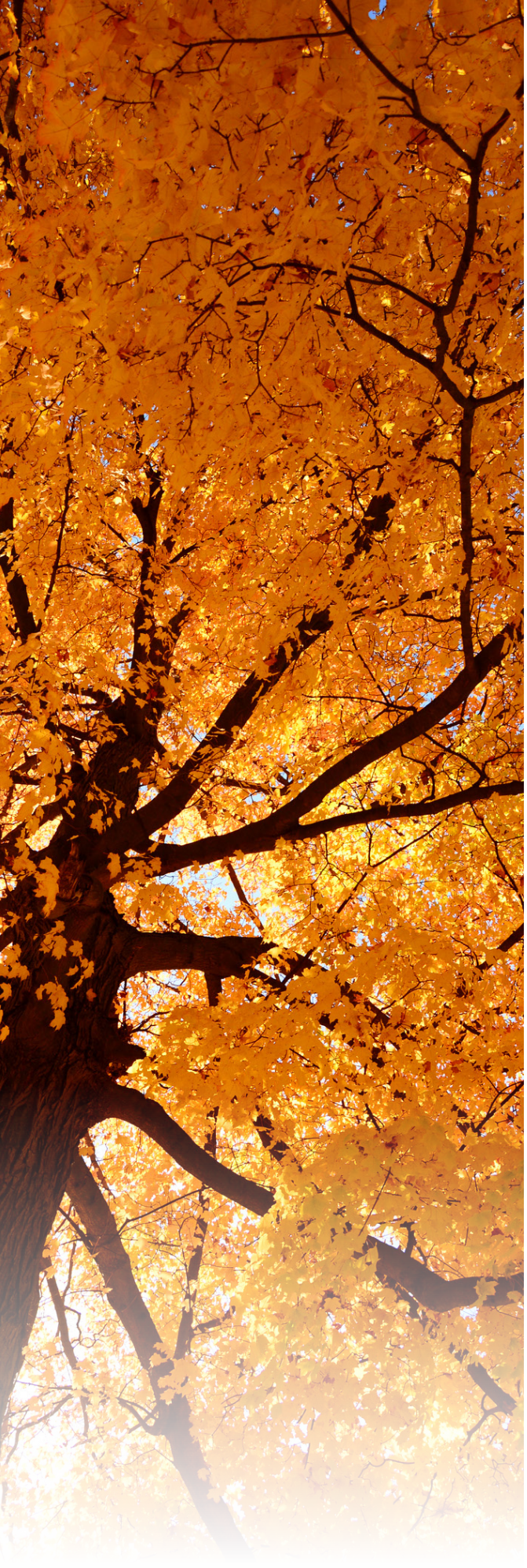
Sammons FINANCIAL

2024

Benefits Guide



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What's New for 2024

Annual benefit enrollment is an important process, allowing employees to take full advantage of SFG's employee offerings with a formal platform to review your benefits enrollment and ensure your current elections are best suited to your needs—and the needs of your family. Just as our business initiatives change each year, requiring frequent monitoring of market conditions, your Total Rewards Benefits team also monitors feedback from our employees and external market data to adjust and improve our Total Rewards offerings.

The healthcare marketplace is a difficult one to navigate. Employers have come to expect an increase in health insurance premiums each year due to external pressures continually increasing the cost of health services. This year is no different. Traditionally, we take on a large portion of the cost increase each year and pass on a smaller portion to you in order to maintain a competitive cost share. However, we also recognize that inflation is affecting our employees in multiple ways. This year, to promote the affordability of our healthcare plan, SFG will take on the full increase in our medical premiums and the employee cost will remain the same as last year.

The Total Rewards Benefits team hopes you find the information within this guide helpful for you to make the best enrollment decisions for plan year 2024. We take your feedback seriously and invite you to ask questions and provide feedback of your experience throughout the year.

2024 changes

Medical and Rx plans:

- Required IRS deductible increase to Consumer and Consumer Basic health plans
- Deductible increase to the Traditional Medical Plan*

IRS adjust limits for 2024:

- Health Savings Account (HSA): single $4,150 / family $8,300
- Flexible Medical Spending Account (FSA): $3,200
- Limited Flexible Spending Account (LFSA): $3,200
- Commuter Benefit: $315
- 401(k) contribution limit: $23,000

What do I need to do?

- Use the **link** to find all information regarding open enrollment and your benefits
- Calculate your out-of-pocket expenses and what to anticipate for the next year
- Complete your enrollment elections through UKG Pro between November 1 through November 15, 2023; you will find open enrollment instructions on page 29 of this guide
- Confirm enrollment of dependents in appropriate plans
- Upload required documentation in Manage My Benefits
- Print or email confirmation of your elections for plan year 2024 for your own records

To see a list of frequently asked questions related to open enrollment, please see page 28.

*Those who are currently enrolled in the Traditional plan in 2023 will be able to re-elect this plan for the benefits year 2024. Those who choose to leave the Traditional plan will no longer be able to move back to the Traditional medical plan.

Eligibility Overview

	Medical	Dental and Vision
Eligible employees	Employees regularly scheduled to work at least 30 hours per week are eligible for medical coverage.	Same as medical
Effective date of employee coverage	Coverage begins the first day of the month following date of hire or January 1st of the year proceeding a change in open enrollment elections.	Same as medical
Eligible dependents	An eligible employee may also elect coverage for the following dependents: • Spouse to whom an eligible employee is legally married by providing a copy of the marriage certificate; • Children, including biological children, step-children, adopted children, children placed for adoption, and children for whom the employee (or spouse) serves as legal guardian or is otherwise legally obligated to support. The limiting age for children is 26.	Same as medical, foster children are not eligible under any SFG plans.
Effective date of dependent coverage	Dependents are eligible for coverage on the later of (i) the date the employee is eligible, or (ii) the date the person becomes a dependent.	Same as medical

Reminder

The only time that you as an employee can make changes to your elections (including dropping coverage) is at open enrollment, or if you should have a qualifying life event such as a birth/adoption, death, marriage, divorce, or loss of employment. You must make changes to your benefits within 31 days of your life event or wait until the next open enrollment period.

Castlight

Castlight takes the guess work out of managing your benefits so you can make the best decisions for both you and your family. It is a comprehensive digital resource that helps you navigate access to and cost of your medical benefits, allowing you to focus on your health and wellbeing.

Personalized just for you

- Information is based on your unique profile and benefits
- Receive provider recommendations with background expertise relevant to your specific needs and conditions
- Get timely, regular notifications that help you manage your health, such as exam reminders
- Track and manage your spending to become a better healthcare consumer
- Maximize the benefits and programs available to you

Online resources

Access your health and benefits in one place with Castlight.

- 1. **Benefits**—confirm dependents covered under your plan, view your benefit highlights, and get answers to frequently asked questions.
- 2. **Claims Center**—view claim details, including payment amounts, a summary of your claims by date of visit, names of doctors, total charges, and status.
- 3. **Find Care**—find provider reviews and treatment pricing to help you make more informed healthcare decisions.
- 4. **Doctors and Hospitals**—use the Provider Finder to locate a network doctor or hospital.
- 5. **Message Center**—receive notification of pending and finalized claims via secure messaging.
- 6. **Quick Links**—find all your benefits in one place, print or access a digital ID card, and review your health summary.

