2026

CORNERSTONES
OF CARE

Benefits Guide

Table of Contents

This benefits summary is provided for informational purposes only and is intended to give you a general overview of your coverage. For detailed information, including covered services, limitations, exclusions, and full terms and conditions, please refer to the official Summary of Benefits and Coverage (SBC). In the event of any discrepancies, the SBC will serve as the governing document.

Carrier and Contact Information

Medical Insurance: Blue Cross Blue Shield of Kansas City	888-989-8842 www.bluekc.com
Health Savings Account: HealthEquity	866-346-5800 www.healthequity.com
Flexible Spending Account: HealthEquity	866-346-5800 www.healthequity.com
Dental Insurance: Delta Dental of Kansas	800-234-3375 www.deltadentalks.com
Vision Insurance: EyeMed	866-939-3633 www.eyemed.com
Basic Life and AD&D: Pacific Life	800-800-7646 www.pacificlife.com
Short-Term & Long-Term Disability: Pacific Life	800-800-7646 www.pacificlife.com
Accident, Critical Illness, & Hospital Indemnity: Pacific Life	800-800-7646 www.pacificlife.com
Pet Insurance: Nationwide	877-738-7874 benefits.petinsurance.com/cornerstonesofcare
401(k): BOK Financial	800-876-9557 startright.bokf.com

Your Bukaty Companies Service Team

BUKATY COMPANIES
Expertise you experience

Your Bukaty Companies Service Team is here to provide you with dedicated, comprehensive support. Whether you need help with benefit questions, claims issues, prior authorizations, provider searches, or choosing the right plan, our team is ready to assist you. For any questions related to Paycom, including login or system navigation, please contact People Experience.

Kendra Cusick

Account Manager
kcusick@bukaty.com
(913) 396-0876

Rachel Browning

Account Manager
rbrowning@bukaty.com
(913) 258-2243

Benefits Eligibility and Enrollment Information

New Hires

Full-time employees working 30 or more hours per week are eligible for benefits beginning on the first day of the month following 30 days of employment.

You have 30 days from your hire date (or date of benefits eligibility) to enroll in benefits. Be sure to complete your enrollment within this window to ensure coverage.

Eligible Dependents

- Your legally married spouse
- Dependent children until the end of the year in which they reach the age of 26.

Eligible dependent children include:

- Biological children
- Legally adopted children
- Children under age 18 who you have legally adopted or are legally obligated to support.
- Step-children
- Unmarried individuals over the age of 26 who are unable to support themselves due to a mental or physical disability, provided the disability began before the end of the calendar year in which the child reached the limiting age.

When You Can Make Changes to Your Benefits

Outside of your initial new hire enrollment and the annual open enrollment period, changes to your benefit elections are only allowed if you experience a Qualifying Life Event (QLE). These events, such as marriage, birth of a child, or loss of other coverage, trigger a special enrollment period.

If you experience a QLE, you must request any changes to your benefits within 30 days of the event. After this 30-day window, changes cannot be made until the next open enrollment period.

To report a QLE and update your benefits, please contact People Experience. **Note:** You may be asked to provide documentation to confirm the event.

Qualifying life events:

- Marriage
- Divorce or legal separation
- Birth, adoption, legal guardianship
- Qualified medical child support order
- Reduction in hours (employee or spouse)
- Dependent's loss or gain of coverage or eligibility
- Death of a dependent

Termination of Coverage

- **Medical -** Coverage ends on the last day of the month following your termination date.
- **Dental and Vision -** Coverage ends on the last day of the month following your termination date.
- **Ancillary Benefits** (e.g., life, accident, critical illness) - Coverage ends on the last day of employement.
- **Flexible Spending Account (FSA) -** FSA coverage ends on your termination date.

Dependent Children Turning Age 26

- **Medical** - Coverage for dependent children ends on the last day of the year in which they turn 26.
- **Dental, Vision, and Ancillary** - Coverage for dependent children ends on the last day of the month in which they turn 26.

Enrolling in Your Benefits in Paycom

All your benefits information, including plan details, costs, and enrollment options can be accessed through Paycom, our employee self-service portal. To enroll in your benefits or to view your current elections, simply log in to your Paycom account.

For questions about Paycom please contact People Experience for assistance.

Get More with Blue KC

Scan the QR code to download the app!

MyBlueKC Member Portal & Mobile App

1. **My Information**
   Easily view, print, or email a copy of your digital member ID card.
2. **Claims & Usage**
   Check the status of your claims and download a list of your claim history. You can also view your Explanation of Benefits (EOB), typically available within 14 days of claim processing. Track your deductible and out-of-pocket maximum progress through easy-to-read graphs.
3. **Plan Benefits**
   Access your medical certificate, Summary of Benefits and Coverage (SBC), and more. If your plan includes pharmacy benefits, you can:
   - Locate in-network pharmacies
   - Compare brand name vs. generic medications
   - Review the Blue KC Prescription Drug List
   - Find ways to save on prescriptions
4. **Health & Wellness**
   Explore tools and programs to help you stay healthy, including the A Healthier You wellness program and other Blue KC resources designed to support your overall well-being.
5. **Find Care**
   Use the Doctor & Hospital Finder to search for in-network healthcare providers and pharmacies that meet your specific needs.

Register Without an ID Card

You can register even if you don't have your member ID card on hand. Just follow these steps:

1. Visit MyBlueKC.com and click REGISTER
2. Select "I don't have my ID card"
3. Enter your information and answer a few security questions to verify your identity

Once registered, your login will also work on the MyBlueKC mobile app.

Kansas City

Blue KC Virtual Care

Blue Cross and Blue Shield of Kansas City (Blue KC) offers convenient 24/7 virtual care for both urgent medical and behavioral health needs, all from your smartphone, tablet, or computer.

Urgent or Sick Care

- No appointment needed—connect with a provider anytime
- Visits are affordable and based on your plan's benefits

Behavioral Health Care

- Access to licensed therapists and psychiatrists by appointment
- Session costs vary by provider type and are also based on your plan

Get Started: Download the MyBlueKC mobile app or visit BLUEKCvirtualcare.com to register and begin using virtual care services today.

Blue KC Rx Savings Solutions

Blue KC offers Rx Savings Solutions to help you save money on your prescriptions. This free, confidential service shows you lower-cost medication options—like generics or therapeutic alternatives, and helps you compare prices across pharmacies. You may even receive alerts when a savings opportunity becomes available.

Start saving: Log in to MyBlueKC.com and select: > Plan Benefits > Pharmacy Plan Info.

A Healthier You Wellness Support

A Healthier You is Blue KC's personalized wellness program designed to help you live your healthiest life. Through the MyBlueKC portal or mobile app, you can access tools, resources, and activities tailored to your health goals, like fitness tracking, nutrition tips, health assessments, and more.

Stay motivated with wellness challenges, earn points and rewards, and get support every step of the way.

Log in to MyBlueKC.com to explore your wellness dashboard and start your journey to better health!

Blue KC Network Options

Kansas City

BlueSelect Plus Network

BlueSelect Plus is **a smaller, more selective network** of healthcare providers designed to offer affordable access to care within the Kansas City metro area. With this network, you benefit from lower monthly premiums, thanks to the cost-saving agreements Blue KC has established with participating providers.

Providers outside this network, even within the Kansas City area, are considered out-of-network.

The BlueSelect Plus Network may be a great fit if:	
You live or work in one of the following counties:	
☑	• **Missouri:** Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell • **Kansas:** Johnson, Wyandotte
You typically receive care from providers and hospitals located in these counties:	
☑	• **Missouri:** Clinton, Clay, Jackson, Johnson, Platte • **Kansas:** Johnson, Wyandotte

Specialty and Nationwide Coverage

If you need specialty care, you'll have access to over 3,000 specialists within the BlueSelect Plus network. Additionally, when traveling outside the 32-county Blue KC service area, you're covered through the national BlueCard network, providing access to trusted providers across the country.

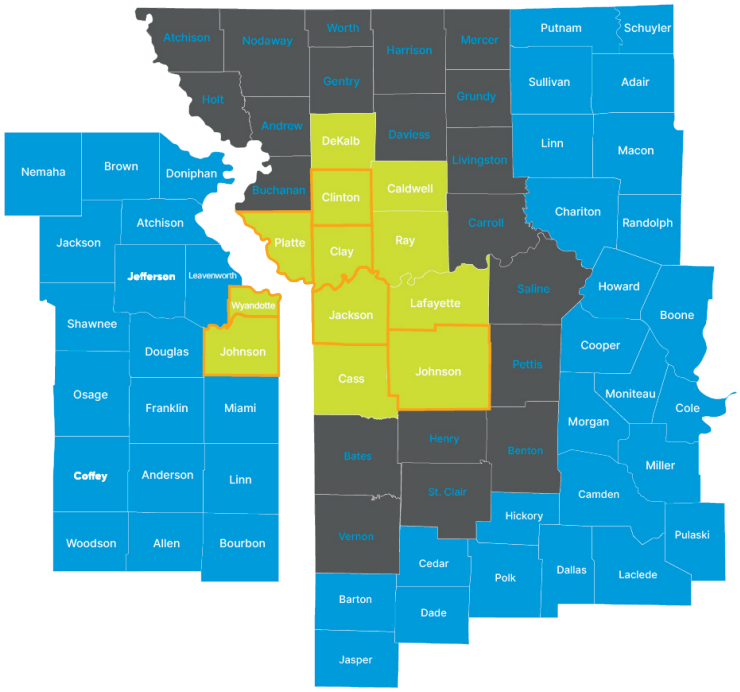
Preferred Care Blue (PCB) Network

Preferred Care Blue is the **largest network option** available within the 32-county Kansas City service area, offering you the widest selection of healthcare providers. If having the freedom to choose your doctors and hospitals is a top priority, this network is designed to meet and exceed your expectations. With over 6,800 in-network physicians and more than 50 in-network hospitals, Preferred Care Blue provides a single, comprehensive network that spans both metro and non-metro areas.

