not shared with anyone without your written permission.

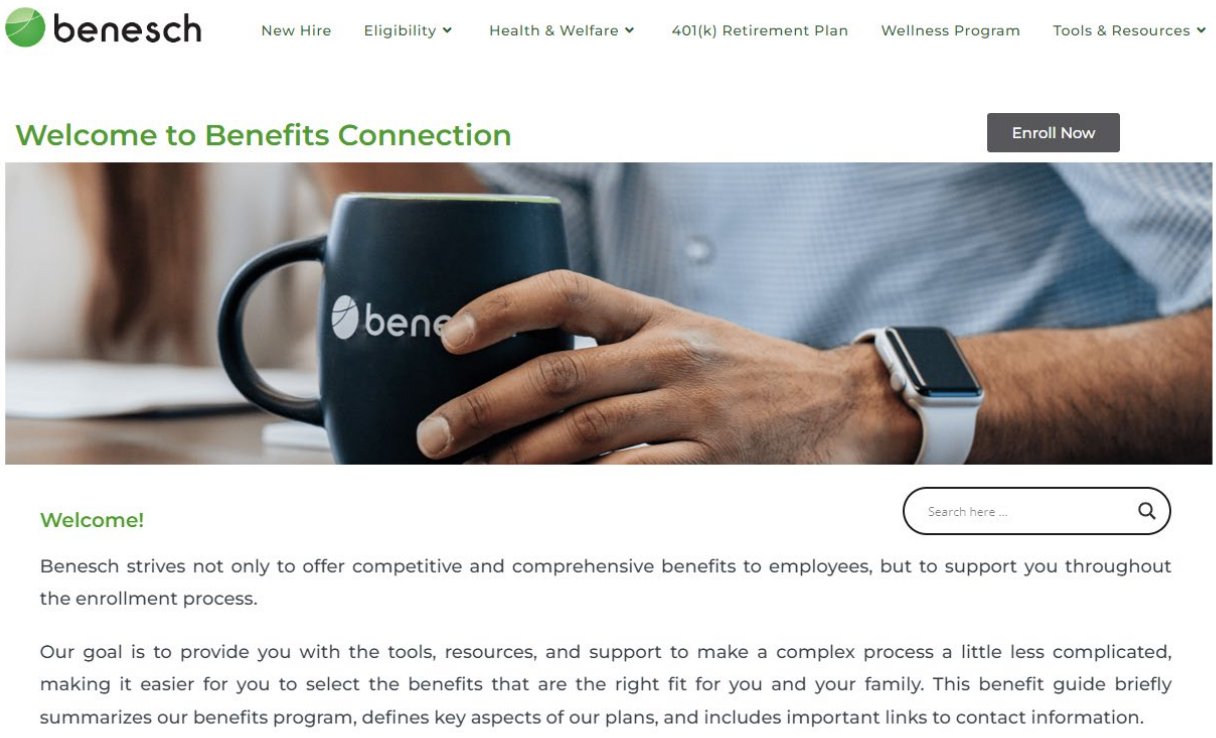


13 BENEFITS ASSISTANCE RESOURCES

Benefits Connection

For more information on all of the benefits Benesch has to offer, please visit Benefits Connection at **https://benesch.eebenefits.info/**.

You will find plan documents, forms, rates, direct links to all of our benefits carriers and ADP, resources, videos and more.



Medicare

For Medicare information reach out to Jessyca Latimer at 847-481-6627 or via email at **jessyca.latimer@mybenefitadvisor.com**. This is a free service for all employees.

14 ADDITIONAL CONTACT AND ASSISTANCE INFO

Medical

BlueCross BlueShield of Illinois. Access claim history, check plan information, find providers

HDHP Group #PH4282 | Trad. PPO Group #PH4280

www.bcbsil.com or 800-458-6024

Health Savings Account (HSA) and Flexible Spending Account (FSA)

Chard Snyder. Health Care/Dependent Care/Limited Purpose FSA and Transit/Parking accounts.

www.chard-snyder.com or 800-982-7715

Dental

Delta Dental. Find providers

Group #20397

www.deltadentalil.com or 1-800-323-1743

Life, STD and LTD

Lincoln Financial Group. Submit a life or disability claim

LincolnFinancial.com or 800-713-7384

ID Theft Protection

LifeLock

Norton.com/BenefitPlans or 800-607-9174

Prescription Drug Benefits

RxBenefits
www.rxbenefits.com

800-334-8134 or CustomerCare@RxBenefits.com

Prior Authorizations (PA): 888-608-8851
Specialty Pharmacy: 800-803-2523

Chat with a live agent by registering on the RxBenefits member portal at Member.RxBenefits.com, Monday-Friday, 9:00 a.m. to 6:00 p.m. (CST)

Register for the portal by visiting RxBenefits.com and clicking on "Member Portal."

Vision

VSP. Locate doctors in your area, check your plan information

Group #30019306

www.vsp.com or 800-877-7195

Voluntary Accident, Hospital Indemnity & Critical Illness

Guardian. Information on submitting claims

www.guardianlife.com

Pet Insurance

Pet Partners. Information on coverage, claim submission, and more

petpartners.com or 800-956-2495

Employee Assistance Program

ComPsych. Access counseling and work-life services

www.guidanceresources.com or 800-272-7255

Wellness

Vitality. Information regarding Benesch's wellness program

www.powerofvitality.com

Medicare

Jessyca Latimer. Licensed specialist with My Benefit Advisor

847-481-6627, jessyca.latimer@mybenefitadvisor.com, or online at www.mybenefitadvisor.com/medicare

Benefits Connection

Log onto Benefits Connection to access benefit information in greater detail | https://benesch.eebenefits.info/