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PAQ, INC. 100% EMPLOYEE OWNED

Guide to Your

2025 Benefits Overview





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Important Contacts

CARRIER	POLICY NUMBERS	CONTACT INFORMATION
Benefits & Risk Management Services – BRMS - TPA	Medical EPO / Group #10935	844-277-8284 www.MyHealthBenefits.com
ClaimDOC	For Hospital admission and billing	888-330-7295 membersupport@claimdoc.com
Benefits & Risk Management Services – BRMS – TPA	Dental Indemnity / Group #10935	844-277-8284 www.MyHealthBenefits.com
WellDyne Rx	Group #10935	888-479-2000 https://wellview.welldyne.com/
Vision Service Plan	Vision / Group #625007	800-877-7195 www.vsp.com
Mutual of Omaha	Life and AD&D	Life Claims: 800-775-8805
Mutual of Omaha	Long Term Disability	800-769-7159
Mutual of Omaha	Employee Assistance Program (EAP)	800-316-2796 www.mutualofomaha.com/eap
LegalShield	Pre-Paid Legal and ID Theft	Mark McDonald 310-951-4624 markmcdonald@legalshieldassociate.com
Marquee Health	Wellness	800-882-2109 Info@marqueehealth.com
FMLASource	FMLA/ADA Administrators	877-462-3652 www.fmlasource.com

Welcome to Your Benefits!

At PAQ, Inc., you are a vital part of our success as a company, and the work you do makes a difference. We are pleased to offer you a robust benefits program that focuses on overall wellness in all areas of life.

Our benefits program has valuable tools and resources for your physical and financial health as well as the support you need to handle your day-to-day responsibilities. Because everyone's needs are different, we give you options, so you can choose the plans you need at a price you can afford.

Take a look at the benefits described in this guide to make the most of your benefits package. If you have any questions, reach out to Human Resources or to the individual carriers.



What's Changing

- **NEW** - ClaimDOC allows members to go to any hospital with concierge support and guidance
- **NEW** - Long Term Disability Benefits
- **NEW** - Voluntary Benefit plans for Accident, Critical Illness and Hospital Indemnity

Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

Eligibility and Enrollment

EMPLOYEE ELIGIBILITY

You are eligible to enroll in benefits if you are a regular, full-time employee working a minimum of 30 hours per week.

Benefits begin on the first of the month following 60 days from the date of hire.

DEPENDENT ELIGIBILITY

Your eligible dependents also have access to many of the benefits we offer. Eligible dependents include:

- Legal spouse or registered domestic partner, who is not eligible for coverage under their employer's health plan.
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO).
- Disabled children over age 26 if unmarried, incapable of self-support, dependent on you for primary support and the disability occurred before the age of 26.

You may be required to provide supporting documentation, such as a marriage certificate or birth certificate to verify dependent eligibility.

OPEN ENROLLMENT

Open enrollment is your annual opportunity to:

- Review and make changes to your benefits
- Add or drop covered dependents
- Purchase voluntary benefits coverage

After open enrollment ends, you will have to wait until the following year's open enrollment to make any changes, unless you have a qualifying event.

Active Enrollment

This year is an active open enrollment, meaning **employees MUST actively enroll in benefits by the deadline to have coverage for the upcoming plan year.**

Open enrollment changes will be done online in the Ceridian DayForce Benefits portal. All employees waiving coverage will be required to complete a waiver in the portal.

Qualifying Events

If you experience a qualifying event, you can make mid-year changes to your benefit elections. Changes must be made within 30 days of the event date.

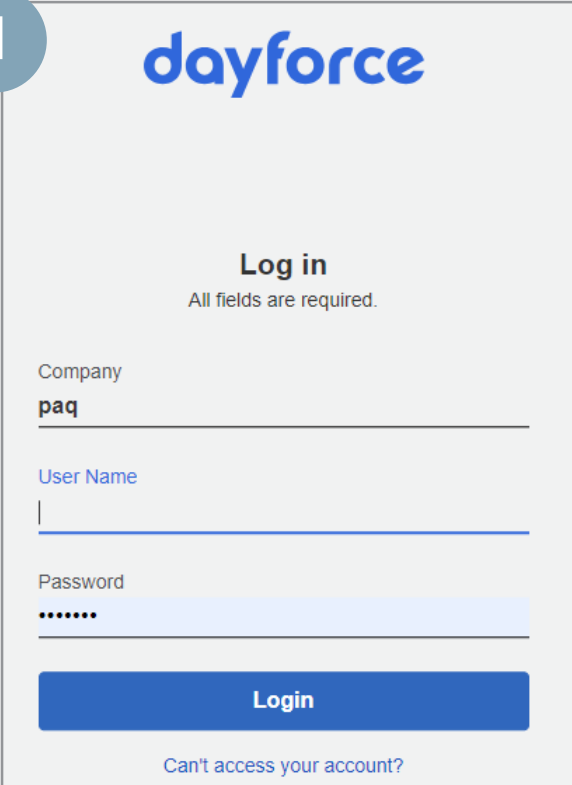
Examples include, but are not limited to, the following:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in eligibility or employment status
- Loss of other health coverage

It is your responsibility to notify Human Resources within 30 days of the event to make changes to your coverage. You will need to provide documentation of the event, such as a marriage license, divorce decree, or birth certificate, and benefit changes must be consistent with the qualifying event.