BlueCard Network

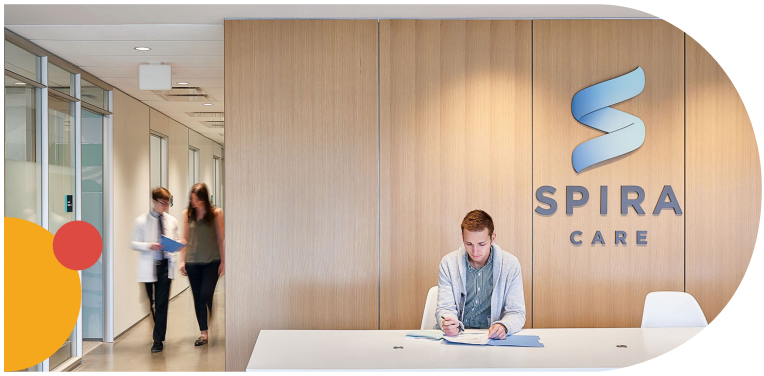
Both BlueSelect Plus and Preferred Care Blue plans include BlueCard network access, allowing you to use your benefits and receive care from participating providers nationwide, outside the Kansas City service area.

IN-NETWORK HOSPITALS	PCB	BSP
Advent Health (Shawnee Mission - 3 locations)	✓	✓
Belton Regional Medical Center	✓	
Cameron Regional Medical Center	✓	
Cass Regional Medical Center	✓	
Center Point Medical Center	✓	
Children's Mercy Hospital (2 locations)	✓	✓
Lee's Summit Hospital	✓	
Liberty Hospital	✓	✓
Menorah Medical Center	✓	
North Kansas City Hospital	✓	✓
Olathe Medical System	✓	✓
Overland Park Regional Medical Center	✓	
Providence Medical Center	✓	✓
Research Medical Center	✓	
St. Joseph's Medical Center		✓
St. Luke's Health System	✓	
St. Mary's Medical Center		✓
University Health (Formerly Truman and Lakewood Medical Centers)	✓	✓
University of Kansas Health System	✓	✓
Western Missouri Medical Center	✓	✓



BlueSelect Plus Network		BlueCard	
●	Areas in **green** are in-network coverage. Costs apply toward your annual deductible.	●	Offers coverage nationwide, including counties in **blue** on the map. Costs apply toward your annual deductible
●	Hospitals located in the BSP network are located in the seven counties outlined in **orange**. Costs apply toward your annual deductible.	●	Areas in **grey** are out-of-network. You will be responsible for 100% of costs associated with any care received out of network.

Spira Care Centers



Exclusive Access to Spira Care Centers

As a **BlueSelect Plus member**, you also have access to Spira Care Centers, comprehensive, member-only primary care facilities that deliver high-quality care with no additional costs. These centers offer a wide range of services under one roof, including:

- Primary, preventive, and urgent care
- Labs and X-rays
- Routine behavioral health support

While you're free to choose any in-network primary care provider within the BlueSelect Plus network, we highly recommend Spira Care Centers. Why? Because all services provided at Spira Care are 100% covered—no copays, no hidden charges.

What if I need care outside of Spira Care?

Spira Care Centers are designed to support your advanced primary care needs. However, you also have access to the BlueSelect Plus network for services like specialty care. Keep in mind that care received outside of Spira Care, such as seeing a specialist, will be subject to your deductible.

Spira Care Costs with an HDHP + HSA

- Care Centers, you'll pay a low cost of $60* per appointment or service until you reach your plan's Out-of-Pocket Maximum. After that, you won't pay anything for care received at Spira Care Centers. *Subject to change.
- Preventive services are always covered at 100%, with no out-of-pocket cost.

For members without a HSA: You won't pay anything out of pocket for appointments or services at Spira Care Centers. This means you will not receive a bill for any care provided at Spira Care, these services are covered at no additional cost to you.

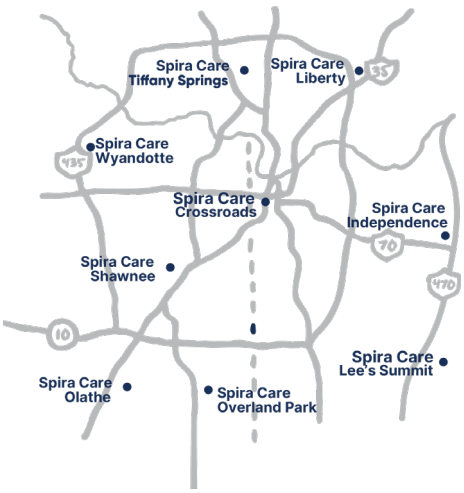
More Than Primary Care: A Team Focused on You

At Spira Care, you're supported by a full Care Team, not just doctors, physician assistants, and nurse practitioners, but also health professionals who work together to treat the whole person.

Your Care Team includes:

- **Primary Care Providers** for preventive care, illness treatment, and chronic condition management
- **Behavioral Health Consultants** to help manage stress, anxiety, depression, and emotional health tied to chronic conditions
- **Health Coaches** to support wellness goals, healthy eating, exercise, sleep, and self-care
- **Diabetes Care Specialists** to help you manage or prevent diabetes and build self-care confidence

Care on Your Terms: Spira Care offers in-person, virtual, and phone appointments. All visits require scheduling in advance.



Kansas City Metro Locations for Spira Care Centers

Spira Care Centers	
Independence 3717 S Whitney Avenue Independence, MO 64055	**Lee's Summit** 760 NW Blue Parkway Lee's Summit, MO 64086
Liberty 8350 N Church Road Kansas City, MO 64158	**Olathe** 15710 W 135th Street, Suite 200 Olathe, KS 66062
Overland Park 7341 W 133rd Street Overland Park, KS 66213	**Shawnee** 10824 Shawnee Mission Parkway Shawnee, KS 66203
Tiffany Springs 8765 N Ambassador Drive Kansas City, MO 64154	**Wyandotte** 9800 Troup Avenue Kansas City, KS 66111
	Crossroads 1916 Grand Boulevard Kansas City, MO 64108

In-Network Medical Plans Overview

Kansas City

Choosing the Right Medical Plan

The comparison table on this page provides a side-by-side overview of all available medical plans to help you select the option that best fits your needs. For more detailed information on each plan, please refer to the following pages.

	PLAN 1: SPIRA CARE PLAN (KANSAS CITY AREA ONLY)	PLAN 1A: BLUE PLUS PLAN (OUTSIDE KANSAS CITY ONLY)	PLAN 2: BLUE SELECT PPO (QHDHP) (KANSAS CITY AREA ONLY)	PLAN 3: PCB PPO BASIC (QHDHP) (ALL REGIONS)	PLAN 4: PCB PPO PLUS (ALL REGIONS)
Blue KC Network	Spira Care + BlueSelect Plus (BSP)	Preferred Care Blue (PCB)	BlueSelect Plus (BSP)	Preferred Care Blue (PCB)	Preferred Care Blue (PCB)
Out-of-Network Coverage	No Out-of-Network Coverage	Available	Available	Available	Available
Calendar Year Deductible Individual / Family	$3,000 / $6,000	$3,000 / $6,000	$3,400 / $6,800	$3,400 / $6,800	$2,500 / $5,000
Coinsurance Blue Cross Pays / You Pay	100% / 0%	100% / 0%	80% / 20%	80% / 20%	80% / 20%
Out-of-Pocket Maximum Individual / Family	$3,000 / $6,000	$3,000 / $6,000	$4,000 / $8,000	$4,000 / $8,000	$3,600 / $7,200
Office Visit Primary Care Physician Specialist Urgent Care - Office visit only Virtual Care (Telehealth)	 Spira Care: $0 Copay, BSP:Deductible Spira Care: $0 Copay, BSP:Deductible Spira Care: $0 Copay, BSP:Deductible $0 Copay	 $0 Copay Deductible Deductible $0 Copay	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance
Preventive Care Services	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Emergency Room	Deductible	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Diagnostic Test In Physician's Office (X-ray, blood work)	Spira Care: $0 Copay, BSP:Deductible	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
High tech diagnostic imaging (MRI, CT Scans, PET Scans)	Spira Care: $0 Copay, BSP:Deductible	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Hospital Services Inpatient Outpatient	 Deductible Deductible	 Deductible Deductible	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance
Mental Health Care & Substance and Addictive Disorder Services Inpatient Outpatient - Office Visit	 Deductible Deductible	 Deductible Deductible	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance
Retail Pharmacy - 30 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred	 $15 Copay $50 Copay Deductible	 $15 Copay $50 Copay Deductible	 Deductible then $12 Copay Deductible then $60 Copay Deductible then $80 Copay	 Deductible then $12 Copay Deductible then $60 Copay Deductible then $80 Copay	 $12 Copay $60 Copay $80 Copay
Mail Order Pharmacy - 90 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred	 $15 Copay $125 Copay Deductible	 $15 Copay $125 Copay Deductible	 Deductible then $36 Copay Deductible then $180 Copay Deductible then $240 Copay	 Deductible then $36 Copay Deductible then $180 Copay Deductible then $240 Copay	 $36 Copay $180 Copay $240 Copay

Medical Plans Per Pay Period Premiums

(24 PAY PERIODS)	PLAN 1: SPIRA CARE PLAN	PLAN 1A: BLUE PLUS PLAN	PLAN 2: BLUE SELECT PPO (QHDHP)	PLAN 3: PCB PPO BASIC (QHDHP)	PLAN 4: PCB PPO PLUS
EMPLOYEE ONLY	$72.70	$96.54	$57.62	$85.59	$140.32
EMPLOYEE + SPOUSE	$301.93	$357.50	$270.25	$328.99	$426.48
EMPLOYEE + CHILD(REN)	$273.51	$323.88	$244.84	$297.98	$411.78
FAMILY	$412.13	$488.47	$368.41	$449.52	$667.65

All medical plans are considered creditable under CMS guidelines.