Not registered yet for Castlight? It's easy:

Scan the QR code or download the Castlight Mobile App from the App Store or Google Play.

Download on the App Store

Scan here for the App Store.

GET IT ON Google Play

Scan here for Google Play.

1. Sign up for Castlight at mycastlight.com/sammonsfinancialgroup

2. Submit your information (secure and completely confidential)

3. Download the Castlight app on mobile or tablet

Medical Plan

BlueCross BlueShield of Illinois

BlueCross BlueShield of Illinois (BCBSIL) helps you maximize your healthcare benefits with Blue Access for Members (BAM). You and all covered dependents over the age 18 can create a BAM account.

With BAM, you can:

- Use our Provider Finder® tool to search for a healthcare provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

It's easy to get started!

- 1. Go to **bcbsil.com/member**
- 2. Click Register Here
- 3. Use the information on your BCBSIL ID card to sign up

Or, text* BCBSILAPP to **33633** to get the BCBSIL app that lets you use BAM while you're on the go.

*Message and data rates may apply.

Need help determining where to go for care?

If your situation is not an emergency, you may save time and money by considering your healthcare options before seeing non-emergency care. When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers near you at bcbsil.com or by calling the Customer Service number on your member ID card.

BCBSIL

Blue Cross Blue Shield of Illinois
800-458-3024
www.bcbsil.com

⚠ Important note regarding BCBSIL

You must contact BCBSIL's Medical Service Advisory (MSA):

- If you or a member of your family goes to the emergency room for care and are admitted to the hospital, you must call to inform them of the hospitalization within 48 hours of or as soon as possible. For a scheduled admission, they need to call at least 24 hours in advance.
- If you or a member of your family undergoes an inpatient procedure. If the surgery is non-emergency, you must contact the MSA prior to undergoing any inpatient surgical procedure.

If you are uncertain whether it is necessary to call, contact the MSA. If you do not call and you should have, you will be charged a $500 penalty. If it was not necessary for you to call, they will inform you of such. You want to make sure it gets recorded that you contacted them.

The telephone number for the MSA is **800-232-7108**. This telephone number can also be found on the back of the BCBSIL ID card you receive.

Benefit Overview

Get a better understanding of how you and your health plan work together to pay for your healthcare services.

1. Deductible →	2. Copay/Coinsurance →	3. Out-of-Pocket
The total amount you must pay before your plan starts paying for part of your medical and prescription costs.	Coinsurance is the percentage of the cost that you pay out-of-pocket towards a claim, i.e., 20% coinsurance for a $100 claim would result in you paying $20.	The money you pay out of your own pocket for your healthcare services before your plan covers the rest of the cost.

Medical Plan Definitions

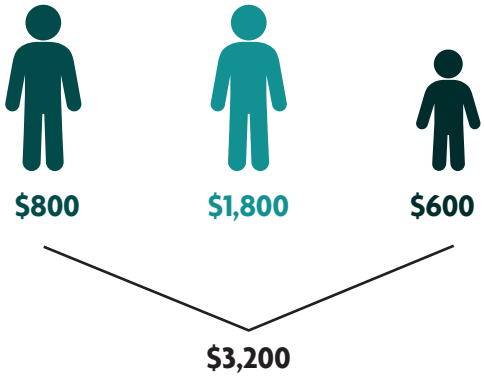
Embedded vs. Non-Embedded Deductible

Non-Embedded Deductible

Consumer Basic Family

In-Network Deductible: $3,200

Family works as a team to meet the family deductible. There is no individual deductible. The most a family will pay before moving to coinsurance is $3,200.



- The Consumer Basic Plan has a non-embedded family (also called aggregate) deductible.
- Any combination of family member expenses go toward the $3,200 deductible. Then the plan begins to cover services for all family members.
- Once deductible is met, the entire family will pay coinsurance (10%) until the family out-of-pocket maximum is met.

Embedded Deductible

Consumer Family

In-Network Deductible: $6,400

Each individual works to meet their individual deductible ($3,200).

- This plan has an embedded family deductible.
- A family member is treated as an individual, as if that member had single employee coverage, they work toward their individual deductible.
- If one family member reaches the $3,200 individual deductible, the plan begins to cover services for that individual only.
- The other remaining deductible amount of $3,200 needs to be reached by another family member and then the family deductible is met.
- Once the family deductible is met through the cumulation of members' individual deductibles, the entire family will pay coinsurance (10%) until the family out-of-pocket maximum is met.

The Consumer Plus and Traditional medical plans are embedded and would follow the same example as the Consumer plan above.

Medical Plan Summary

Please refer to the Summary of Benefits for a full description of benefits.

Medical Plan Features	Consumer Basic 2024	Consumer (HD) 2024	ConsumerPlus (HD+) 2024
Healthcare Spending Accounts-Employer Contributions	No Employer HSA contribution	$250 single/$500 family (Health Savings Account)	$250 single/$500 family (Health Savings Account) $1 for $1 Sammons Financial Group provided match to HSA account funding up to $500 Single/$1,000 family annually–in addition to funding listed above (Health Savings Account)
Calendar Year Deductible	**Non-Embedded Deductible**	**Embedded Deductible**	**Embedded Deductible**
Individual	$1,600***	$3,200	$4,000
Family	$3,200	$6,400	$8,000
Medical Out-of-Pocket Maximum (includes deductible)			
Individual/Family	$3,500/$7,000	$3,500/$7,000	$5,000/$10,000
Rx Out-of-Pocket Maximum			
Individual/Family	Combined with medical deductible		
Lifetime Maximum	Unlimited		
Office Visit	90% covered after deductible	90% covered after deductible	80% covered after deductible
Wellness/Preventive–Adults/ Children	100% covered		
Inpatient and Outpatient Services	90% covered after deductible	90% covered after deductible	80% covered after deductible
Emergency Room Services	90% covered after deductible	90% covered after deductible	80% covered after deductible
Diabetic Pumps	90% covered after deductible	90% covered after deductible	80% covered after deductible

* Embedded deductible: if one member of the family meets the embedded individual deductible, then the plan coinsurance would start to pay once that individual deductible is met. Sammons Financial Group's Consumer and Consumer Plus plans are required to have a minimum embedded individual deductible of $3,200 to remain HSA qualified in 2024, due to IRS regulations.

*** Please note, the individual deductible applies only for those electing Employee Only Coverage.

Prescription Drug Plan Summary

Prescription Drug Benefits	Consumer Basic		Consumer (HD)		ConsumerPlus (HD+)	
	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Individual Rx deductible	No individual Rx ded.	No individual Rx ded.	No individual Rx ded.	No individual Rx ded.	No individual Rx ded.	No individual Rx ded.
Generic Drugs (including diabetic test strips, lancets, Glucagon, emergency kits and diabetic pump supplies)	90% covered after medical ded.	90% covered after medical ded.	90% covered after medical ded.	90% covered after medical ded.	80% covered after medical ded.	80% covered after medical ded.
Formulary brand name drugs	90% covered after medical ded.	90% covered after medical ded.	90% covered after medical ded.	90% covered after medical ded.	80% covered after medical ded.	80% covered after medical ded.
Non-formulary brand name drugs	90% covered after medical ded.	90% covered after medical ded.	90% covered after medical ded.	90% covered after medical ded.	80% covered after medical ded.	80% covered after medical ded.
Rx Out-of-Pocket Maximum (includes Deductible)						
Individual/ family	Rx costs count towards the medical out-of-pocket maximum		Rx costs count towards the medical out-of-pocket maximum		Rx costs count towards the medical out-of-pocket maximum	

* There is not a separate Rx deductible for the Consumer Basic, Consumer, and ConsumerPlus plans. Rx costs count towards the medical deductible for these plans.