How to Enroll

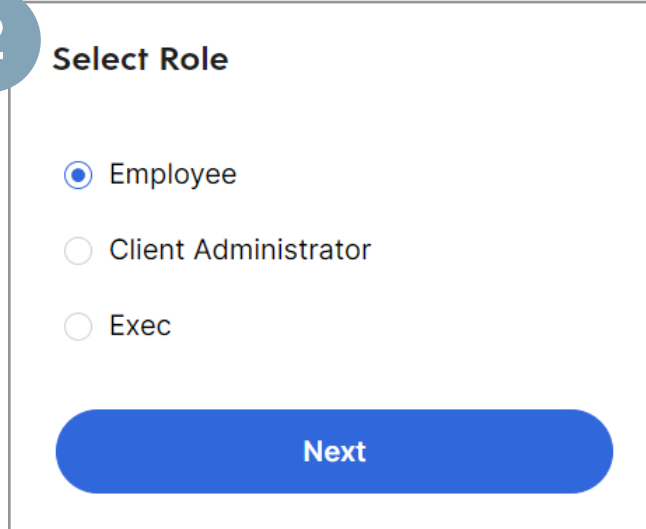
1



The Dayforce login screen features the company logo at the top. Below it is a 'Log in' section with the note 'All fields are required.' There are three input fields: 'Company' with 'paq' entered, 'User Name' which is empty, and 'Password' with masked characters. A blue 'Login' button is at the bottom, and a link for 'Can't access your account?' is below it.

- Access Dayforce app or online at:
<https://www.dayforcehcm.com/mydayforce/login.aspx>
- Company: **paq**
- Enter employee number for user name
- See Director for your employee number and password reset.

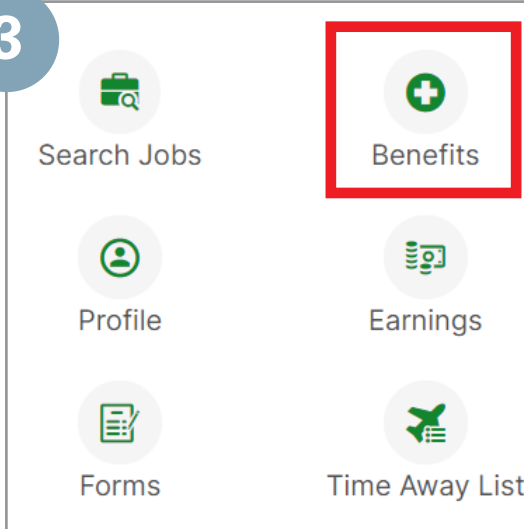
2



The 'Select Role' screen has three radio button options: 'Employee' (selected), 'Client Administrator', and 'Exec'. A large blue 'Next' button is at the bottom.

- Select "Employee" Role.

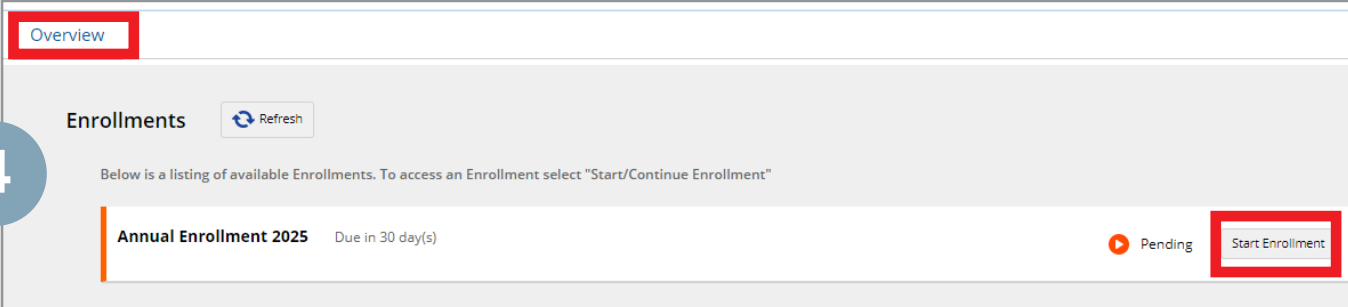
3



The home screen shows a grid of icons: 'Search Jobs', 'Benefits' (highlighted with a red box), 'Profile', 'Earnings', 'Forms', and 'Time Away List'.

- Select "Benefits" Icon.

4



The 'Enrollments' screen has an 'Overview' tab (highlighted with a red box). Below the tab is a 'Refresh' button and a message: 'Below is a listing of available Enrollments. To access an Enrollment select "Start/Continue Enrollment"'. A table lists 'Annual Enrollment 2025' with a 'Due in 30 day(s)' status. At the bottom right, there is a 'Pending' status and a 'Start Enrollment' button (highlighted with a red box).

- Select "Overview" tab, then click "Start Enrollment."



Medical

We value your and your family's health and well-being. That's why we offer comprehensive medical coverage to provide all the benefits and resources you need to support your health throughout the year.

To better evaluate the coverage and features available to you, please review the following brief summary of benefits.

YOUR MEDICAL OPTIONS

You have a choice of the following plan options:

- Base Plan
- Buy Up Plan

The plans are paired with ClaimDOC for any hospital admission. Review the ClaimDOC page for more details.

Anthem BRMS

Phone: 844-277-8284

Website: www.MyHealthBenefits.com

SELECTING A PLAN THAT'S RIGHT FOR YOU

Choosing the right medical plan takes careful consideration. Before making your decision, be sure to look closely at these factors:

- **Plan design:** A plan design with a richer benefit will reduce your out-of-pocket costs when seeking care. But if you don't go to the doctor very often, you may be paying for services you are not using. Consider a lower cost plan for lower medical use and consider the Buy Up plan if you go more frequently.
- **Cost:** Each plan contains a variety of cost components. Consider the amount of your payroll deduction, as well as other plan expenses such as deductibles, copayments or coinsurance.

How to Find a Network Provider

Finding an in-network provider near you is easy. Visit www.anthem.com/ca for finding physicians specialist and labs. For any hospital admissions and to reduce your out-of-pocket costs, contact ClaimDOC at (888) 330-7295.