Plan 1: Spira Care Plan

Kansas City

Exclusive Access to Spira Care Centers

Enrollment in a Spira Care plan gives you access to Spira Care Centers—exclusive, no-cost primary care facilities for BlueSelect Plus members. While you can see any provider in the BlueSelect Plus network, Spira Care Centers are highly recommended for their convenience and fully covered services with no copays or hidden fees.

The Spira Care EPO Plan is available to employees residing in the following counties:

Kansas: • Johnson • Wyandotte

Missouri: • Cass • Caldwell • Clay • Clinton • DeKalb • Jackson • Johnson • Lafayette • Platte • Ray

Please note: this plan has no out-of-network benefits except for life- or limb-threatening emergency care.

NETWORK: BLUESELECT PLUS + SPIRA CARE	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual / Family	$3,000 / $6,000	Not Covered
Coinsurance - Blue Cross Pays / You Pay	100% / 0%	Not Covered
Out-of-Pocket Maximum Individual / Family	$3,000 / $6,000	Not Covered
Office Visit Primary Care Physician at Spira Care Center Primary Care Physician (BSP Network) Specialist Urgent Care at Spira Care Center Urgent Care - Office Visit Only (BSP Network)	 $0 Copay Deductible Spira: $0/BSP: Deductible $0 Copay Deductible	 Not Covered Not Covered Not Covered Not Covered Not Covered
Preventive Services	$0 Copay	Not Covered
Blue KC Virtual Care	$0 Copay	Not Covered
Diagnostic Test (x-ray, bloodwork) At Spira Care Center At Hospital/outpatient facility (BSP Network)	 $0 Copay Deductible	 Not Covered Not Covered
High Tech Diagnostic Imaging (MRI, CT/PET Scans)	Spira Care: $0 Copay BSP: Deductible	Not Covered
Emergency Room	Deductible	Not Covered
Hospital Care Services Inpatient Outpatient	 Deductible Deductible	 Not Covered Not Covered
Mental Health Care & Substance and Addictive Disorder Services Inpatient Outpatient at Spira Care Center Outpatient - Office Visit (BSP Network)	 Deductible $0 Copay Deductible	 Not Covered Not Covered Not Covered
Retail Pharmacy - 30 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 $15 Copay $50 Copay Deductible	 Not Covered Not Covered Not Covered
Mail Order Pharmacy - 90 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 $15 Copay $125 Copay Deductible	 Not Covered Not Covered Not Covered

MEDICAL PREMIUMS	PER PAY PERIOD PREMIUMS	MONTHLY PREMIUMS	EMPLOYER'S MONTHLY CONTRIBUTION
EMPLOYEE ONLY	$72.70	$145.41	$674.65
EMPLOYEE + SPOUSE	$301.93	$603.86	$1,060.73
EMPLOYEE + CHILD(REN)	$273.51	$547.02	$1,060.30
FAMILY	$412.13	$824.25	$1,783.99

All medical plans are considered creditable under CMS guidelines.

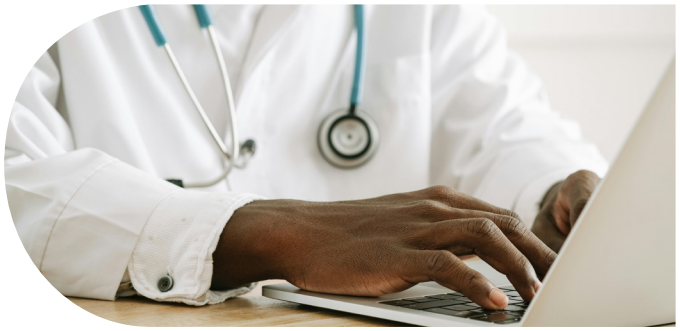
Plan 1A: Blue Plus Plan

Kansas City

Medical Plan Option for Non–Kansas City Residents

This medical plan is available only to team members who live outside the Kansas City area and are seeking a $0 copay for primary care visits.

Note: If you live or work within the Kansas City area and want a plan with a $0 primary care visit copay, you must enroll in Plan 1 (Spira Care EPO).



NETWORK: PREFERRED CARE BLUE (PCB)	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual / Family	$3,000 / $6,000	Not Covered
Coinsurance Blue Cross Pays / You Pay	100% / 0%	Not Covered
Out-of-Pocket Maximum Individual / Family	$3,000 / $6,000	Not Covered
Office Visit Primary Care Physician Specialist Urgent Care - Office Visit Only	 $0 Copay Deductible Deductible	 Not Covered Not Covered Not Covered
Preventive Services	$0 Copay	Not Covered
Blue KC Virtual Care	$0 Copay	Not Covered
Diagnostic Test (x-ray, bloodwork)	Deductible	Not Covered
High Tech Diagnostic Imaging (MRI, CT/PET Scans)	Deductible	Not Covered
Emergency Room	Deductible	In-Network Deductible
Hospital Care Services Inpatient Outpatient	 Deductible Deductible	 Not Covered Not Covered
Mental Health Care & Substance and Addictive Disorder Services Inpatient Outpatient - Office Visit	 Deductible Deductible	 Not Covered Not Covered
Retail Pharmacy - 30 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 $15 Copay $50 Copay Deductible	 Not Covered Not Covered Not Covered
Mail Order Pharmacy - 90 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 $15 Copay $125 Copay Deductible	 Not Covered Not Covered Not Covered

MEDICAL PREMIUMS	PER PAY PERIOD PREMIUMS	MONTHLY PREMIUMS	EMPLOYER'S MONTHLY CONTRIBUTION
EMPLOYEE ONLY	$96.54	$193.09	$755.69
EMPLOYEE + SPOUSE	$357.50	$714.99	$1,249.29
EMPLOYEE + CHILD(REN)	$323.88	$647.76	$1,244.52
FAMILY	$488.47	$976.94	$2,084.48

All medical plans are considered creditable under CMS guidelines.

Plan 2: Blue Select PPO (QHDHP)

Kansas City

NETWORK: BLUESELECT PLUS (BSP)	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual / Family	$3,400 / $6,800	$4,500 / $9,000
Coinsurance Blue Cross Pays / You Pay	80% / 20%	50% / 50%
Out-of-Pocket Maximum Individual / Family	$4,000 / $8,000	$12,000 / $24,000
Office Visit Primary Care Physician Specialist Urgent Care - Office Visit Only	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance
Preventive Services	$0 Copay	Deductible/Coinsurance
Blue KC Virtual Care	Deductible/Coinsurance	Not Covered
Diagnostic Test (x-ray, bloodwork)	Deductible/Coinsurance	Deductible/Coinsurance
High Tech Diagnostic Imaging (MRI, CT/PET Scans)	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Hospital Care Services Inpatient Outpatient	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance
Mental Health Care & Substance and Addictive Disorder Services Inpatient Outpatient - Office Visit	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance
Retail Pharmacy - 30 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 Deductible then $12 Copay Deductible then $60 Copay Deductible then $80 Copay	 $12 Copay + 50% Coinsurance $60 Copay + 50% Coinsurance $80 Copay + 50% Coinsurance
Mail Order Pharmacy - 90 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 Deductible then $36 Copay Deductible then $180 Copay Deductible then $240 Copay	 $36 Copay + 50% Coinsurance $180 Copay + 50% Coinsurance $240 Copay + 50% Coinsurance

MEDICAL PREMIUMS	PER PAY PERIOD PREMIUMS	MONTHLY PREMIUMS	EMPLOYER'S MONTHLY CONTRIBUTION
EMPLOYEE ONLY	$57.62	$115.24	$709.21
EMPLOYEE + SPOUSE	$270.25	$540.50	$1,132.86
EMPLOYEE + CHILD(REN)	$244.84	$489.67	$1,126.10
FAMILY	$368.41	$736.82	$1,885.14

All medical plans are considered creditable under CMS guidelines.

Plan 3: PCB PPO Basic (QHDHP)

Kansas City

NETWORK: PREFERRED CARE BLUE (PCB)	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual / Family	$3,400 / $6,800	$3,400 / $6,800
Coinsurance Blue Cross Pays / You Pay	80% / 20%	60% / 40%
Out-of-Pocket Maximum Individual / Family	$4,000 / $8,000	$8,000 / $16,000
Office Visit Primary Care Physician Specialist Urgent Care - Office Visit Only	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance
Preventive Services	$0 Copay	Deductible/Coinsurance
Blue KC Virtual Care	Deductible/Coinsurance	Not Covered
Diagnostic Test (x-ray, bloodwork)	Deductible/Coinsurance	Deductible/Coinsurance
High Tech Diagnostic Imaging (MRI, CT/PET Scans)	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Hospital Care Services Inpatient Outpatient	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance
Mental Health Care & Substance and Addictive Disorder Services Inpatient Outpatient - Office Visit	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance
Retail Pharmacy - 30 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 Deductible then $12 Copay Deductible then $60 Copay Deductible then $80 Copay	 $12 Copay + 50% Coinsurance $60 Copay + 50% Coinsurance $80 Copay + 50% Coinsurance
Mail Order Pharmacy - 90 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 Deductible then $36 Copay Deductible then $180 Copay Deductible then $240 Copay	 $36 Copay + 50% Coinsurance $180 Copay + 50% Coinsurance $240 Copay + 50% Coinsurance

MEDICAL PREMIUMS	PER PAY PERIOD PREMIUMS	MONTHLY PREMIUMS	EMPLOYER'S MONTHLY CONTRIBUTION
EMPLOYEE ONLY	$85.59	$171.18	$744.77
EMPLOYEE + SPOUSE	$328.99	$657.97	$1,198.42
EMPLOYEE + CHILD(REN)	$297.96	$595.97	$1,196.45
FAMILY	$449.52	$899.04	$2,007.55

All medical plans are considered creditable under CMS guidelines.