Prescription Drug Program

SFG Medical Plan Strategies

Pharmacy cost saving tools

Just as your medical plan covers visits to your doctor, your Express Scripts prescription plan covers the medication your doctor prescribes.

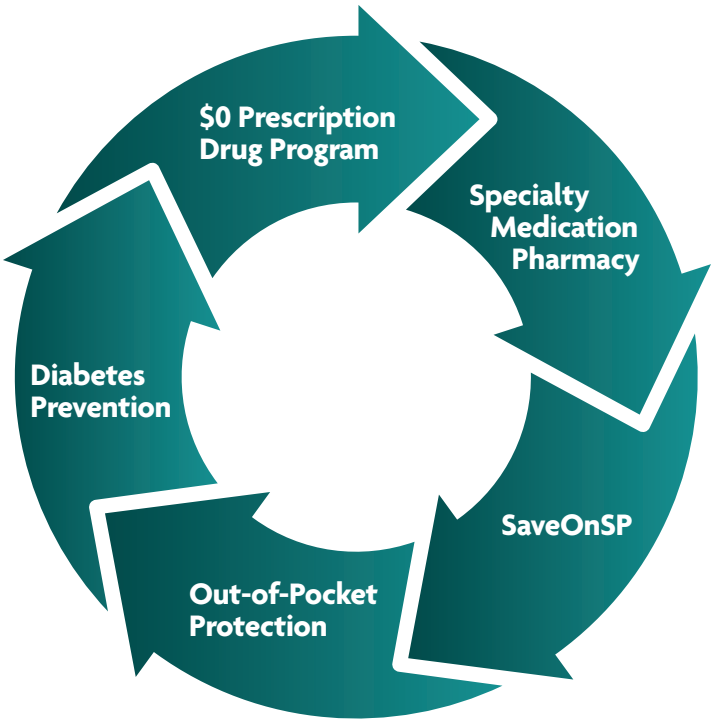
Visit: **www.express-scripts.com/sfg** to:

- Explore plan options and benefits
- Price medications (Tip: Have your prescription bottle nearby so you're ready to search.)
- Find participating pharmacies in your area.

Remember that your Express Scripts ID card for the prescription drug program is separate from your BCBS medical ID card.

2024 plan enhancements

The options for testing blood glucose have expanded to continuous blood glucose monitors and supplies. Contact Express Scripts for questions.



Mobile app

It's easy to manage your medicine anytime, anywhere. With the Express Scripts mobile app, you can have information and assistance right at your fingertips. With up-to-the-minute order status, a pharmacy locater, the handy "medicine cabinet" to keep track of prescriptions, and more, this app is a must have!

For more information on this app, available on the iTunes and Google Play stores, please click **here**!

Express Scripts Pharmacy

$0 copay prescription drug program

Preventative medications target many illnesses and maintain chronic conditions. If your medication is on the $0 Copay Prescription Drug List, you pay zero dollars out-of-pocket!

Specialty medication pharmacy

A dedicated pharmacy for specialty medications is available through the prescription drug plan. This type of pharmacy provides access to medications for complex medical conditions (e.g., multiple sclerosis, rheumatoid arthritis, cancer, etc.), as these medications generally require close monitoring and are normally very expensive. Benefits apply only when specialty medication is filled at the Express Scripts Specialty Pharmacy.

Diabetes prevention

Personalized weight management and healthy living program as a preventative measure to diagnosis of a serious condition. Qualified enrollees in program incur no cost!

SaveOnSP

Maximizes manufacturer assistance dollars offered through drug companies in order to benefit the plan and allow for zero cost to you on over 320 specialty drugs.

Out-of-pocket protection

Maximizes manufacturer assistance dollars offered through drug companies for any specialty drugs not included in SaveOnSP and passes savings onto you, the healthcare consumer. Costs for the medication will run through insurance like normal; deductible and out-of-pocket maximums will apply — this does not include any discounts.

Mail order

Utilize the mail order pharmacy for ordering a 3-month medication supply to save time, with online and over the phone refills and take advantage of convenient home delivery with free standard shipping. Mail order also offers you access to a licensed pharmacist by phone and allows you to take advantage of wholesale prescription drug prices.

Pharmacy

You always have the option to refill your prescriptions at one of the many in-network pharmacies.

Smart90 program

The Smart90 program allows members to fill a 90-day retail supply at Walgreens or through Express Scripts mail order pharmacy. This partnership allows you to receive your 90-day supply at a discounted price, compared to filling a 30-day prescription every month. This program can be extremely beneficial for those who have continuous medications, as you can save time and money using the Smart90 program.

Health Savings Account (HSA)

An HSA is a tax-advantaged savings account that allows you to pay for current qualified medical expenses and save for future qualified medical expenses on a tax-favored basis. To be eligible to set up and contribute to an HSA, you must be covered by a qualified HDHP and not have other coverage. Sammons Financial Group offers three high-deductible medical plans that meet the IRS qualifications to include an HSA. Depending on the medical plan in which you enroll, you may also be eligible for employer funding.

Advantages of an HSA

An HSA works similarly to a personal checking account; however, the money can only be used to pay for qualified medical expenses. Your HSA can pay for you and your eligible dependents' medical expenses tax free. Other HSA advantages include:

- You can add tax-free contributions and take the deduction when filing your taxes. This helps you save on most state and federal taxes.
- You can change the amount you contribute to your HSA at any time during the plan year by submitting a change through Manage My Benefits in UKG Pro.
- You can use the money in your account to pay for eligible out-of-pocket medical, dental, and vision expenses.
- You can pay COBRA and some Medicare premiums with your HSA.
- Any unused funds rollover from year to year and allows you to accumulate funds over time.
- An HSA belongs solely to you, which means you keep the account even if you change jobs or retire.

How to open an HSA

What steps do I need to take to enroll in the HSA and receive employer funding?

- 1. **Log on** Sign into the member portal by visiting **myHealthEquity.com**. For first-time visitors, select 'Begin Now' and follow the step-by-step process to verify your account. Once you are logged in, we encourage you to complete the following:
    - ☐ Add a beneficiary to ensure your account savings benefit your loved ones in the event of your death.
    - ☐ Elect to receive e-statements to save a monthly statement fee.
- 2. Open your HSA within 60-days of being newly eligible in order to receive the employer funding.
- 3. Elect the amount of pre-tax funds you want to contribute through payroll deductions within the Open Enrollment election process. Please note, employees are not required to contribute to their own HSA account to receive employer funding. As long as their is an open account, Sammons Financial Group will fund as described above.
    - ☐ Mid-year changes can be done at any time by completing a Life Event through Manage My Benefits in UKG Pro.