BASE AND BUY UP MEDICAL PLANS

PAQ, Inc. is pleased to provide eligible employees and dependents a medical plan administered through Benefits & Risk Management Services, Inc. (BRMS -TPA) using the Anthem Prudent Buyer PPO Network. For your reference, we have highlighted some of the most frequently used benefits below, but we encourage you to review the Summary of Benefits & Coverage or Summary Plan Description for complete details on exclusion, limitations and pre-authorization requirements. Your copays could change between Brand Formulary and Brand Non-Formulary. If that occurs, you can ask your doctor for another medication that is Brand Formulary or if there is a generic available.

BRMS (TPA) ANTHEM PRUDENT BUYER PPO	BASE PLAN	BUY UP PLAN
CALENDAR YEAR DEDUCTIBLE	NO COVERAGE OUTSIDE ANTHEM PPO NETWORK UNLESS BLUECARD	
Individual	\$500	\$500
Family	\$1,200	\$1,200
BENEFIT COINSURANCE		
	80/20%	100%
OUT-OF-POCKET MAXIMUM (INCLUDES COPAYS & DEDUCTIBLE)		
Individual	\$5,000	\$5,000
Family	\$10,000	\$10,000
PHYSICIAN VISITS		
Primary Care	\$25 copay (deductible waived)	\$25 copay (deductible waived)
Specialists Visits	\$50 copay (deductible waived)	\$35 copay (deductible waived)
Anthem LiveHealth Online – virtual visit	Covered 100%	Covered 100%
PREVENTIVE CARE-DONE ONCE A YEAR		
Annual routine exams & screenings	Covered 100%	Covered 100%
LABORATORY & X-RAY SERVICES		
Diagnostic X-Ray & Lab	20% after deductible	100% after deductible
Complex Radiology	20% after deductible	100% after deductible
HOSPITAL SERVICES		
Inpatient	20% after deductible	\$500 copay after deductible
Outpatient	20% after deductible	100% after deductible
EMERGENCY ROOM		
You are responsible for balance billing if not a true emergency	\$500 copay + 20% after deductible	\$500 copay after deductible met
URGENT CARE SERVICES		
	\$50 copay (deductible waived)	\$50 copay (deductible waived)
PRESCRIPTION DRUGS (RETAIL UP TO 30-DAY SUPPLY)		
WELLDYNE RX - DEDUCTIBLE DOES NOT APPLY TO RX-CLOSED FORMULARY		
Generic (\$0 copay for specific OTC with prescription) \$0 for some preventive Rx covered per ACA	\$10 copay	\$10 copay
Brand (Formulary)	\$30 copay	\$20 copay
Brand (Non-Formulary)	\$55 copay	\$50 copay
Specialty	\$350 copay	\$350 copay
PRESCRIPTION DRUGS (MAIL ORDER UP TO 90-DAY SUPPLY)		
Generic	\$20 copay	\$20 copay
Brand (Formulary)	\$60 copay	\$40 copay
Brand (Non-Formulary)	\$110 copay	\$100 copay
Preferred Specialty	N/A	N/A

This is a brief summary only. Please refer to the Plan Document for detailed information.

The medical plans allow you to use the Anthem Blue Cross network for Primary Care, Specialists, and Ancillary providers. However, you may go to any hospital using Direct Access + with ClaimDOC.

ClaimDOC

Open-Access: More Choices For You & Your Family

Your new open-access medical plan gives you the freedom to choose any hospital you wish. All hospitals are paid at the same level and there are no out-of-network penalties. As long as your hospital agrees to submit claims to your plan administrator, you are only responsible for applicable copays, coinsurance and deductible.

1. Before your Appointment

ClaimDOC explains the plan and claim submissions to providers

Submit a nomination to ensure that a ClaimDOC Member Advocate can proactively contact your facility, educate them on your plan, send them your ID card, and provide the necessary information for your care and claim submission. This is especially important if you have a scheduled procedure. To submit a nomination, visit portal.claim-doc.com or call 1-888-330-7295.

2. At your Appointment

Present your medical plan ID card

You'll get two cards. One for doctors, specialists, and labs and another for Hospital providers. Make sure you present the Hospital ID card when working with hospital providers. The ID card has information providers will need, including the claims submission address and electronic payor ID for the plan administrator, BRMS. If the hospital has any questions about how your plan works, please contact a Member Advocate at 1-888-330-7295.

3. After your Appointment

Only pay your patient responsibility.

Remember to open your mail and compare the Explanation of Benefits (EOB) to the bill you receive. If the bill is for more than the Patient Responsibility stated on the EOB, call 1-888-330-7295 to speak with a ClaimDOC Member Advocate for guidance. Member Advocates are here to support you!

Register for the Portal: portal.claim-doc.com

Call a Member Advocate **1-888-330-7295**

Email a Member Advocate membersupport@claimdoc.com

Hours of Operation **Monday - Friday 7 AM - 4 PM PST**



Member Portal
Scan the QR code



PREVENTIVE CARE

Getting regular checkups and exams can help you stay healthy and catch issues early before they become big problems. Your medical plan provides coverage for preventive care services and immunizations — at no cost to you. As long as you see a doctor or use a pharmacy or lab in the plan's network, you won't have to pay anything for preventive services and immunizations. Talk to your doctor about which screenings and immunizations are right for you.

PRESCRIPTION DRUGS

Your medical plan includes coverage for prescription medication. Using in-network pharmacies will ensure you receive the highest level of benefits. Be sure to bring your ID card when filling a prescription. Keep in mind that there are certain preventive medications that are covered in full. Visit your prescription drug carrier's website for a list of covered medications.

If you use daily medication for a chronic condition, such as diabetes, high blood pressure, or high cholesterol, use the mail order program to save time and money. You will receive a 90-day supply of your medication at your home address or at your nearest in-network pharmacy.