PLAN 4: PCB PPO Plus

Kansas City

NETWORK: PREFERRED CARE BLUE (PCB)	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual / Family	$2,500 / $5,000	$2,500 / $5,000
Coinsurance Blue Cross Pays / You Pay	80% / 20%	60% / 40%
Out-of-Pocket Maximum Individual / Family	$3,600 / $7,200	$7,200 / $14,400
Office Visit Primary Care Physician Specialist Urgent Care - Office Visit Only	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance Deductible/Coinsurance
Preventive Services	$0 Copay	Deductible/Coinsurance
Blue KC Virtual Care	Deductible/Coinsurance	Not Covered
Diagnostic Test (x-ray, bloodwork)	Deductible/Coinsurance	Deductible/Coinsurance
High Tech Diagnostic Imaging (MRI, CT/PET Scans)	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Hospital Care Services Inpatient Outpatient	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance
Mental Health Care & Substance and Addictive Disorder Services Inpatient Outpatient - Office Visit	 Deductible/Coinsurance Deductible/Coinsurance	 Deductible/Coinsurance Deductible/Coinsurance
Retail Pharmacy - 30 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 $12 Copay $60 Copay $80 Copay	 $12 Copay + 50% Coinsurance $60 Copay + 50% Coinsurance $80 Copay + 50% Coinsurance
Mail Order Pharmacy - 90 day supply Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand	 $36 Copay $180 Copay $240 Copay	 $36 Copay + 50% Coinsurance $180 Copay + 50% Coinsurance $240 Copay + 50% Coinsurance

MEDICAL PREMIUMS	PER PAY PERIOD PREMIUMS	MONTHLY PREMIUMS	EMPLOYER'S MONTHLY CONTRIBUTION
EMPLOYEE ONLY	$140.32	$280.65	$654.85
EMPLOYEE + SPOUSE	$426.48	$852.95	$1,042.50
EMPLOYEE + CHILD(REN)	$411.78	$823.56	$1,006.57
FAMILY	$667.65	$1,335.31	$1,632.04

All medical plans are considered creditable under CMS guidelines.

Specialty Care Programs at Blue KC

Oncology Utilization Management

Supporting Better Cancer Care Through Expert Guidance

Cancer treatment is rapidly evolving, and keeping up with advancements can be challenging, for patients and providers alike.

At Blue Cross and Blue Shield of Kansas City (Blue KC), we've partnered with OncoHealth to offer advanced oncology utilization management that ensures cancer care is both effective and cost-efficient. This approach supports members throughout their cancer journey, helping deliver the right care, at the right time, for the right outcomes.

Iris by OncoHealth: Personalized Support for Employees Facing Cancer

Blue KC offers Iris, a virtual care solution that provides employees with direct access to oncology-specific support between doctor visits.

With Iris, employees have 24/7 access to:

- Oncology-trained nurses for personalized medical support
- Licensed therapists for emotional and mental health care
- Registered dietitians with expertise in cancer nutrition
- Tailored educational content based on diagnosis and treatment plan

Whether it's managing side effects, navigating nutrition changes, or seeking emotional support, Iris ensures your employees are never alone in their cancer journey.

Why It Matters

- OncoHealth uses evidence-based guidelines and advanced analytics to support appropriate, high-quality cancer care.
- The program improves communication between providers, patients, and payers—leading to better outcomes and lower overall costs.
- Employees gain ongoing, virtual support that complements the care provided by their oncologist.

Cardiology and Musculoskeletal (MSK) Utilization Management

Helping Members Access the Right Care for Heart and MSK Conditions

Cardiology and musculoskeletal (MSK) conditions—such as back, joint, and bone issues, now account for nearly 30% of total healthcare spending for Blue KC members. To help address this growing need, Blue KC partners with TurningPoint, a leader in clinical care management.

HOW THE PROGRAM WORKS

TurningPoint's utilization management approach includes:

- **Clinical Expertise**
  Care is guided by licensed clinicians who follow evidence-based pathways to ensure safety, effectiveness, and optimal outcomes.
- **Provider Collaboration**
  TurningPoint works closely with providers to align care decisions with clinical guidelines and reduce unnecessary or low-value treatments.
- **Member Engagement**
  Members receive personalized outreach and education to help them understand their options and make informed healthcare decisions.
- **Payment Integrity**
  Thorough pre-payment reviews help reduce fraud, waste, and unnecessary costs, protecting both members and employer plans.

Why It Matters

- TurningPoint targets complex, high-cost procedures to ensure members get the right care while avoiding unnecessary services.
- The program improves outcomes, reduces risk, and helps control healthcare costs.
- Members and providers are supported throughout the care journey, from diagnosis through recovery.

For more information about Iris and oncology support services on cardiology and MSK care management, please visit myBlueKC.com

Kansas City | a healthier you

HEALTH KNOWLEDGE AT YOUR FINGERTIPS

Learn, Play and Gain Healthy Insights While on Your A Healthier You™ Portal

HAVING TROUBLE?

Call Blue KC Customer Service at the number on your member ID card and we can assist!

- Access Health Articles, Videos, Interactive Tools and More from your A Healthier You™ Portal
- Gain new health knowledge
- Earn wellness points and enter to win monthly sweepstakes drawings!

- **Interactive Tools** to find your target heart rate, your stress level, your risk of heart attack, your child's BMI and more.
- **Over 500 short educational videos** on living an active lifestyle, eating healthy, chronic conditions and general well-being.
- **Health articles** available anytime from an online, comprehensive resource library and a **symptom checker** for the whole family.
- **Action Sets** to manage a chronic condition and prevent future health concerns.
- **Decision Points** give you choices, consider personal preferences and compare risks and benefits to help make decisions.
- **Conversations** from an interactive virtual coach to understand and manage a chronic condition.

YOU'RE PATH TO WELLNESS **BEGINS TODAY**

1 Visit MyBlueKC.com.

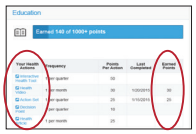
2 If you are a first time visitor, click **REGISTER NOW**. Please have your member ID card available to reference.

3

Once logged in, click **A HEALTHIER YOU**.

4 Click **EDUCATION** from your homepage, or use the **Personal Health Assistant**, to reach the educational resources and interactive tools.

5 Complete your **Education Health Actions** listed and **review your points earned.**



MyBlueKC.com

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See what others are saying about saving on medical procedures using SmartShopper:

"It's amazing to me that SmartShopper not only saves me money by finding the best location, but also sends me a cash reward! Thank you SmartShopper!"- *Damon*

We couldn't have said it better!

Costs can vary dramatically between in-network facilities. SmartShopper is included in your health plan and helps you compare costs so you can save money and earn up to $1,000 in cash rewards as a share of the savings.

Here's how it works

Compare prices and rewards by shopping online or calling the Personal Assistant Team at **855-476-5027**.

Schedule your appointment or let the Personal Assistant Team do it for you.

Earn your cash reward by having your appointment within the year.

Visit **MyBlueKC.com > Find Care** or call the SmartShopper Personal Assistant Team at **855-476-5027**. The Personal Assistant Team is ready to support you. From selecting, to scheduling, to pre-authorizations, they make next steps = no sweat! Call today!

Contact us or scan the QR code to register or login today.

The Personal Assistant Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.

Kansas City

SmartShopper®

The SmartShopper program is offered by MDX Medical, LLC dba Sapphire Digital, a Zelis company. Reward-eligible options and reward amounts are subject to change. Rewards are available for select procedures only. Rewards may be a taxable form of income. Sapphire Digital does not provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association.

Members must have their appointment within 12 months of their related shop date to earn a cash reward.

Kansas City

USE RX SAVINGS SOLUTIONS TO SAVE ON PRESCRIPTIONS

Yes, there's something you can do about prescription costs.

Rx Savings Solutions is a secure, online tool that helps you find ways to save money on your prescription drugs. Your health plan offers this service free of charge to all members and their dependants enrolled in medical benefits.

This is how it should be...

SELECTION
Discover all the options available to treat your condition and compare them to your current prescription(s).

PRICE
Know exactly what a medication costs, if your plan covers it, and the impact on your deductible.

CONVENIENCE
Never miss a savings opportunity, even in the doctor's office, and request a lower-cost prescription in just a few clicks.

ASSISTANCE
If you have a savings opportunity, the experienced Rx Savings staff can work directly with your doctor to help you make safe changes and start saving quickly!

This is how you can save...

SAME DRUG, DIFFERENT FORM

Believe it or not, a capsule might cost more than a tablet or liquid form - or vice versa. You never know, but now you will.

DIFFERENT DRUG, SAME TREATMENT

There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.

SAME INGREDIENTS, DIFFERENT PILLS

If a drug has two active ingredients, the price can skyrocket! Take the active ingredients seperately at the same time for the same treatment at a lower cost.

SAME ACTIVE INGREDIENT, LOWER PRICE

If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

START SAVING WITH RX SAVINGS SOLUTIONS.

- Log into **MyBlueKC.com** and select: Plan Benefits ➔ Pharmacy Plan Info ➔ Spend Less on Prescription Drugs **(or use the quick link: myrxss.com/bluekc).**
- See your current savings opportunities or search any medication for savings. You can also view your prescription history and share with your doctors.
- If you have a savings opportunity, talk to your doctor or pharmacist to discuss your options.