HealthEquity

HealthEquity®

It's your money
Save, spend, or invest your HSA

Your Health Savings Account (HSA) is a powerful savings tool that you can use to save, spend or invest for your – and your family's – health care expenses.

Three ways to use your HSA

1. Save

Contribute to your HSA regularly. Then, save your HSA funds to build a safety net for unexpected health care costs.

Anything you save rolls over year to year, so there's no risk of losing unspent funds.

Will you be prepared?

$7,500
Potential cost of a broken leg

$30,000
Average cost of a 3-day hospital stay

2. Spend

Use your HSA to pay for health care expenses and extend the buying power of your income.

Save up to 35% on qualified medical expenses such as medications and medical, dental, and vision care.

The more you spend, the more you save.

$4,500
Annual out-of-pocket medical costs

$2,515
Potential annual tax savings

3. Invest

Similar to a 401(k), your HSA has investing features that can be used once your balance reaches $1,000. Investing can grow your savings over time.

This is helpful since the average retired couple needs an estimated $390,000 to pay for out-of-pocket expenses.

Watch your HSA grow.

HealthEquity

HealthEquity®

Things you should know

2024 contribution limits

In 2024 you can maximize your HSA deposits by contributing up to these amounts:

$4,150	$8,300	$1,000
Single coverage	**Family coverage**	**Extra if you are 55 or older**

Qualified medical expenses

You can spend your HSA dollars on qualified medical expenses such as:

- Deductibles and copays
- Prescription and over the counter medications
- Vision or dental care

View a full list of qualified expenses at irs.gov/pub/irs-pdf/p502.pdf.

Always tax free

- Contributions
- Qualified expenses
- Investment gains
- You can open investments online once your HSA reaches $1,000.

Use any time

Funds never expire. The account balance at the end of the plan year rolls into the next year.

Pay for medical expenses

For you and your family

We're here to help

Call HealthEquity support: **877-750-1445**.

Rules and Restrictions

In order to receive the employer-funded portion of the Health Savings Account, employees must open their account with Benefit Wallet within 60 days of enrollment in the plan. You may open your account with a different bank, but will forfeit the employer funding and the ability to contribute on a pre-tax basis through your paycheck.

For those that may have missed out on this opportunity in 2023 or in the past, you may receive the 2024 employer-funding portion by opening your account with Benefit Wallet before the February 28, 2024 pay period.

Medicare and your HSA

Reaching an age in which you become eligible for Medicare does not impact your ability to make contributions or withdrawals from your HSA, assuming you otherwise remain HSA eligible. Once you enroll in Medicare you are no longer eligible to make contributions to your account but you can continue to pay for qualified medical expenses with your HSA.

If you are planning to enroll in Social Security, you should consider discontinuing your HSA contributions at least six months before you apply for Social Security retirement benefits to avoid any adverse tax consequences.

If you do not wish to receive employer funding, please email **HRbenefits@sfgmembers.com**.

2024 IRS HSA Contribution Limits

Single: $4,150

Family: $8,300

Catch-up contribution (age 55 or older): $1,000

	Consumer Basic	Consumer	Consumer Plus
Single			
SFG contribution Funds loaded to employee HSA: 1/15/2024	$0	$250	$250
SFG match First match loaded: 4/15/2024	$0	$0	Match of $250 of employee contribution through 3/31/2024
Second SFG contribution Second match loaded: 11/15/2024	$0	$0	Match up to full annual match of $500 as of 10/31/2024
Family (employee +1)			
SFG contribution Funds loaded to employee HSA: 1/15/2024	$0	$500	$500
SFG match First match loaded: 4/15/2024	$0	$0	Match of $500 of employee contribution through 3/31/2024
Second SFG contribution Second match loaded: 11/15/2024	$0	$0	Match up to full annual match of $1,000 as of 10/31/2024

In addition to the above, a catch-up contribution (age 55 or older) can contribute an additional $1,000.

If you are benefits eligible on or after July 1st the SFG contribution is cut in half to $125 Single/$250 for Family (employee + one spouse and/or dependent.)

Employer funding counts towards the IRS maximum. When planning your own deductions, take the IRS maximum, subtract the employer funding, and the remainder is what you can defer.

Medical Plan	IRS Annual Maximum	Potential SFG Funding	Employee Funding
Single Consumer	$4,150	$250	$3,900
Family Consumer	$8,300	$500	$7,800
Single Consumer Plus	$4,150	$750	$3,400
Family Consumer Plus	$8,300	$1,500	$6,800
Additional catch-up contributions (55-years and older)	$1,000	N/A	$1,000

Flexible Spending Account (FSA)

A Health Care Flexible Spending Account (HCFSA) allows you to use pre-tax dollars to pay for eligible out-of-pocket health care expenses, saving you up to 35% in taxes. Use the funds to pay for a broad range of expenses for you, your spouse and your tax dependents—even if they aren't covered by your health plan.

BenefitWallet

877-635-5472
www.mybenefitwallet.com

BenefitWallet

Claim reimbursement

The reimbursements are processed daily. If you have Direct Deposit setup with BenefitWallet, you should see reimbursements for claims sent to BenefitWallet in the account of your choice within 1-2 business days.

You can either submit claims through your online account at www.mybenefitwallet.com, or you can complete a paper claim form and mail it to the below address:

BenefitWallet
P.O. Box 18009, Suite A
Norfolk, VA 23501

Claim extension (grace period)

If you have money leftover in your HCFSA at the end of the year, you can use your 2023 money for expenses incurred through March 15, 2024. This allows you more time to use your 2023 election before the "use it or lose it" provision applies.

Run-out period

All HCFSA incurred expenses for the 2023 plan year must be submitted to BenefitWallet, for reimbursement no later than April 14, 2024.

Medical FSA and HSA?

If you are a participant in the HSA plan, you can only use the FSA to reimburse yourself for dental and vision expenses. Your FSA will then be considered a Limited-Use FSA. Please note that you will have to sign the affidavit that signifies your understanding that the Limited-Use FSA is for dental and vision expenses only.

Remember

If you are electing the FSA, you are required to re-enroll in the FSA program every year. Elections do not carry over.

Castlight

You are highly encouraged to use Castlight to become a smarter and more economical healthcare consumer. Castlight can help you find the highest quality medical care at the lowest cost: **800-684-0510** or **mycastlight.com/sammonsfinancialgroup**.

Flexible Spending Account (FSA)

Qualifying expenses

The reimbursements are processed daily. If you have Direct Deposit setup with BenefitWallet, you should see reimbursements for claims sent to BenefitWallet in the account of your choice within 1-2 business days.

Doctors, Labs, and Hospitalizations
Doctor's office visits and procedures, hospital services, health plan deductibles and copayments

Alternative Care/Special Services
Chiropractor, physical therapy, special education for learning disabilities

Medications and Medical Devices
Prescription drugs, over-the-counter medical items, insulin, hearing aids, hand sanitizer

Eye Care
Vision examinations, eye glasses, laser surgery, contact lenses

Dental Care
Dental cleanings/treatments, braces, extractions, dentures/artificial teeth

You can view a complete list of qualified expenses at irs.gov/pub/irs-pdf/p502.pdf.