Do You Know Where to Go?

Knowing where to go if you get sick or hurt can save you time and money and help you get the best medical care. Unless you have a true emergency, the emergency room (ER) shouldn't be your first stop. Your medical plans give you a variety of options for you to receive excellent care anytime of the day or night.

 VIRTUAL CARE	 RETAIL HEALTH CLINIC	 PRIMARY CARE PHYSICIAN	 URGENT CARE	 EMERGENCY ROOM
AVERAGE COST				
\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$
SERVICES ARE USUALLY AVAILABLE...				
24/7/365 via video or phone	Weekdays, sometimes weekends	Weekdays	Usually open every day and during the evening, including holidays	24/7/365
WHEN SHOULD YOU GO?				
▪ Minor health conditions, such as headaches, nausea, cold and flu symptoms ▪ Sinus pain ▪ Earache	▪ Minor health conditions, such as headaches, nausea, cold and flu symptoms ▪ Sinus pain ▪ Earache ▪ Shots ▪ Minor burns	▪ Minor health conditions, such as headaches, nausea, cold and flu symptoms ▪ Sinus pain ▪ Mild asthma ▪ Back pain	▪ Minor health conditions, such as headaches, nausea, cold and flu symptoms ▪ Sinus pain ▪ Animal bites ▪ Sprains and strains ▪ Stitches ▪ X-rays	▪ Emergency care, such as life-threatening allergic reactions, severe asthma, chest pain, major injury, loss of consciousness, vomiting blood



Telemedicine

Virtual Care, or telemedicine, is a great alternative to urgent care and emergency room visits because it provides you 24/7/365 access to U.S. board-certified doctors – receive the treatment you need in an easy and timely manner.

LIVEHEALTH ONLINE OFFERS YOU:

24/7/365 CONVENIENCE

**NO EMERGENCY
ROOM WAITS**

QUALITY DOCTORS

REMOTE HEALTH CARE CAN TREAT MANY COMMON HEALTH ISSUES

Through virtual care, doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

- Abdominal Pain/Cramps
- Cold and Flu Symptoms
- Respiratory infection
- Allergies
- Dizziness
- Sinusitis
- Animal/Insect Bites
- Eye Infection/Irritation
- Sore Throat
- Asthma
- Headaches/Migraines
- Sprains and Strains
- Backache
- Laryngitis
- Strep
- Blood Pressure Issues
- Poison Ivy/Oak
- Bronchitis

LiveHealthOnline

Phone: (888) 548-3432

Website: www.LiveHealthOnline.com

Mutual of Omaha Voluntary Benefits

Life is expensive. When you add in unexpected accidents and illnesses, the extra costs can feel overwhelming.

Voluntary Supplemental Medical Benefits give you the cash to cover your bills when you need it most. Whether you spend it on medical care or living expenses, you'll appreciate the extra help so you can focus on your health.

If you have an accident or a serious illness, your out-of-pocket copays and deductibles can add up quickly even with medical insurance and cause a financial burden. To help you bridge the financial gap, you may purchase voluntary benefits plans to complement your existing medical coverage. Benefits are paid directly to you, and you decide how to use the funds. Premiums are conveniently deducted from your paycheck on a post-tax basis.

Accident Insurance

Expect the Unexpected. Make Sure You're Covered with Accident Insurance.

To help you cover your out-of-pocket expenses, the accident plan pays you a lump sum benefit depending on the covered accident you experience. Examples of covered accidents include fractures, dislocations, lacerations, burns, and some hospital care. Other advantages of accident insurance include the following:

- You receive cash benefits for expenses that may not be covered under your medical insurance, and you use the money as you see fit.
- There are no health questions to answer and no waiting period.
- You can insure your spouse and children.
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules).
- Receive a \$50 benefit for covered health screening tests like blood tests, stress tests and colonoscopies.

**ACCIDENT INSURANCE
EXAMPLE - RECREATIONAL
SPORTS INJURY**

Rosie purchases accident insurance for herself. While she is playing field hockey, she is hit in the head and knocked unconscious. Her team calls 911, and she goes to the hospital. The doctor orders an MRI and diagnoses her with a concussion. Here's a look at the lump sum Rosie will receive from her accident:

Since Rosie also misses a few days of work, her accident insurance benefit gives her the peace of mind she needs to know that her expenses are covered.

	Ambulance	\$1,500
	Emergency Room Treatment	\$300
	Laceration	\$1,500
Total:		\$3,300

ACCIDENT RATES		PER PAY PERIOD
Employee		\$2.01
Employee + Spouse		\$4.23
Employee + Children		\$6.29
Employee + Family		\$9.27

*The rates reflect that PAQ, Inc. is paying 50% of the employee only premium.

Critical Illness Insurance

Surprise Illnesses Also Bring Financial Burdens.
Critical Illness Coverage Helps You Cover Your Bills When You Need It Most.

If you are diagnosed with a critical illness, you will need extra financial support to help offset the treatment costs and cover your day-to-day expenses, so you can focus on your health. The critical illness plan pays a lump sum benefit if you are diagnosed with a covered illness, and you can use the benefit as you see fit.

ADVANTAGES OF CRITICAL ILLNESS COVERAGE

Consider the following advantages of critical illness coverage:

- You may elect coverage for yourself, your spouse, and/or children.
- A set amount of money is paid directly to you to be used however you choose based on the amount you elect:
 - **Employee:** Choose \$10,000, \$20,000, or \$30,000 (Guaranteed Issue: \$30,000 if you apply during initial enrollment)
 - **Spouse:** Choose \$10,000, \$20,000, or \$30,000 (Guaranteed Issue: \$30,000 if you apply during initial enrollment)
 - **Child (up to age 26):** Covered at 25% of employee amount up to \$5,000
- Receive a \$100 benefit for covered health screening tests like blood tests, stress tests and colonoscopies.
- Some of the covered illnesses include heart attack, stroke, paralysis, blindness and cancer.
- There are no medical exams or health questionnaires to complete.
- The cost for this coverage depends on your age.