OR

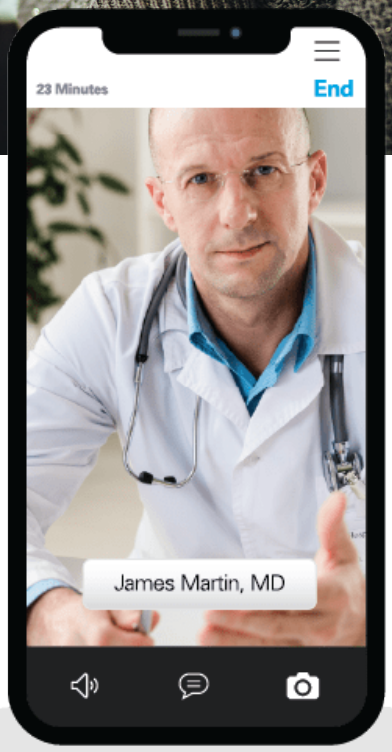
- Rx Savings Solutions' experienced pharmacists can work directly with your doctor or pharmacist to make safe changes that save you money. Call Blue KC Customer Service at the number found on your member ID card for assistance.
- Receive notifications when new savings opportunities are available.

GO ONLINE!

START SAVING!

Go to **MyBlueKC.com** to log in and access your pharmacy benefits and Rx Savings Solutions (or use quick link: **myrxss.com/bluekc**). If you have a savings opportunity Rx Savings Solutions can help make changes with your doctor.

BLUE KC VIRTUAL CARE IS ALWAYS ON.



SO YOU HAVE AFFORDABLE ACCESS TO 24/7 HEALTHCARE.

Blue Cross and Blue Shield of Kansas City (Blue KC) provides our members with 24/7 sick care or for behavioral health needs by appointment. Now it's easier than ever for you to "see" a provider right from your smartphone, tablet or computer. Try out this convenient service the next time you need sick care or for behavioral health appointments.

ALWAYS PRIVATE AND SECURE.

URGENT OR SICK CARE NEEDS

- No appointment necessary
- Affordable visits based on your plan's benefits

BEHAVIORAL HEALTHCARE NEEDS

- Therapists and psychiatrists are available for sessions by appointment
- Affordable visits based on your plan's benefits, and vary by provider type

To access **Blue KC Virtual Care**, download the **MyBlueKC** mobile app, or visit **BLUEKCvirtualcare.com**

Blue KC partners with American Well's (Amwell) Virtual Care Providers to provide our members with 24/7 sick care and behavioral health support by appointment.

Scan the QR code above with your mobile device to **download the App**.

Download on the App Store | GET IT ON Google Play

Kansas City

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Mindful by Blue KC Well-Being Resources

We all have our reasons. And all of them matter.

Stress, anxiety and burnout are more prevalent then ever. That's why we created Mindful by Blue KC which includes Well-Being Resources to increase your happiness and health. Your Mindful by Blue KC Well-Being Resources includes three visits per issue, at no cost, for help with major life events like divorce, adoption or loss of a job, relationship or loved one. We'll help you if you are feeling stressed or experiencing financial, childcare or other everyday challenges. You can lean on your Well-Being Resources for help. To get started, call 833-302-MIND (6463) or the behavioral health number on the back of your member ID card to talk with a Mindful Advocate or visit MindfulBlueKC.com to learn more.

No matter your reason, we are here to help.

Your Mindful by Blue KC Well-Being Resources include three visits, at no cost, per issue to help you:

- Be more present and productive at work
- Feel supported when you don't feel like yourself
- Manage responsibilities that are distracting and stressful
- Grow personally and professionally
- Be a caring and loving friend or family member
- Identify where to go for care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve your daily life, health and happiness

(includes three visits per issue, at no cost, for help with major life events)

It all starts with a Mindful Advocate only one call away and available 24/7

Life happens, regardless of the day or time. That's why Mindful Advocates are available 24/7, even on holidays. So whenever you need to reach out, we are here for you.

It all starts with the Mindful Advocate

In a unique role exclusive to Blue KC, our Mindful Advocates are licensed behavioral health clinicians who match members to providers and services and guide care plans – a single point of contact for:

- Listening
- Navigating Care
- Crisis Management
- Benefits Guidance
- Connecting
- Follow-up

Call a Mindful Advocate 833-302-MIND (6463) of the behavioral health number on the back of your member ID card.

Your Mindful by Blue KC Well-Being Resources include three visits per issue, at no cost, and is confidential.

Kansas City Mindful By Blue KC

Health Savings Account (HSA)

HealthEquity

If you enroll in a Qualified High Deductible Health Plan (QHDHP) (Plans 2 or 3), you are eligible to open and contribute to a Health Savings Account (HSA). An HSA is a tax-advantaged account that helps you save and pay for qualified medical, dental, and vision expenses.

Key Features of an HSA

- Use only what you have: You can only use the funds that have been contributed (or "accrued") to your HSA at the time of expense. If an expense exceeds your current balance, you can reimburse yourself later once more funds are available.
- No "use-it-or-lose-it" rule: Unlike an FSA, unused HSA funds roll over from year to year — there's no expiration.
- You own it: All HSA funds are yours, even if you change health plans or employers.

Triple Tax Savings

- Pre-tax contributions reduce your taxable income (or are tax-deductible if made post-tax).
- Tax-free growth on interest or investment earnings
- Tax-free withdrawals when used for qualified medical expenses.

HSA Eligibility Summary

To be eligible to open and contribute to a Health Savings Account (HSA), you must:

- Be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- Not have other disqualifying coverage (such as a spouse's FSA or HSA)
- Not be claimed as a tax dependent
- Not be enrolled in Medicare, TRICARE, or TRICARE for Life
- Not have used VA medical benefits in the past 6 months (except for preventive care)

2026 HSA Contribution Limits		
	Individual	**Family**
Employer Contribution	$350	$700
Employee Contribution	$4,050	$8,050
Total Annual Limit	$4,400	$8,750

Employer Contribution

As part of your benefits package, Cornerstones contributes to your Health Savings Account (HSA) each year to help offset out-of-pocket medical costs:

- $350 for Individual Coverage
- $700 for Family Coverage

These contributions count toward the IRS annual HSA limits and are deposited directly into your account throughout the plan year.

Catch-Up Contributions

If you are age 55 or older, you are eligible to contribute an additional $1,000 to your Health Savings Account (HSA) each calendar year, above the standard IRS contribution limits.

Penalties for Non-Qualified Expenses

If you are under age 65 (and not permanently disabled), using HSA funds for non-qualified expenses will result in a 20% penalty, and the amount withdrawn will also be subject to income tax.

To avoid these penalties, make sure HSA funds are used only for IRS-approved medical, dental, and vision expenses.

How an HSA Works with Your QHDHP Plan

With a QHDHP, you're responsible for covering 100% of your healthcare costs until you meet your annual deductible. All qualified expenses (like doctor visits, prescriptions, lab work, etc.) count toward your out-of-pocket maximum. Once that maximum is reached, your plan covers 100% of eligible expenses for the rest of the plan year.

Flexible Spending Account (FSA)

HealthEquity

A Flexible Spending Account (FSA), also known as a Cafeteria or Section 125 Plan, lets you set aside pre-tax dollars from your paycheck to reimburse yourself for eligible out-of-pocket medical, dental, vision, or dependent care expenses throughout the year.

Eligibility

You can enroll in and contribute to an FSA if you:

- Are not enrolled in a Health Savings Account (HSA)
- Are not eligible to be claimed as a dependent on someone else's tax return
- Are not enrolled in Medicare, TRICARE, or TRICARE for Life
- Have not received Veterans Administration medical benefits in the past 3 months (except preventive care)

How To Use Your FSA

Use the Benefit (Benny) Card at eligible providers to pay directly from your FSA account.

Alternatively, pay out-of-pocket and submit claims with receipts to get reimbursed via check or direct deposit.

Keep receipts, as IRS regulations may require you to verify expenses.

To access FSA account visit www.healthequity.com

Contributions & Changes

- Contributions are deducted pre-tax evenly across paychecks (24 pay periods).
- New hires' contributions are prorated based on remaining pay periods.
- Healthcare FSA contributions must be set during open enrollment and generally cannot be changed mid-year.
- Dependent Care FSA contributions can be adjusted during the year if you experience a qualified status change (e.g., marriage, birth).

Important Notes

- You must re-enroll in your FSA during each year's Open Enrollment period to continue participation.
- The IRS "use-it-or-lose-it" rule applies: unused funds at year-end are forfeited.
- The FSA grace period allows you to use 2026 funds until March 15, 2027.
- For Dependent Care FSAs, claims for 2026 expenses must be submitted by March 15, 2027.
- Most over-the-counter medications require a prescription to be eligible.
- Keep receipts even if you use your debit card—proof of purchase may be requested.

Flexible Spending Account Options and Contribution Limit

	2026 Contribution Limit	Eligibility Requirements	What It Covers
Healthcare FSA	$3,400 per calendar year	Available to all employees enrolled in a qualified health plan	• Copays, deductibles • Prescriptions • Glasses, contacts • Dental care & orthodontics
Dependent Care FSA	$7,500 per calendar year	• Both spouses (or custodial parent) must be working or full-time students • Dependent must live with you at least 8 hours/day	• Childcare expenses • Adult day care for a dependent incapable of self-care
Limited Purpose FSA	$3,400 per calendar year	Must be enrolled in a High Deductible Health Plan (HDHP) or PPO with HSA; cannot be used for general medical expenses	• Dental care • Vision expenses

Dental Insurance

DELTA DENTAL®

Vision coverage is provided through **Delta Dental of Kansas**.

Delta Dental offers access to three provider options:

- **PPO Network –** Offers the highest level of savings. Lower out-of-pocket costs and discounted rates.
- **Premier Network –** A larger network of providers. While savings may be slightly less than PPO, you still receive negotiated rates and no balance billing.
- **Out-of-Network Providers –** You can still use Dental services outside the Delta Dental networks, but you will face higher costs and potential balance billing.

Predetermination of Benefits

You can request a predetermination of benefits to get an estimate of what your plan will cover before treatment begins. This helps you understand costs and explore treatment options in advance.