How it works

- Estimate what you will spend on eligible out-of-pocket healthcare expenses for the year
- Enroll in an HCFSA through your employer
- Use your funds
- **Important: You must save all receipts and submit to BenefitWallet® for reimbursement**

Account advantages

- **Tax-free:** You can save up to 35% on eligible healthcare costs
- **Convenient:** Make your payments with your HCFSA debit card (if offered with your plan), BenefitWallet mobile app, online bill pay and online claims submission

We're here to help

Visit mybenefitwallet.com or call the BenefitWallet Service Center at **855-236-8600**.

BenefitWallet®

Limited Purpose Flexible Spending Account

Limited Purpose Flexible Spending Account (LPSA)

The BenefitWallet® Limited Purpose Flexible Spending Account (LPFSA) allows you to use pre-tax dollars to pay for eligible out-of-pocket dental and vision expenses. The account is typically paired with a Health Savings Account (HSA), allowing you to maximize your tax savings. Use the funds to pay for a broad range of expenses for you, your spouse and your tax dependents – even if they aren't covered by your health plan.

How it works

- **Funding:** During your initial eligibility and/or open enrollment, you decide on a specific amount of pre-tax dollars with which to fund your account. Be sure to choose an amount you will spend as leftover money is lost at the end of your plan year.
- **Enroll:** Select LPFSA during enrollment through UKG Manage My Benefits
- **Use your funds.**
- **Important: You must save all receipts and submit to BenefitWallet for reimbursement.**

Account advantages

Tax-free: Save up to 35% on eligible vision and dental care costs. See the FAQs for more information.

Convenient: Make payments with your LPFSA debit card (if offered with your plan), mobile app, online bill pay, and online claims submission.

Qualifying expenses

Eye care

- Vision exams
- Eye glasses
- Eye surgery
- Contact lenses
- Saline solution
- Laser surgery
- Diagnostic services
- Eyeglass repair kits
- Copays/deductibles

Dental care

- Teeth cleanings
- Dental x-rays
- Orthodontia
- Root canals
- Devices/guards
- Diagnostic services
- Extractions; fillings
- Copays/deductibles
- Dentures/implants
- Crowns/bridges

View the complete list of qualified expenses at **irs.gov/pub/irs-pdf/p502.pdf**.

Note

The LPFSA option is for Employees enrolled in an HDHP and have a HSA. And it can only be used for dental and vision reimbursements.

BenefitWallet®

Dependent Care Flexible Spending Account

Dependent Care Flexible Spending Account (DCFSA)

A Dependent Care Flexible Spending Account (DCFSA) allows you to use pre-tax dollars to pay for eligible out-of-pocket day care expenses for a qualified tax dependent under age 13 or a spouse or relative who lives with you and is physically or mentally incapable of self-care.

How your DCFSA works

- Estimate what you will spend on eligible dependent care expenses for the year.
- Enroll in a DCFSA by electing a contribution through your employer.
- Start using your DCFSA funds to reimburse yourself for expenses after services are rendered.
- Submit your expenses with appropriate documentation and receipts for reimbursement.

Only dependent care expenses that allow you to work are eligible for reimbursement from your DCFSA. Your DCFSA has a "use it or lose it" rule meaning the IRS requires you to forfeit any unspent funds at the end of the plan year.

Ineligible expenses include expenses for non-disabled children 13* and older, educational expenses including kindergarten or private school tuition fees, overnight camp expenses, registration fees, transportation expenses, payment for services not yet provided and medical care.

* Please see your plan documents for age limits on dependent care eligibility.

Benefits of your DCFSA

Tax-free: Save up to 35% on eligible dependent care expenses.

Easy to use: Quickly and easily create your claim online or through the BenefitWallet® mobile app to upload your receipt documentation for reimbursement. Qualified providers can easily certify services they provide by placing their signature right in the app on your mobile device.

DCFSA eligible expenses

You can use your DCFSA to pay for a wide variety of dependent care services. The IRS determines which expenses are eligible for reimbursement. For example:

DCFSA

- Child day care center, nursery school, before/ after-school care
- Placement fees for a dependent care provider
- Child care by a private sitter
- Summer or holiday day camps
- Adult day care center, custodial elder care, day camp

BenefitWallet®

Dependent Care Flexible Spending Account

Dependent Care Flexible Spending Account (DCFSA)

Frequently asked questions

Who qualifies as a dependent for eligible DCFSA expenses?
A qualifying child under the age of 13* when the care was provided; your spouse who is not physically or mentally able to care for his or herself and lives with you for more than half the year; or a person who is not physically able to care for his or herself, lives with you more than half the year, and is your dependent. Other special tax situations may apply; speak with a tax advisor for more details.

What requirements must be met for the care to qualify as dependent care?
In general, the care must be provided while you work or look for work. If you are married, the care must be provided while your spouse works, looks for work, goes to school full time, or is incapable of self-care. The care may be provided by a relative or non-relative but cannot be provided by your child under the age of 19, the child's parent, or another tax dependent.

Can I change the amount I elect to contribute during the year?
The amount you contribute cannot be changed during the plan year unless you experience a qualified change-in-status event that causes your dependent to meet, or no longer meet, eligibility requirements. Qualified status changes include changes in marital status, the number of your dependents, or a change in employment status.

How do I request reimbursement?
You can request a reimbursement through the BenefitWallet member portal, mybenefitwallet.com or the BenefitWallet mobile app. You will need to upload documents to substantiate or validate your claim.

How much can I elect to contribute?
Your contribution cannot exceed the maximum amount specified by the Internal Revenue Code. Please consult a tax advisor for additional details.

What if my dependent care expenses are less than the amount I elected?
Money contributed to your DCFSA must be used to reimburse qualified expenses incurred during the plan year. Any funds not used to reimburse eligible expenses will be forfeited.

Who do I contact with questions?
Visit mybenefitwallet.com or call the BenefitWallet Service Center at **855-236-8600**.

You can view a complete list of qualified expenses at irs.gov/pub/irs-pdf/p503.pdf.

BenefitWallet®

Non-Tobacco Incentive

As an incentive towards a healthier lifestyle, Sammons Financial Group offers a Non-Tobacco Incentive for an individual (employee, spouse, and/or child) enrolled in a medical plan that does not use or has not used any tobacco products in the last 6 months. The Non-Tobacco Incentive is $45 per month deducted from your medical plan premium. If you were a tobacco user, but can substantiate via an affidavit that the tobacco use has ceased for a minimum period of 6 months, you will be eligible for the incentive. Any previously submitted affidavit forms will carryover into 2024.

Starting and/or ceasing to use tobacco products

- Please notify the Total Rewards Benefits Team immediately if, at any time, you or any of your enrolled dependents begin using tobacco products. You will then lose eligibility for the $45 monthly Non-Tobacco User Incentive.
- If you or any of your enrolled dependents cease using tobacco products at a later date for at least 6 months and/or complete a cessation program, you may be eligible for the Non-Tobacco User Incentive. Please notify the Total Rewards Benefits Team and provide written verification in this situation.