CRITICAL ILLNESS RATES	PER \$10,000 PER PAY PERIOD		
Employee and Spouse Rates	\$10K	\$20K	\$30K
Less than 30	\$1.34	\$2.68	\$4.02
30-39	\$2.31	\$4.62	\$6.92
40-49	\$4.94	\$9.88	\$14.82
50-59	\$10.11	\$20.22	\$30.32
60-64	\$20.91	\$41.82	\$62.72



CRITICAL ILLNESS EXAMPLE - HEART ATTACK

Manny decides to purchase \$20,000 of critical illness coverage. One Saturday morning in July, Manny was mowing the lawn and suffered a heart attack. Thanks to critical illness insurance, Manny receives \$20,000, which will help him cover his medical expenses and recovery needs while he is off from work. With the extra financial help, Manny can recover without any added stress.

ADDITIONAL INFORMATION

To learn more, please see the schedule of benefits for a full list of covered illnesses and coverage costs.

Hospital Indemnity Plan

Hospital Visits Bring Extra Costs. Be Prepared with Hospital Indemnity.

Expenses from hospital visits can pile up quickly. While medical insurance typically pays the majority of the cost for hospital care, deductibles, copays, and non-covered medical services may be expensive.

- The hospital indemnity plan pays the following benefits:
 - Hospital admission
 - Daily hospital confinement benefit
 - Intensive care unit confinement benefits
- Benefits are paid regardless of what is covered by medical insurance, and payments would be made directly to you to spend as you see fit.
- There are no medical exams or health questionnaires to complete.
- You may purchase this plan for yourself, your spouse, and/or your dependent children.
- Receive a \$50 benefit for covered health screening tests like blood tests, stress tests and colonoscopies.

HOSPITAL INDEMNITY EXAMPLE - CHILD TONSILLECTOMY

Julia's son needs a tonsillectomy, which requires a brief hospital stay. Because she has hospital indemnity insurance, she receives a payment to help subsidize her time away from work to care of her son and all the extra popsicles and ice cream he will need. Here's a look at the lump sum Julia will receive:

	 Hospital Admission	\$1,000
	 Daily Confinement – 2 days	\$200 (\$100 per day)
	Total:	\$1,200

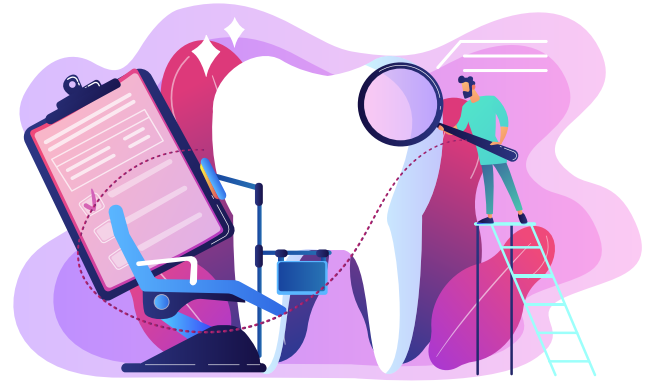
ADDITIONAL INFORMATION

To learn more, please see the schedule of benefits for a full list of covered services and coverage costs.

HOSPITAL INDEMNITY RATES	PER PAY PERIOD
Employee	\$7.63
Employee + Spouse	\$17.54
Employee + Children	\$10.53
Employee + Family	\$21.05

Dental

Your dental option promotes and encourages preventive dental care and provide benefits for services that are essential to good oral health.



DPPO PLAN

With the DPPO plan, you are free to choose any dentist at the time you need care. Plan benefits are highest when you use an in-network dentist. If you use an out-of-network provider, the plan pays only "reasonable and customary" (R&C) charges. You will be responsible for the difference.

BRMS - Anthem Dental Network

Phone: (844) 277-8244

Included when you enroll in medical

DPPO		
	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE		
Individual	\$50	
Family	\$150	
CALENDAR YEAR PLAN MAXIMUM		
Per Individual	\$1,500	
	COVERAGE LEVEL	COVERAGE LEVEL
PREVENTIVE CARE		
Oral Exams, X-rays, Cleanings, Fluoride, Space Maintainers, Sealants	100%	100% of UCR
BASIC SERVICES		
Oral Surgery, Fillings, Endodontic Treatment, Periodontic Treatment, Repairs of Dentures and Crowns	80%	80% of UCR
MAJOR SERVICES**		
Crowns, Jackets, Dentures, Bridge Implants	60%	50% of UCR
ORTHODONTIA**		
Covered	50%	50% of UCR
Lifetime Orthodontia Plan Maximum (Per Individual)	Up to a maximum of \$2,000 lifetime benefit	

*Members who enroll more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines. There are additional limitations to your coverage. A complete list is included in your Summary Plan Description.

**No benefits are payable for Major Services or Orthodontia in the first 12 months of coverage under the Plan.

Vision

Vision care is essential to your overall health. Getting regular eye exams helps your doctor detect a variety of medical conditions before they become big problems.

- In addition to eye exams, your vision plan provides coverage standard lenses and frames and contact lenses.
- Use in-network services and supplies to receive the highest level of benefits.
- You can enroll yourself and your eligible dependents in coverage.