OPTION 1: BASE PLAN BENEFITS	DELTA DENTAL PPO PLAN	DELTA DENTAL PREMIER PLAN	OUT-OF-NETWORK*
Calendar Year Deductible - (Applies to Basic and Major Services only)	Individual / Family $50 / $150	Individual / Family $50 / $150	Individual / Family $50 / $150
Annual Maximum Benefit - (All Covered Services) Per covered person	$1,000	$1,000	$1,000
Diagnostic & Preventive Services - (Not subject to deductible) Oral evaluations, Bitewing x-rays, Full mouth or panoramic x-rays, Cleanings, Topical fluoride - dependents under age 19, Space maintainers - dependents under age 14, Sealants - dependent children under age 16	100%	100%	100%
Basic Services - (Subject to deductible) Emergency examination, Oral surgery, Regular Restorative: silver and white resin, stainless steel crowns - dependents under age 12, Endodontics, Periodontics	80%	80%	80%
Major Services - (Subject to deductible) Special restorative: crowns, Prosthodontics: bridges, partial and completed dentures, repairs and adjustment of bridges and dentures	50%	50%	50%

OPTION 2: BUY-PLAN BENEFITS	DELTA DENTAL PPO PLAN	DELTA DENTAL PREMIER PLAN	OUT-OF-NETWORK*
Calendar Year Deductible - (Applies to Basic and Major Services only)	Individual / Family $50 / $150	Individual / Family $50 / $150	Individual / Family $50 / $150
Annual Maximum Benefit - (All Covered Services) Per covered person	$1,500	$1,500	$1,500
Diagnostic & Preventive Services - (Not subject to deductible) Oral evaluations, Bitewing x-rays, Full mouth or panoramic x-rays, Cleanings, Topical fluoride - dependents under age 19, Space maintainers - dependents under age 14, Sealants - dependent children under age 16	100%	100%	100%
Basic Services - (Subject to deductible) Emergency examination, Oral surgery, Regular Restorative: silver and white resin, stainless steel crowns - dependents under age 12, Endodontics, Periodontics	80%	80%	80%
Major Services - (Subject to deductible) Special restorative: crowns, Prosthodontics: bridges, partial and completed dentures, repairs and adjustment of bridges and dentures	50%	50%	50%
Orthodontics Services - (Subject to deductible) **For Dependent children under age 19**	50%	50%	50%
Lifetime Maximum Benefit for Orthodontic Services	$1,000	$1,000	$1,000

*Out-of-Network Costs: When you use an out-of-network provider, you may be billed for any charges above the plan's Maximum Allowable Amount. Since there's no contract with the provider, they can charge more than what the plan considers Usual and Customary, and you'll be responsible for paying the difference.

DENTAL PLAN PREMIUMS	BASE PLAN - PER PAY PERIOD	BASE PLAN - MONTHLY	BUY-UP PLAN - PER PAY PERIOD	BUY-UP PLAN - MONTHLY
EMPLOYEE ONLY	$15.86	$31.72	$17.92	$35.83
EMPLOYEE + SPOUSE	$36.18	$72.36	$40.85	$81.70
EMPLOYEE + CHILD(REN)	$30.53	$61.05	$41.92	$83.84
FAMILY	$51.49	$102.98	$70.71	$141.41

Vision Insurance

Vision benefits are provided through EyeMed, giving you access to a large network of eye care providers, including major retail chains and independent optometrists.

Using an in-network EyeMed provider ensures the best value for your vision care. Out-of-network services are also available but may result in higher costs and reduced reimbursement.

To find in-network providers visit www.eyemed.com.

VISION BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Eye Exams - once every 12 months	$10 copay	Up to $35 allowance
Frames - once every 24 months	$100 allowance	Up to $45 allowance
Lenses - once every 12 months Single vision lenses Lined bifocal lenses Lined trifocal lenses	 $10 copay $10 copay $10 copay	 Up to $25 allowance Up to $40 allowance Up to $55 allowance
Elective Contact Lenses - once every 12 months Instead of frames and lenses	$115 allowance	Up to $92 allowance

VISION PLAN PREMIUMS	PER PAY PERIOD PREMIUMS	MONTHLY PREMIUMS
EMPLOYEE ONLY	$3.61	$7.21
FAMILY	$9.13	$18.25

Employer-Paid Benefit — Basic Life and AD&D

If you have people who rely on you financially, it's important to plan for how they will be supported if something happens to you. Life insurance can provide financial protection for your loved ones in the event of your death or a terminal illness diagnosis.

Cornerstones of Care offers Basic Group Life and Accidental Death & Dismemberment (AD&D) insurance through Pacific Life, providing **$25,000 in coverage at no cost to you**.

Please note that the coverage amount reduces as you age:

- At age 65, the benefit reduces by 35%
- At age 70, an additional 15% reduction applies
- At age 75, an additional 20% reduction applies

These reductions are applied sequentially to your original coverage amount.

Voluntary Life and AD&D Insurance

PACIFIC LIFE

Protect what means the most to you - the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries. You have the option of purchasing additional life insurance for yourself, your spouse, and your eligible dependents. For your dependents to be eligible, you must also be enrolled in the voluntary life benefit.

Please note: If you choose to enroll in this benefit outside of your initial new hire enrollment period, EOI will be required regardless of the amount elected.

	INCREMENTS	GUARANTEED ISSUE	MAXIMUM BENEFIT AMOUNT	REDUCTION SCHEDULE AND TERMINATION
EMPLOYEE	$10,000	New hires may elect up to $150,000 in coverage with no Evidence of Insurability required.	Up to five times your annual earnings, not to exceed $500,000.	Benefit amount reduces to 35% at age 65, an additional 15% at age 70.
SPOUSE	$5,000	New hires may elect up to $50,000 (cannot exceed 100% of employee's benefit amount) for their spouse with no EOI required.	Maximum of $100,000, limited to 100% of the employee's coverage amount.	Benefit amount reduces to 35% at age 65, an additional 15% at age 70.
CHILD(REN)	$10,000	N/A	$10,000	Coverage ends when the dependent turns 26.

VOLUNTARY LIFE AND AD&D MONTHLY PREMIUMS PER $1,000 IN BENEFIT		
AGE	EMPLOYEE/SPOUSE MONTHLY RATE PER $1,000	ALL CHILDREN MONTHLY RATE PER $10,000
<29	$0.114	$2.18
30 - 34	$0.124	
35 - 39	$0.134	
40 - 44	$0.184	
45 - 49	$0.284	
50 - 54	$0.444	
55 - 59	$0.674	
60 - 64	$1.034	
65 - 69	$1.824	
70 - 74	$3.224	
75+	$5.284	

*Spouse rates are calculated based on the employee's current age. AD&D rates included.

Short-Term Disability

Protect your income when you need it most with Pacific Life's Short-Term Disability (STD) Insurance. Offered as a **voluntary benefit**, this coverage helps replace a portion of your paycheck if you're unable to work due to a qualifying illness or injury. Take control of life's unexpected moments and ensure your financial security with coverage you can count on.

Voluntary Short-Term Disability	
WEEKLY BENEFIT PERCENTAGE	60% of weekly salary
MAXIMUM WEEKLY BENEFIT	$1,500
ELIMINATION PERIOD	Benefits start on the 15th day after the injury or illness begins
MAXIMUM PAYMENT PERIOD	13 weeks
PRE-EXISTING CONDITION	A pre-existing condition is any illness or injury you had, or received treatment for, before your disability coverage began. Under the 3/12 rule, if you had a condition within 3 months before your coverage started and become disabled from it within the first 12 months of coverage, your disability benefits may not be paid.

STD RATE PER $10 OF BENEFIT
$0.52

Employer-Paid Benefit — Long-Term Disability

At Cornerstones of Care, we understand the importance of protecting our employees' financial security. That's why we provide **employer-paid Long-Term Disability** (LTD) insurance through Pacific Life. This valuable benefit ensures income protection in the event of a serious illness or injury that prevents you from working for an extended period. With LTD coverage, you can focus on recovery without the added stress of lost wages, because your health and peace of mind matter to us.

Employer-Paid Long-Term Disability	
MONTHLY BENEFIT PERCENTAGE	60% of monthly salary
MAXIMUM MONTHLY BENEFIT AMOUNT	$8,300
ELIMINATION PERIOD	Benefits begin on the 91st day following an accident or illness
MAXIMUM PAYMENT PERIOD	Social Security Normal Retirement Age
PRE-EXISTING CONDITION	A pre-existing condition is any illness or injury you had, or received treatment for, before your disability coverage began. Under the 3/12 rule, if you had a condition within 3 months before your coverage started and become disabled from it within the first 12 months of coverage, your disability benefits may not be paid.

Short-Term Disability Cost Estimator
Use the steps below to estimate your monthly cost for Short-Term Disability coverage: For Illustrative Purposes Only

1. **Calculate Your Weekly Benefit:** Multiply your weekly earnings by 60%.
   Example: $500 × 0.60 = $300 (Maximum weekly benefit applies if this exceeds the plan limit.)
2. **Determine Units of Coverage:** Divide your weekly benefit by $10.
   Example: $300 ÷ $10 = 30 units
3. **Calculate Your Monthly Cost:** Multiply the number of units by the rate of $0.52 per unit.
   Example: 30 × $0.52 = $15.60/month

Short-Term Disability

Purpose: Covers temporary medical conditions that prevent you from working for a limited time.

Common uses: Recovering from surgery, serious illness, childbirth, or injury.

Long-Term Disability

Purpose: Provides coverage for more serious or lasting conditions that prevent you from working long-term.

Common uses: Chronic illnesses, major surgeries, cancer treatment, or serious injuries.

Accident Insurance

PACIFIC LIFE

If you or a covered dependent are injured in a covered accident and receive medical treatment, Pacific Life will provide a lump-sum payment directly to you. The amount paid is based on the type of injury and the treatment received. This benefit is designed to help cover out-of-pocket expenses like deductibles, copays, or everyday costs during recovery.