Attestation requirement

Within the enrollment wizard in Manage My Benefits, you will be required to state whether or not you or any of your enrolled dependent(s) in the medical plan use tobacco products.

*For the sole purpose of this policy, tobacco products include, but are not limited to, cigarettes, cigars, snuff, chewing tobacco, pipes, e-cigarettes, hookah, nicotine gels, dissolvable, etc.

Spousal Surcharge

The working spouse provision requires that if an employee covers their spouse on the Sammons Financial Group medical plan and the spouse has access to qualified healthcare through their own employer, an additional premium of $50 per month will be deducted from the employee's payroll.

The working spouse surcharge will not be assessed if a spouse:

- Does not work
- Does not have access to qualified healthcare through another employer
- Has access to veterans benefits, Native American benefits, Medicare, Medicaid, or other state/federal healthcare
- Chooses to no longer enroll in the Sammons Financial Group medical plan and enroll in their employers plan

If your spouse loses or obtains health coverage through their employer, you have 31 days to notify the Total Rewards Benefits Team of such change. The Total Rewards Benefits Team needs to be notified in writing of all family status changes within 31 days of when the change occurred. Failure to notify the Total Rewards Benefits Team in a timely manner will bar you from making a change until the next annual open enrollment period.

If you enroll your spouse on a medical plan, you will be required to state whether or not the spousal surcharge should apply within the enrollment wizard in Manage my Benefits.

Virgin Pulse

Why does SFG have a wellness program?

The SFG health plans are self-insured, this means that SFG pays all medical claims out of the company revenue. In turn, the best we can do is control the internal factors that impact our healthcare claims and wellness plays a big role in addressing potential medical issues before they grow into large claims. We strive to support employees in their holistic well-being which includes physical, mental, social, and financial health. Employee overall well-being impacts your day-to-day life whether you are at work or not. The wellness program helps us to target and mitigate chronic conditions in a more affordable, accessible way and support those who may already lead a healthy lifestyle.

Who can participate?

The wellness program is 100% voluntary.

All employees are eligible to participate in the wellness program and earn rewards. You must be enrolled in the company's medical plan in order to earn incentives toward monthly medical premiums. If you join the SFG medical plan during a qualifying life event reach out to **hrbenefits@sfgmembers.com** to review your incentive eligibility based on the previous year's participation in Virgin Pulse.

Rewards

Earn up to $750 in rewards! Complete the action rewards to be eligible for available rewards. Gain points by participating in healthy activities and grow your points by December 31. Employees complete actions and activities today for an incentive reward for the following year.

New employee to SFG and first year enrolled in SFG medical plan?

Complete the required actions and receive a $10 monthly incentive following completion of required actions. Actions are reviewed on a quarterly basis and incentive will be back dated to the month following completion of 3 required steps.

Earn up to $750 per year!

Get started

View the **benefit summaries** page to learn how to get started, complete required actions and how to obtain points.

Not a member yet?
Get the mobile app or visit:
join.virginpulse.com/SFG

Dental Plans

DELTA DENTAL®

Delta Dental

Delta Dental of South Dakota
877-841-1478
www.deltadentalsd.com

Plan features	Core Plan	Enhanced Plan
Calendar year deductible		
Individual	$50	None
Family	$150	None
Annual benefit		
	$1,500	$2,000
Diagnostic and preventative services		
Examinations and cleanings (2 per year)	100% (no deductible)	100% (no deductible)
Fluoride (up to age 19)		
X-rays		
Routine and restorative services		
Cavity repair/fillings	80% after deductible	90%
Tooth extractions		
Oral surgery and emergency treatment		
Endodontic and periodontics		
Root canals	50% after deductible	80%
Gum and bone disease		
Major services		
Cast restorations and crowns	50% after deductible	80%
Bridges and dentures		60%
Braces (orthodontics)		
	No coverage	50% up to maximum
Orthodontia lifetime limit (per person)		
	N/A	$2,000 (annual limit of $1,000)

Prevention Pays—We want to encourage everyone to get their preventive cleanings each year, so in addition to covering at no cost to you, these services will no longer count towards your annual benefit maximum!

Health Through Oral Wellness—In order to support better health for those fighting gum disease, tooth decay, or those at risk for certain dental conditions, we will provide additional cleanings, sealants, periodontal maintenance, fluoride, and more for those patients who need it. Talk to your dentist for more information or to see if you qualify.

Seeing an in-network dentist can save you money! The "no balance billing" provisions for in-network dentists reduces out-of-pocket costs for many members.

Out-of-network dentists may balance bill patients for charges that are higher than Delta's maximum allowed charges for service.

Dental benefits help maintain mouth's health. Brush up on the 3 areas in which you save when you use your dental plan:

Save your smile: visiting the dentist can help save you from cavities, gum disease, and other oral health issues, and even catch them early before they worsen (and become more expensive). People with a dental plan are 70% more likely to visit the dentist than those that do not enroll.

Save yourself stress: it's easy to find a dentist who accepts our dental plan and who you are comfortable visiting. Visit Delta Dental of South Dakota's website to search for in-network dentists.

Save money: our dental plan gives you access to the reduced fees Delta Dental has negotiated with their in-network Dentists. If more expensive work is needed, you can work with your dentist to get a pre-treatment estimate to understand what the plan covers and what additional costs to expect.

Boost your savings even more by brushing twice a day, flossing regularly, and eating and drinking less sugar. That's a smile-winning plan!

Please refer to the Summary of Benefits for a full description of benefits.

Vision Plan

VSP VISION

You deserve personalized, affordable vision care, delivered with your overall well-being in mind. We're committed to helping you experience a lifetime of healthy vision: See well. Be Well.

VSP
800-877-7195
www.vsp.com

Plan feature	2024 Plan
Copays	
Exam	$15
Prescription Glasses	$25
Contacts	None
Exam	Covered in full every calendar year after copay
Prescription glasses lenses	
Single vision, lined bifocal, and lined trifocal lenses	Covered in full every calendar year after copay
Frames	Covered up to $180 every calendar year (plus 20% off any out-of-pocket costs)
Contacts • Allowance applies to the cost of your lenses. If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.	Covered up to $180 every calendar year when you choose contacts instead of glasses
Contact lens fitting and evaluation • This exam is in addition to your vision exam to ensure proper fit of contacts.	Maximum charge of $60
Extra discounts and savings	Additional discounts for lens extras such as scratch resistant and anti-reflective coatings and progressives. Discount off of additional prescription glasses and sunglasses Discounts on laser corrective surgery.

Please refer to the Summary of Benefits for a full description of benefits.

2024 plan enhancements

- $0 for retinal screening for members with diabetes
- Frame allowance increased to $180
- Contact allowance increased to $180
- Checkout what deals are also included at Walmart/Sam's Club and Costco

Using your benefits is easy

	Create an account on vsp.com to view your in-network coverage and find the VSP network doctor who's right for you.
	With access to over $3,000 in savings, discover VSP Exclusive Member Extras to maximize your benefits and save even more.
	Print a Member Vision Card—if you'd like one. There's no ID card necessary-just tell your provider you have VSP.

Please note

You will not receive an ID card from VSP, nor is one needed. Please have your SSN ready and available when visiting your provider. Claims should be handled by your provider, who will work directly with VSP once they identify if you are enrolled in the plan.