VSP Signature Network

Phone: (800) 877-7195

Website: [VSPCOM](https://www.vsp.com)

Included when you enroll in medical

VISION PLAN	
	Participating Provider
	YOU PAY
EXAM & MATERIALS	
Exam and Materials Copay	\$10 Copay
LENSES	
Single vision, lined bifocal, and lined trifocal lenses	Covered 100%
Premium progressive lenses	\$80-\$90
Custom progressive lenses	\$120-\$160
FRAMES	
Frames	Covered up to \$150 frame allowance
CONTACT LENSES (IN LIEU OF LENSES & FRAMES)	
Elective	Up to \$150 allowance
BENEFIT FREQUENCY	
Exams	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 12 months
Contacts	Once every 12 months

Life Assistance

Juggling all the responsibilities in life can feel overwhelming. It's important to have tools and resources to help you in every situation.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program (EAP) provides 24/7 confidential support to guide you through any issue – from everyday matters to more serious problems.

Experienced representatives can help you in every area of life:

- Three (3) sessions per year (per issue) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal
- Emotional/psychological issues
- Marital or family conflicts
- Child care and elder care concerns
- Stress, anxiety, depression, grief, and other emotional issues
- Alcohol and drug abuse
- Legal questions or concerns
- Personal and life improvement
- Financial problems

ADDITIONAL EAP SERVICES

You don't have to handle anything alone. Should you need it, the EAP also provides short-term counseling in person and on the phone. You can also access:

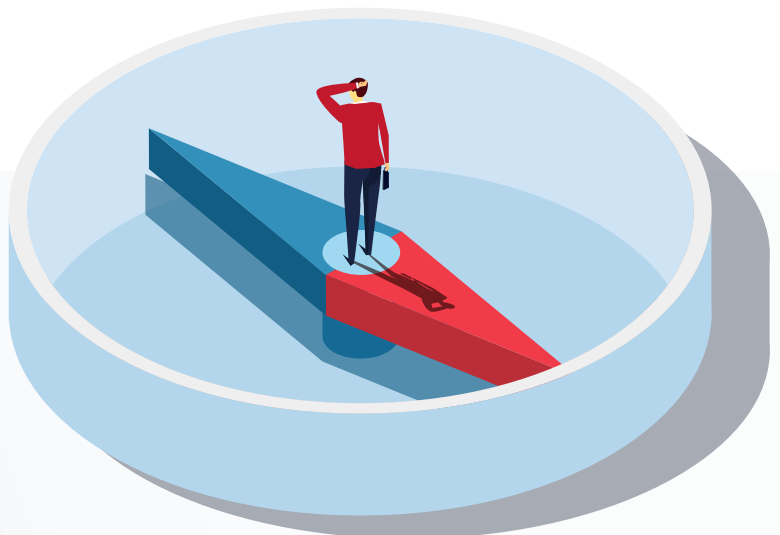
- Legal resources, including a consultation with a legal professional
- Financial resources, including a consultation with a financial planner
- Work/life resources
- Online will preparation

Don't hesitate to reach out to EAP with any questions or concerns.

Mutual of Omaha EAP

Phone: (800) 316-2796

Website: mutualofomaha.com/eap



Life and AD&D Insurance

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

As an important part of your financial planning, you are automatically provided with basic life and AD&D insurance to protect you and your family in the event of an accident or death.

- Coverage is provided at no cost to you.
- For both basic life and AD&D insurance, you are covered in an amount equal to \$50,000.
- AD&D insurance pays specific benefit amounts for a covered accidental bodily injury that causes dismemberment. If death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary.
- Benefits are paid to the beneficiary you designate. Please keep your beneficiary information up to date.

THINGS TO KEEP IN MIND

Life and AD&D insurance provides many benefits, but there are a few points to keep in mind:

- **Age Reduction:** Benefit amounts reduce as you age.
- **Portability:** If you leave the company, you can convert your policy to an individual policy and continue your coverage.

GUARANTEED ISSUE

If you do not purchase voluntary life insurance when first eligible or if you request an amount exceeding the guaranteed issue limits listed above, you will be subject to medical underwriting and approval before your coverage begins.

ADDITIONAL INFORMATION

To learn more, please see the schedule of benefits for a full list of benefits and costs.

VOLUNTARY LIFE INSURANCE

You may purchase additional life insurance for yourself and your dependents for additional financial protection.

- You must purchase coverage for yourself in order to purchase coverage for your spouse and your children.
- Your cost is based on the amount you elect and your age, and it is paid through after-tax payroll deduction.
- Consider costs such as funeral expenses, legal expenses, and general living expenses for your surviving family members when determining an appropriate amount of additional coverage.

COVERAGE	AVAILABLE BENEFIT
Employee	▪ \$10k, \$20k, \$30k, \$40k, ▪ \$50k, \$70k, \$100k, \$150k and \$200k ▪ Guaranteed issue amount: \$200,000 when first eligible
Spouse	▪ \$5k, \$10k, \$25k, \$50k – not to exceed 100% of employee coverage ▪ Guaranteed issue amount: \$50,000 when first eligible
Dependent Child(ren)	▪ Children up to age 26 ▪ 6 months to 26 years — \$10,000

EMPLOYEE AND SPOUSE RATES	PER MONTH PER \$1,000
Less than 24	\$0.08
25 - 29	\$0.09
30 - 34	\$0.11
35 - 39	\$0.12
40 - 44	\$0.16
45 - 49	\$0.23
50 - 54	\$0.39
55 - 59	\$0.65
60 - 64	\$0.82
65 - 69	\$1.43
70 - 74	\$3.55
75+	\$13.92

Annual Increase Feature: Employees already enrolled in Voluntary Life may elect to increase an additional \$10k up to the Guaranteed Issue amount (\$200k) without Evidence of Insurability. Spouses are excluded from the Annual Increase Feature.

Disability Insurance

An unexpected injury or illness can create a financial burden. Disability insurance replaces a portion on your income when you are unable to work.

Important: Disability benefits are reduced by other income you receive, such as Social Security, state disability benefits, pension benefits, and Workers’ Compensation.