Voluntary Accident Insurance	
Initial Treatment at Doctor's office or Urgent Care	$50
Initial Emergency Room Visit	$300
Follow-up Visits (Limit 6 visits)	$75
Emergency Transportation	
Ground Ambulance / Air Ambulance	$300 / $1,000
Hospital Benefits	
Hospital Admission	$1,000
Daily Confinement	$300 per day
Initial ICU Admission	$1,000
ICU Confinement	$300 per day
Physical Therapy Visits (Limit 10 visits)	$20
Covered Accidents	
Dislocations	Up to $3,375
Fractures	Up to $4,500
Lacerations	Up to $600
Burns	Up to $10,000
Surgery	Up to $1,500
Accidental Dismemberment	Up to $50,000
Accidental Death	Up to $50,000

Please note: Limitations and exclusions may apply. Dollar amounts listed are for general estimation purposes only. Where there is a discrepancy between this table and the Accident Policy contract, the contract will prevail. Pacific Life will determine your final reimbursement amount at their discretion and based on a number of variables.

ACCIDENT INSURANCE PREMIUMS	BASE PLAN - PER PAY PERIOD	BASE PLAN - MONTHLY
EMPLOYEE ONLY	$4.40	$8.80
EMPLOYEE + SPOUSE	$7.80	$15.59
EMPLOYEE + CHILD(REN)	$13.60	$27.19
FAMILY	$16.99	$33.98

Health Screening Benefit

You are eligible to receive a **$50 benefit** once per calendar year when you complete a qualified health screening test. This benefit is available to both the employee and spouse, provided your policy coverage remains active.

Most initial care and emergency benefits must be received within 72 hours of the accident to be eligible for payment. These benefits are payable once per accident, per covered individual.

For fractures and dislocations, treatment must occur within 90 days of the accident to qualify for benefits.

Please see the full plan information on Paycom for complete details.

Critical Illness Insurance

PACIFIC LIFE

Pacific Life's Critical Illness Insurance offers financial protection by providing a lump-sum payment if you or a covered dependent are diagnosed with a covered serious condition, such as cancer, heart attack, stroke, or other specified illnesses. This benefit is paid directly to you, regardless of any other insurance you may have, and can be used however you choose.

Please refer to the full plan details on Paycom for a complete list of covered conditions and eligibility requirements.

CRITICAL ILLNESS COVERAGE AMOUNT	
EMPLOYEE	Increment of $10,000, Up to $30,000
SPOUSE	Increment of $5,000, Up to $15,000, not to exceed 100% of employee's coverage amount.
CHILD(REN)	Increments of $5,000, Up to $15,000, not to exceed 50% of employee's coverage amount.

Voluntary Critical Illness	
COVERED CONDITIONS	
Heart Attack, Stroke, Major Organ Failure, End-Stage Renal Disease, Paralysis, Occupational HIV and/or Hepatitis B, C, D, Invasive Cancer, Benign Brain Tumor, Advance Alzheimer's, Parkinson's Disease	100% of coverage amount
Coronary Artery Bypass Graft	50% of coverage amount
Carcinoma in Situ (Non-Invasive Cancer)	25% of coverage amount
Note: This is a brief overview of covered diagnoses. For a full list of benefits and detailed plan information, please refer to Paycom.	

CRITICAL ILLNESS MONTHLY PREMIUMS PER $1,000 IN BENEFIT	
AGE	**EMPLOYEE/SPOUSE MONTHLY RATE PER $1,000**
<25	$0.375
26 - 30	$0.465
31 - 35	$0.575
36 - 40	$0.755
41 - 45	$0.975
46 - 50	$1.265
51 - 55	$1.615
56 - 60	$2.165
61 - 65	$3.015
66 - 69	$4.345
70 - 74	$6.695
75-80	$9.980
Coverage for child(ren) is included with the employee's rate.	

Health Screening Benefit

You are eligible to receive a **$50 benefit** once per calendar year when you complete a qualified health screening test. This benefit is available to both the employee and spouse, provided your policy coverage remains active.

Hospital Indemnity Insurance

PACIFIC LIFE

Voluntary Hospital Indemnity Insurance	
Hospital Admission	$500 - 2 days per plan year
Intensive Care Unit Admission	$500 - 1 day per plan year
Hospital Confinement	$100 - 10 days per plan year
Intensive Care Unit	$100 - 5 days per plan year
Surgery - Inpatient	$100 - 2 days per plan year
Surgery - Outpatient	$50 - 1 day per plan year
Please note: Limitations and exclusions may apply.	

HOSPITAL INDEMNITY INSURANCE PREMIUMS	BASE PLAN - PER PAY PERIOD	BASE PLAN - MONTHLY
EMPLOYEE ONLY	$9.85	$19.70
EMPLOYEE + SPOUSE	$18.77	$37.54
EMPLOYEE + CHILD(REN)	$16.50	$33.00
FAMILY	$26.67	$53.34

Pacific Life's Hospital Indemnity Insurance provides a fixed cash benefit if you are admitted to the hospital due to a covered illness or injury. This payment is made directly to you.

Please note: Hospital Indemnity Insurance is not health insurance and does not replace your regular medical coverage.

Paid-Time Off (PTO)

Hourly/Non-Exempt Employees

Cornerstones of Care provides Paid Time Off (PTO) to support time away from work for vacations, holidays, personal needs, or illness. PTO is accrued based on an employee's regularly scheduled hours and length of service, and is available to hourly and part-time team members.

PTO Accrual

- PTO begins accruing on your first day of employment.
- Accrual is based on the number of hours you're regularly scheduled to work.
- Part-time employees accrue PTO based on their scheduled hours.
- PTO must be accrued before use—it cannot be advanced.
- Requests for PTO must be submitted within department guidelines and require supervisor approval.
- If your hours are reduced (e.g., due to census changes), you may choose to use accrued PTO or take the time unpaid.

Paid Sick Leave (PSL) Accrual

Paid Sick Leave (PSL) provides time off for eligible team members to care for their health and the health of their family. PSL is accrued and used according to the following guidelines:

Accrual Details

- **Full-Time Employees (40 hours/week):** Accrue PSL at a rate of 10 days per year, based on regularly scheduled hours.
- **Employees Working 30–39 Hours/Week:** Accrual is prorated based on hours worked.
- **Part-Time & Temporary Employees:** Accrue 1 hour of PSL for every 30 hours worked, up to 56 hours per year.

Accrual Starts: PSL begins accruing on your first day of employment.

Awarded Per Pay Period: PSL is accrued and reflected on a bi-weekly basis.

Maximum Accrual: You may accrue up to 480 hours of PSL. Unused time carries over from year to year but cannot exceed the maximum.

PTO Accrual Schedule for Full-Time Employees (40 hrs/week)				
Length of Service	Hours per Pay Period	Annual Hours	Annual Days	Maximum Accrual
0 - 12 months	4.93 hrs + 3 days at hire	152 hours	19 days	152 hours
13 - 36 months	7.38 hours	192 hours	24 days	192 hours
37 - 60 months	8.31 hours	216 hours	27 days	216 hours
Over 60 months	9.85 hours	256 hours	32 days	256 hours

Recognized Holidays – 2026

Full-time team members also receive the following paid holidays:

- New Year's Day – Jan 1
- Martin Luther King Jr. Day – Jan 19
- Memorial Day – May 25
- Juneteenth – Jun 19
- Independence Day – Jul 4 (Observed July 3rd)
- Labor Day – Sep 7
- Thanksgiving Day – Nov 26
- Day After Thanksgiving – Nov 27
- Christmas Day – Dec 25

Employee Service Awards

We proudly recognize the dedication and contributions of our team members through Quarterly Service Awards Ceremonies.

All employees who have completed at least one year of service are acknowledged during these events. In addition, those reaching a service milestone—in five-year increments (e.g., 5, 10, 15, 20, 25, 30 years)—are eligible to select a milestone gift in appreciation of their continued commitment.

Time Away – Salaried/Exempt Employees

Salaried (exempt) team members will follow a "Time Away" (TA) policy rather than a traditional PTO accrual system. This flexible approach allows eligible employees to take time off for vacation, holidays, illness, or personal matters as needed, without accruing a specific balance.

Under the Time Away policy:

- Time off is not accrued, but must still be requested and approved in advance.
- All time away must be coordinated with your supervisor, and approval is based on departmental needs.
- Unscheduled absences must be reported to your supervisor before the start of the workday.
- Team members are expected to meet deadlines and performance expectations before taking time away
- Time away requests cannot exceed two consecutive weeks without additional management approval.

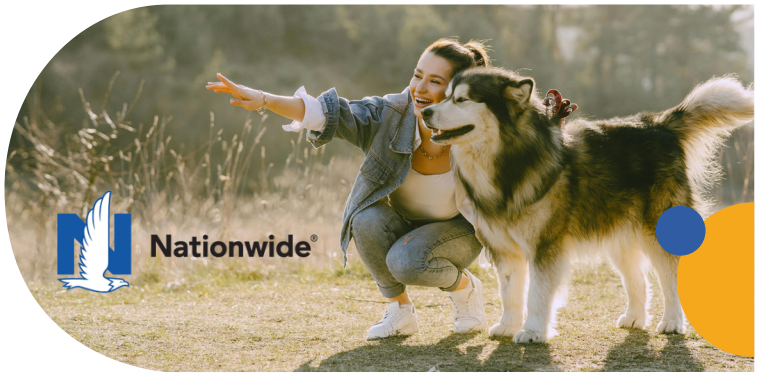
This policy is designed to support work-life balance while ensuring team accountability and operational coverage.

For more details or specific questions, please contact People Experience.

Pet Insurance

Caring for your pets in today's world can be unpredictable and costly. With Nationwide® pet insurance, you can protect both your pet's health and your finances by receiving reimbursement for eligible veterinary expenses, including accidents, illnesses, preventive care, and more.

As a Cornerstones of Care employee, you'll receive exclusive employee pricing, making coverage more affordable than ever.