Aflac Supplemental Plans

Why choose Aflac? Individual Aflac plans supplement the group health plan offerings. Aflac pays you cash, regardless of your enrollment in other insurance coverage. Your Aflac coverage is portable and all rates are fixed (if coverage is continuous).

There are several plan offerings from which that you can choose and some of the offerings can cover your family members as well as yourself.

Accident indemnity advantage plan

- Provides cash compensation in the event you or a member of your family experiences an accident/ injury that requires treatment.
- Wellness benefit provides compensation when you or a covered member of your family undergoes routine examinations or preventative testing.

Critical illness plans

- Plan pays a first-occurrence benefit as well as Hospital Confinement and Continuing Care benefits when you or a covered member of your family experiences a covered critical illness.
- Covered specified health events include: heart attack, stroke, end stage renal failure, organ transplant, third-degree burns, coma, and more.
- Plan pays benefits when you or a covered member of your family is confined to ICU.
- Covers organ transplants.
- Popular for maternity and newborn claims.

Cancer care plans

- Plan pays a first-occurrence benefit as well as hospital confinement, medical imaging, radiation and chemotherapy, and other benefits when you or one of your covered family members are diagnosed with cancer.
- Cancer Screening Wellness Benefit provides compensation when you or a covered member of your family undergo preventative cancer screenings that test for the presence of cancer. A cancer diagnosis is not required for this benefit to be payable.

Hospital confinement

- Plan pays a first-occurrence and daily hospital confinement benefit in the event you or your covered member of your family experiences an illness or injury that results in a hospital stay.
- Pays other benefits such as physician visits, invasive diagnostic exams, and surgical benefits.
- Popular for maternity planning.

Short-term disability

- Paycheck protection from $500-$6,000/month for up to three months.

With the exception of the Short-Term Disability plan and the two lump sum plans, all Aflac deductions are taken on a pre-tax basis. To learn more about Aflac offerings and determine rates, please contact the Aflac representative for your location or visit AFLAC's website, **https://www.aflacenrollment.com/sfgmembers/CS7334757152**

Aflac contact information

- **Sioux Falls:** Pamela Kreber, **605-359-2593**
- **Des Moines:** Mary Bishop Campbell, **515-343-9920**
- **Fargo:** Sandra Strandlien, **701-730-2179**
- **Chicago:** Kevin Nedved, **312-520-1961**

Women's Health and Cancer Rights Act

No action necessary—informational notice only

The Women's Health and Cancer Rights Act (WHCRA) provides protections for individuals who elect breast reconstruction after having a mastectomy. Sammons Financial Group Member Companies Group Medical Plans provide benefits for mastectomy-related services. For covered individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plans. For basic information regarding plan deductibles and coinsurance amounts see the information below.

If you would like more information on WHCRA benefits, call your claims administrator:

BlueCross BlueShield of Illinois
300 E. Randolph
Chicago, IL 60601
800-458-6024

Participating and nonparticipating providers deductible, per plan year

	Traditional Plan		Consumer Basic		Consumer Plan		ConsumerPlus Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Per covered person	$1,500	$3,000	$1,600	$3,200	$3,200	$6,400	$4,000	$8,000
Per family unit (or 2 covered persons)	$3,000	$6,000	$3,200	$6,400	$6,400	$12,800	$8,000	$16,000

Covered individual(s) medical coverage coinsurance amounts

	Traditional Plan		Consumer Basic		Consumer Plan		ConsumerPlus Plan	
	In-network*	Out-of-network**	In-network*	Out-of-network**	In-network*	Out-of-network**	In-network*	Out-of-network**
Medical	80% plan/ 20% participant	60% plan/ 40% participant	90% plan/ 10% participant	70% plan/ 30% participant	90% plan/ 10% participant	60% plan/ 40% participant	80% plan/ 20% participant	60% plan/ 40% participant
Major medical (hospitalization)	80% plan/ 20% participant	60% plan/ 40% participant	90% plan/ 10% participant	70% plan/ 30% participant	90% plan/ 10% participant	60% plan/ 40% participant	80% plan/ 20% participant	60% plan/ 40% participant

* After deductible has been satisfied.
** After deductible has been satisfied and subject to usual and customary rates (UCR).

2024 Monthly Premiums

Medical plan

	Monthly Premium			
	Traditional	Consumer Basic	Consumer	ConsumerPlus
Employee only	$294.56	$207.86	$182.50	$138.56
Employee + spouse	$589.10	$383.48	$347.04	$266.02
Employee + children	$475.72	$367.60	$304.92	$233.54
Family	$698.88	$578.86	$497.54	$386.98

1. Enter premium for your election above _____

2. If you are not a tobacco user, enter $45 on this line _____

3. If you complete all 3 plan requirements, enter $12.50 on this line _____

4. If you are a Level 1 Virgin Pulse Participant, enter $25.00 on this line _____

5. If you are a Level 2 Virgin Pulse Participant, enter $37.50 on this line _____

6. If you are a Level 3 Virgin Pulse Participant, enter $50.00 on this line _____

7. If you are a Level 4 Virgin Pulse Participant, enter $62.50 on this line _____

8. Add lines 2-7 and enter total here _____

9. Subtract line 8 from line 1 _____

10. If you are covering a spouse who is subject to the spousal surcharge, enter $50 on this line _____

11. Add lines 9 and 10 to get your monthly premium total _____

Dental plan

	Monthly	Monthly
	Core	Enhanced
Employee only	$4.98	$28.52
Family	$12.18	$73.98

Vision plan

	Monthly
	PPO
Employee only	$10.56
Employee + spouse	$16.40
Employee + children	$16.74
Family	$27.00

Frequently Asked Questions

for open enrollment

Q: When is open enrollment?
A: Starts: November 1, 2023
Ends: November 15, 2023

Q: Will I be able to make changes to my open enrollment selections after the last day of open enrollment?
A: No. Elections are final as of midnight November 15.

Q: I am retiring and/or my last day with SFG is December 31. Do I need to go through open enrollment?
A: No. If you are confident your last day will be end of plan year 2023, you do not need to complete the open enrollment process.

Q: Will I receive confirmation of my benefits selections?
A: Yes. Upon completion of elections in UKG Pro, a question will be prompted asking if you would like to print or email your elections.

Q: Do I have to complete open enrollment if I am not making any changes to my benefits?
A: Yes. All eligible employees are required to go through open enrollment and elect or decline each benefit.

Q: Do I have to complete open enrollment if I am declining coverage?
A: Yes. All eligible employees are required to go through open enrollment and elect or decline each benefit.

Q: What if I decline coverage because I am covered under my spouse's company and my spouse loses his/her job?
A: This is considered a life event in which you would have 31 days from losing coverage to enroll in a SFG benefit.

Q: When and how can I add or drop dependents from my coverage?
A: Open enrollment is the time to update dependents for the upcoming plan year. If a mid-year change occurs, your situation may qualify as a life event and changes can be made at that time.

Q: My grandchildren live with me. Can I add him or her to my benefits?
A: No. Grandchildren are not a eligible dependent.