HELPFUL DISABILITY INSURANCE TERMS

- Qualifying Disability:** A sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience
- Benefit Duration:** Maximum amount of time you may receive proceeds for a continuous disability
- Elimination or Waiting Period:** The time you must wait before you are eligible to receive benefit payments

ADDITIONAL INFORMATION

To learn more, please see the schedule of benefits for a full list of benefits and costs.

LONG TERM DISABILITY

All eligible employees are covered under LTD benefits. In the event you are unable to work due to an accident or illness, you may qualify for the following benefit. You will receive a portion of your monthly income for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. You automatically receive LTD coverage at no cost to you.

COVERAGE	LTD BENEFIT
Monthly Benefit	60% of monthly earnings
Monthly Benefit Maximum	\$6,000 per month
Elimination Period	90 days
Benefits Duration	To Social Security Normal Retirement Age

Mutual of Omaha
Phone: (800) 769-7159





Mylo

Mylo® is an insurance exchange powered by Lockton®. It provides individuals with access to insurance when a group plan alternative is necessary.

Mylo® works with multiple carriers on your behalf to find the best solutions at the best price. Mylo® advises you on what coverage is legally required, what's optional, and what combination is best for your lifestyle and your needs.

MEDICARE OPTIONS

If you are Medicare-eligible, Mylo® can provide the assistance with the following:

- Enrolling in Medicare
- Finding the right Medicare Supplement
- Understanding Medicare Advantage and Part D plans

ADDITIONAL BENEFIT OPTIONS

Mylo® finds top-rated policies for houses, condos, apartments, cars, motorcycles, boats, ATVs, RVs and more from a wide range of insurance carriers.

Extra Savings

Mylo® delivers additional discounts and savings:

- Bundling home and auto. Save by managing two important policies in one place.
- Home safety discounts. Get a nice break for having smoke detectors and security systems.
- Good student and safe driver. Save good money for good behavior.
- And many more!

Visit choosemylo.com to get started.

Important Terms to Know

As you review the information in this benefits guide, you might come across a word that is unfamiliar. Take a look at these terms to better understand your benefits.



Beneficiary: A person you designate to receive your financial benefits (i.e. life insurance, 401(k), HSA) in the event of your death.

Calendar Year Maximum: Total amount paid each year by your insurance company for each family member enrolled in the plan.

Claim: A request for payment that you or your health care provider submits to your health insurer after receiving a service or item.

Coinsurance: The percentage you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Copay: The flat fee you pay toward the cost of covered medical services.

Deductible: The amount you are responsible for paying for covered health care services before the plan pays benefits. Under some plans, the deductible is waived for certain services.

Evidence of Insurability (EOI): The process in which you provide required health documentation in order to receive certain levels of coverage.

Formulary: A list of preferred drugs chosen by a panel of doctors and pharmacists. Both brand and generic medications are included on the formulary.

Guaranteed Issue: The amount of coverage pre-approved by the insurance carrier regardless of health status.

Network: A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. These contracted fees are usually lower than the provider's normal fees for services.

Out-of-Pocket Maximum: The highest amount paid for covered services during a benefit period. Both the deductible and the coinsurance apply towards meeting the out-of-pocket maximum, but copayments may not apply.

Preauthorization: A decision by your health plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Preauthorization may be required for certain services before you receive them.

Premium: The amount you pay for a health plan in exchange for coverage.

Preventive Care: Routine health care that includes screenings, checkups, and patient counseling to prevent illnesses, disease, or other health problems.

Usual Customary and Reasonable: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or procedure.

Legal Shield

You have access to top professionals and experienced attorneys through Legal Shield Plans to help you with a variety of personal legal matters. Telephone and office consultations are available with an attorney of your choice within the network. You will have unlimited use of legal services covered by the Plan and no waiting periods, claim forms, deductibles or copays.

Among the services you can access is digital estate planning, providing you with a simple, guided process to complete wills, living wills and/or power of attorney in as little as 15 minutes. This service also provides real-time video guidance with a notary and witnesses to finalize the documents.

LegalShield can help when you are:

- Getting married
- Letters/Calls made on your behalf
- IRS Audit Assistance
- Trial Defense
- Divorce Separation Adoption
- Buying, selling or renting a home
- Caring for aging parents

ID SHIELD

IDShield Theft Protection includes:

- Privacy Monitoring
- Security Monitoring
- Consultation
- Full Service Restoration

ID shield include 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts. You also get complete identity recovery services by Kroll Licensed Private Investigators.



PAYROLL DEDUCTION	INDIVIDUAL	FAMILY
LegalShield	\$7.82	\$8.75
IDShield	\$4.13	\$8.75
Combined	\$11.95	\$16.65

Travel Assist

Take comfort in knowing that Travel Assist offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

ENJOY YOUR TRIP – WE’LL BE THERE IF YOU NEED US – 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

PRE-TRIP ASSISTANCE**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

EMERGENCY TRAVEL SUPPORT SERVICES

- **Telephonic translation and interpreter services** – 24/7 access to telephone translation services
- **Locating legal services** – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** – assistance with lost, stolen or delayed baggage while traveling on a common carrier

ADDITIONAL SUPPORT FOR:

- Document replacement
- Vehicle return in an emergency evacuation
- Medical assistance
- Identity theft
- Credit card recovery while traveling

Services available for business and personal travel

For inquiries within the U.S. call toll free: 1-800-856-9947

Outside the U.S. call collect: (312) 935-3658



SAVE MONEY ON INSURANCE!

SAVE UP TO \$10 PER PAY CHECK!

Each October, we partner with Marquee Health to provide you an opportunity to take charge of your health by participating in our **Preventive Health Evaluations**.

KEYS:

36-panel blood screening

Results are confidential

Fast 12 hours before appointment

For employees only.