Nationwide offers:

- Two pre-designed employee plans, plus customizable options based on your pet's unique needs
- Coverage available for dogs, cats, birds, reptiles, small mammals, and exotic pets

Coverage Highlights:

- Annual limits: $5,000 for accidents, $5,000 for illness, and $5,000 for hereditary/congenital conditions
- Wellness options: Choose from $450 or $800 annual benefit schedules
- Deductible options: $100, $250, or $500
- Reimbursement levels: 50%, 70%, or 80% of eligible vet bills
- Use any licensed veterinarian, anywhere—no networks or referrals required
- 24/7 pet telehealth support through Nationwide VetHelpline®
- Discounted pet prescriptions with Nationwide PetRxExpress®
- Savings on veterinary services at participating Petco locations
- Employee-only perks including lost pet recovery, emergency boarding, and more
- Multi-pet discounts available

Note: Pre-existing conditions are not covered

Get a free, no-obligation quote at
benefits.petinsurance.com/cornerstonesofcare
or by calling 877-738-7874.

401(k) Retirement Plan

BOK FINANCIAL | StartRight.RetireRight.

Cornerstones of Care is committed to helping you build a strong financial future. Our 401(k) Retirement Plan, administered by BOK Financial, offers a convenient way to save for retirement while enjoying valuable tax advantages.

How the Plan Works

When you enroll, a personal retirement account will be created in your name with BOK Financial, funded by:

- Your contributions – either pre-tax or Roth (after-tax).
- Investment earnings on your contributions.

You can access your account or enroll online at:

- Visit startright.bokf.com
- User ID: Social Security Number
- Password: Last 4 digits of SSN + last 2 digits of birth year

Eligibility

You're eligible to participate in the 401(k) plan beginning the first day of the month following 30 days of employment. This includes:

- Full-time employees
- Part-time employees (working 30+ hours per week)
- PRN employees

Automatic Enrollment & Annual Increases

If you don't enroll or opt out by your eligibility date, you will be automatically enrolled at 5% of your eligible pay.

Your contribution rate will automatically increase by 1% each year, up to a maximum of 8%.

Contribution Types

- **Pre-Tax 401(k)**
  - » Contributions are made before taxes, reducing your taxable income today.
  - » Both your contributions and earnings grow tax-deferred until you withdraw them.
- **Roth 401(k)**
  - » Contributions are made with after-tax dollars
  - » Qualified withdrawals, including earnings, are tax-free in retirement.

Employer Contribution Match

Cornerstones of Care proudly offers a generous match:

2% automatic contribution + up to 8% match of your deferrals

That's up to 10% total toward your retirement savings!

2026 Contribution Limits

- You can contribute up to $24,500 (if under age 50).
- If you're age 50 or older, you can contribute an additional $8,000 in catch-up contributions.

Beneficiary Designation

Keep your beneficiary information current as part of your estate planning. You can update or assign beneficiaries at startright.bokf.com.

You'll need the name and Social Security Number of each beneficiary.

If you're unable to complete the designation online, a paper form is available.

Need Help?

Visit www.startright.bokf.com
Call 1-800-876-9557

revive & thrive.

Support services for when life gets challenging.

what is revive & thrive?

Revive & Thrive provides you and your household members with free, confidential support to help with personal or professional problems, concerns or challenges that interfere with feeling or performing at your best. You have access to X sessions per unique issue per year.

how does it work?

Assess	Support	Thrive
Speak with a master's level clinician who will provide:	Connect you to appropriate support which may include:	Provide ongoing support to:
Immediate emotional support	Coaching	Motivate you to complete your support plan
Holistic needs assessment	Short-term counseling	Ensure satisfaction with support and resources
Collaborative support plan	Long-term care	Have a successful resolution
	Work-life resources	
	Digital and community resources	

Confidential

Revive & Thrive is completely confidential about your Information and cannot be released without your written permission.

Available 24/7

Services are available 24 hours a day, 7 days a week.

Free

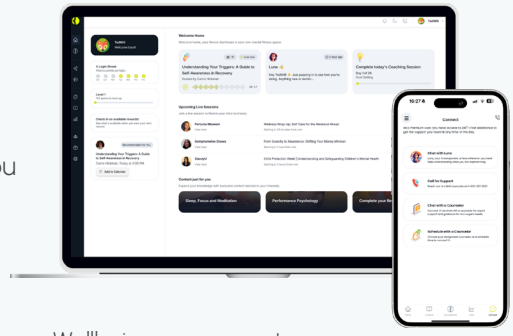
Revive & Thrive is provided at NO COST* to you and is paid for by your employer.

Common reasons to contact Revive & Thrive

- Anxiety
- Anger
- Burnout
- Career stress
- Crisis support
- Depression
- Financial
- Grief and loss
- Health/illness
- Legal
- Life events
- Marriage/divorce
- Relationships at work
- Struggling with daily responsibilities
- Substance abuse
- Suicidal thoughts
- Work/Life balance
- Work conflicts

revive & thrive platform.

The Revive & Thrive platform connects you with services. Whether you need to schedule a consultation, chat with a counselor or access resources to help you on your wellbeing journey, it's all here in one place.



Features:

- Live group support sessions
- Coaching courses
- AI chat companion
- Premium content and videos
- Wellbeing assessments
- Interactive journal
- Manager trainings
- Ambient sounds & calming space

better begins today.

Call to access services

800-327-2251

** If you require a referral for long-term treatment, costs may be incurred. These are often covered by your health insurance plan.*
***Virtual-only counseling for individuals 18 and older.*

revive & thrive

work/life resources.

Childcare

Revive & Thrive provides up-to-date, carefully screened, national resources and referrals for a range of childcare needs including:

- Adoption and Special Needs
- Before and After School Programs
- Family Daycare and Group Homes
- Nanny and Au Pair Services
- Nurseries and Preschools
- Summer Camps

Eldercare

Revive & Thrive provides up-to-date, national resources and referrals for a range of eldercare needs including:

- **Home-Based Services:** Nutrition, Meals on Wheels, Cleaning and Repair
- **Housing:** Retirement Communities, Subsidized Housing
- **In-Home Care:** Medical and Nursing Rehabilitation Services
- **Inpatient Services:** Nursing Homes, Intermediate Care Facilities, Respite Care and Assisted Living Facilities
- **Older Adult Services:** Support/ Advocacy Groups, Volunteer Opportunities and Adult Day Care
- Transportation Services

Legal

When faced with a legal matter, contact Revive & Thrive to be connected to an attorney with expertise specific to your needs. Legal benefits include:

- Free 30-minute consultations
- In office or telephonic with local plan providers
- Each consultation must be over a new legal topic
- 25 percent discount on attorney hourly rate/fee, and a 10 percent discount on the flat fee rate

Financial

You and your household members can access unlimited telephonic financial counseling, information and education from Revive & Thrive's team of highly-trained financial counselors. Typical financial matters include:

- Budgeting
- College Funding
- Credit Counseling
- Debt Management and Consolidation
- Retirement Funding

Convenience Care

With convenience care, finding what you are looking for is just a phone call away. Revive & Thrive provides up-to-date, national resources and referrals for a range of needs, such as:

- Adult Education Classes
- Airfare, Hotel and Car Rental
- Concert, Sport and Theater Tickets
- Contractors, Handymen, Plumbers and Landscapers
- Party Planning
- Personal Shoppers
- Pet Care
- Spa and Salon Services

how to access services?

Scan to activate your account today.

800-327-2251
member.myrevive.health

revive & thrive

Extra Perks For You

TELUS Health One

Pacific Life EAP (Powered by TELUS)

You also have the option to use Pacific Life's EAP through TELUS Health, offering:

- Counseling services
- Stress management support
- Crisis assistance
- Guidance for relationships, work focus, and leadership challenges
- Financial and legal advice

Learn more at www.telushealth.com

verizon

Verizon Employee Discount

As a Cornerstones of Care team member, you can save 22% on select Verizon voice and data plans with a monthly account access fee of $34.99 or higher (unlimited plans excluded).

Two ways to validate your employment:

By Email Address

- Visit verizonwireless.com/discounts
- Enter your mobile phone number or My Verizon user ID.
- Log in and validate using your work email address.

By Paystub

- Visit verizonwireless.com/discounts
- Enter your mobile phone number or My Verizon user ID.
- Log in and validate using your paystub as instructed.
- Check the status of your validation at verizonwireless-employmentvalidation.com

For questions, contact your Verizon Wireless Business Specialist.

DO YOU HAVE AN
ISSUE OR CONCERN
THAT YOU WOULD LIKE TO REPORT
ANONYMOUSLY?

REPORTS MAY BE SUBMITTED ONLINE AT
SAFEHOTLINE.COM

OR BY TEXTING YOUR COMPANY ID
OR CALLING
OUR TOLL FREE NUMBER
1-855-662-SAFE

Your Company ID Number

4288742834

This ID Number is required to submit a report

Examples of issues and concerns that should be reported:

- *Accounting Errors or Misrepresentations*
- *Bribery, Kickbacks or Corruption*
- *Discrimination*
- *Embezzlement or Misappropriation of Assets*
- *Ethics Violations or Misconduct*
- *Falsification of Documents*
- *Harassment or Violence*
- *Privacy Law, or Security of Personal Information*
- *Substance Abuse*
- *Theft of Inventory or Assets*
- *Vandalism or Sabotage of Company Property*
- *Violation of Law or Company Policy*

Safe Hotline is an independent third party reporting service. All reports received will be submitted exactly as reported to your employer. The company has the sole discretion regarding whether or not any action is taken to resolve the issue. We will not disclose your identity without your permission, however your identity may be discovered during investigation and/or by the nature of the report and/or the documents submitted.

Safe Hotline is not an Emergency Hotline and should not be a substitute for calling 911 the police or other emergency services.

SAFE HOTLINE

Visit our website SafeHotline.com for Terms of Use

INFO@SAFEHOTLINE.COM

1-855-662-SAFE

Notes


CORNERSTONES
OF CARE