Free personal health coaching throughout the year.



FOR MORE INFO:

888-708-8807 use code PAQ

<https://paqhealthy4life.mywellportal.com>

Events held at your store





Will You Be A Quitter?

PAQ, Inc.'s Tobacco Cessation Program

Live to Breathe

Quitting tobacco is one of the best decisions you can make for yourself!
And we want to help you succeed while earning an incentive!

All employees and spouses who are tobacco users but wish to qualify for the PAQ, Inc. tobacco incentive will be required to complete the Live to Breathe Tobacco Cessation program, provided confidentially by Marquee Health. Live to Breathe is free to all PAQ, Inc. medical plan members.

To enroll in Live to Breathe, either call a Health Coach (toll-free) at 800.882.2109 or complete the UBreathe web-based tobacco cessation module at paqhealthy4life.com.

What Will I Learn Through Live To Breathe?

The Live to Breathe program is based on positive psychology and is designed to help you move from precontemplation, and all stages in between, to action. In this program, certified tobacco cessation specialists will help you learn where you are in your 'readiness to quit' tobacco and will provide you with support, education, information and accountability. Focus areas may include:

- The Benefits of Quitting
- Setting a 'Quit Date'
- Creating a Stress Management Plan
- Incorporating Healthier Lifestyle Behaviors
- Education about Helpful Nicotine Replacement Therapies and Medications
- Planning for Triggers, Cravings and Withdrawal Symptoms
- Creating a 'Quit Plan'
- Providing Ongoing Support to Stay Quit

Incentive Requirements

Participants are required to be actively engaged in the coaching process and connect with your health coach weekly for 6 weeks or, complete the online tobacco cessation module.

Live to Breathe is a proven and effective approach to tobacco cessation

Eligibility

This tobacco cessation program is offered to everyone enrolled in the PAQ, Inc. medical plan.

New Hires

The tobacco cessation program is also available to new hires. Employees have 90 days to enroll and an additional 90 days to complete the program, allowing a total of 180 days for program completion from the hire date.

After Quitting

Free health coaching is still available after you quit tobacco. Your Health Coach can help you adjust to your new tobacco-free habits and lifestyle.



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PAQ, INC. 100% EMPLOYEE OWNED





Will You Be Rattled?

PAQ's Inc.'s Baby Connect Program

Congratulations! You're Pregnant!

Every pregnancy is unique. The Baby Connect program, provided by Marquee Health, offers friendly and professional support from a graduate-level Health Educator at no cost to you! Your coach will provide you with individual support, education, and information designed to help guide you through a successful pregnancy.

What Will I Learn Through Baby Connect?

The Baby Connect program is designed to help you navigate the overwhelming. Support may be provided in the following areas:

- Finding the right healthcare provider for you
- Understanding prenatal screening & testing
- Prenatal nutrient guidelines
- Exercise and pregnancy overview
- Preparing for childbirth
- Post-partum care for mom
- Benefits of breastfeeding
- Your newborn owner's manual – the first weeks
- Post-partum exercise and losing the baby weight

Program Requirements

We want you to find value in this program. We encourage at least one interaction with a health coach every two weeks and require it to earn the incentives. This interaction can be telephonic or via email and the method will be determined by the coach and the participant. Participants will also be asked about their routine visits with their physicians.

A comprehensive and nurturing approach to prenatal care

Enroll today: 1-800-882-2109 or coaching@marqueehealth.com

Enrollment

Contact Marquee Health at 1-800-882-2109 or coaching@marqueehealth.com.

Eligibility

All employees and spouses are eligible for the Baby Connect program.

Incentive Eligibility

Participants can enroll in the program at any time during pregnancy, but they are only eligible for incentives if they enroll during their First Trimester and are covered under the company medical plan.

Incentives

Participants eligible for the incentives will receive:

- \$25 gift certificate (no alcohol or tobacco allowed) to Food 4 Less/Rancho San Miguel Markets upon enrollment.
- \$100 worth of diaper gift certificates when the program requirements are completed and the baby is born.



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PAQ, INC. 100% EMPLOYEE OWNED



Cost of Benefits

Costs below per paycheck January 2025.

INCLUDES DENTAL AND VISION PER PAY PERIOD	BASE PLAN	BUY UP PLAN
Employee	\$20.00	\$69.00
Employee + Spouse	\$50.00	\$195.00
Employee + 1 child	\$29.00	\$125.00
Employee + 2 or more children	\$46.00	\$163.00
Employee + Spouse & child(ren)	\$64.00	\$244.00

Wellness Participant Rates (participate and meet goal/participate and don't meet goal but complete 5 coaching sessions within designated time frame)

INCLUDES DENTAL AND VISION PER PAY PERIOD	BASE PLAN	BUY UP PLAN
Employee	\$10.00	\$59.00
Employee + Spouse	\$40.00	\$185.00
Employee + 1 child	\$19.00	\$115.00
Employee + 2 or more children	\$36.00	\$153.00
Employee + Spouse & child(ren)	\$54.00	\$234.00

Wellness Participant Rates (new/first time participant)

INCLUDES DENTAL AND VISION PER PAY PERIOD	BASE PLAN	BUY UP PLAN
Employee	\$15.00	\$64.00
Employee + Spouse	\$45.00	\$190.00
Employee + 1 child	\$24.00	\$120.00
Employee + 2 or more children	\$41.00	\$158.00
Employee + Spouse & child(ren)	\$59.00	\$239.00

You cannot enroll in dental and vision without enrolling in medical



Benefits highlighted in this guide are governed by PAQ, Inc. plan contracts and policies, applicable state and federal law and company policy. If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts and applicable laws govern. PAQ, Inc. reserves the right to alter, amend or terminate any of the benefits described in this guide at any time.