Q: Can dependents be enrolled in one coverage but not the other (for example, in dental, but not medical)?
A: Yes.

Q: I do not want coverage for myself. Can I still get coverage for my dependents?
A: No.

Q: What is the maximum age limit for dependents?
A: Up to age 26.'

Q: Once I elect my benefits, when will my coverage go into effect?
A: January 1, 2024

Q: When will my payroll deductions take effect?
A: First pay period of the new plan year (January 14, 2024).

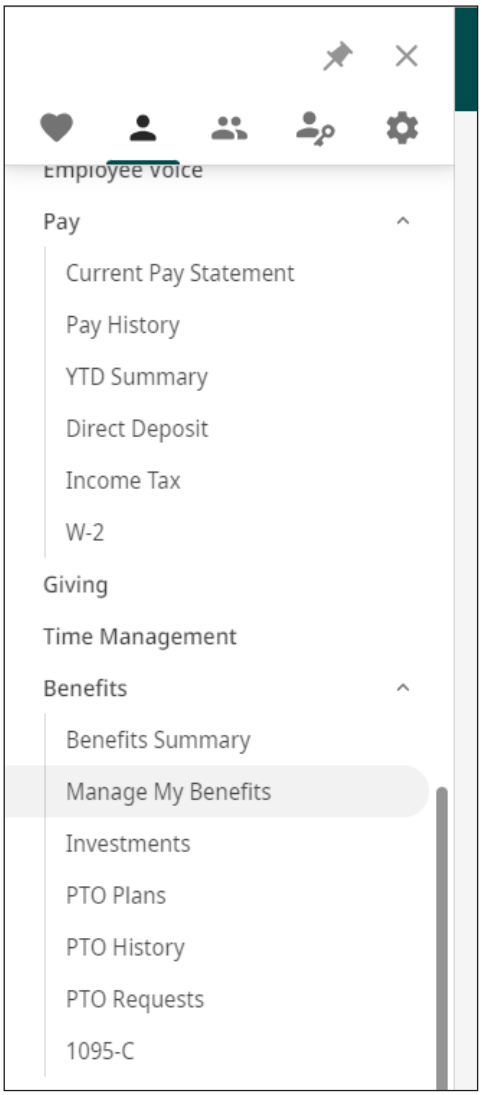
Q: I am expecting a baby or planning to adopt a child. How soon after the birth/adoption do I need to add the child to my coverage?
A: 31 days from the birth or official adoption date.

Q: Can I increase or decrease my Supplemental Life Insurance coverage?
A: No. Supplemental Life and Dependent Life is not part of the open enrollment election process.

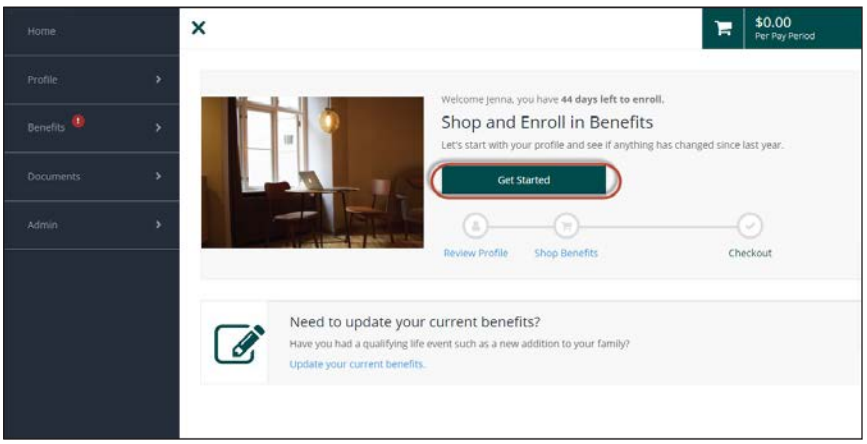
Enrollment Instructions

Newly eligible/hired employees have 31-days from your eligibility date (date of hire) to enroll in benefits. For mid-year life event changes i.e. marriage, divorce, birth of child, etc. you have 31-days from the life event date to enroll and/or change benefit elections.

1. NAVIGATION **Menu ▶ Myself ▶ Benefits— Manage My Benefits**



2. Click on **"Get Started"**

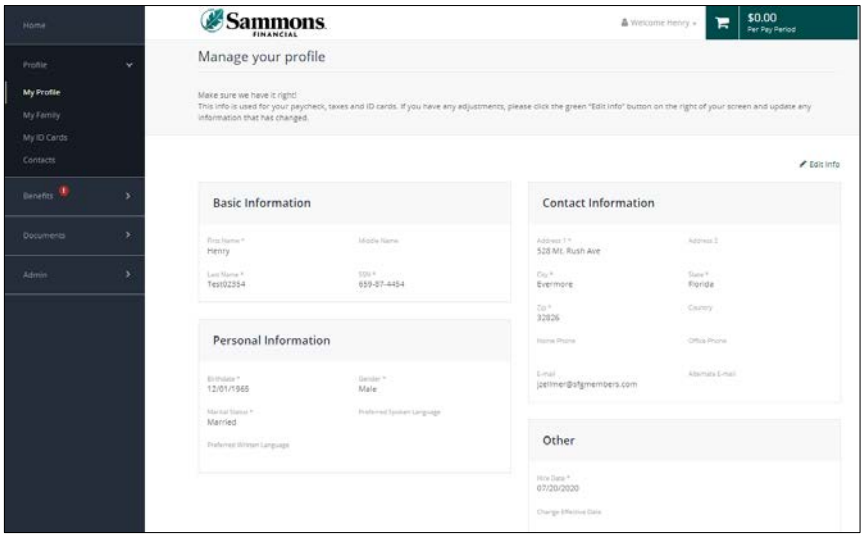


Enrollment Instructions

3. Manage your profile: Review items to ensure accuracy.

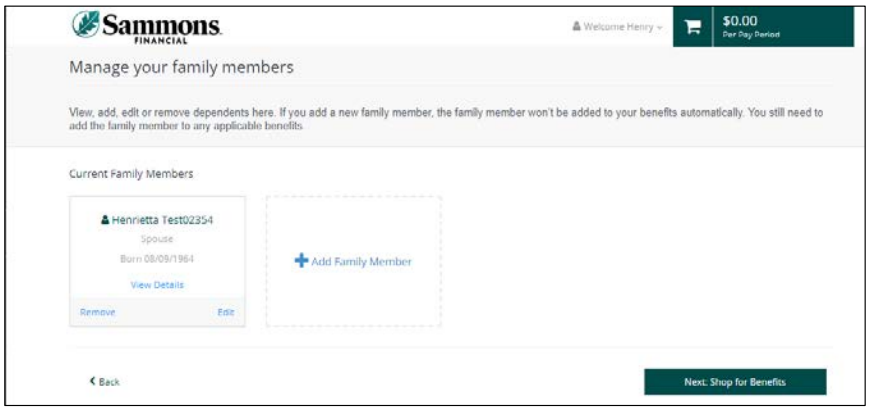
To make changes, you need to update under the Personal section of UKG Pro.

Changes will then flow into Manage My Benefits.



4. Bottom of page, click on **"Next: Review My Family"**

5. Review and add family members for benefit coverage.



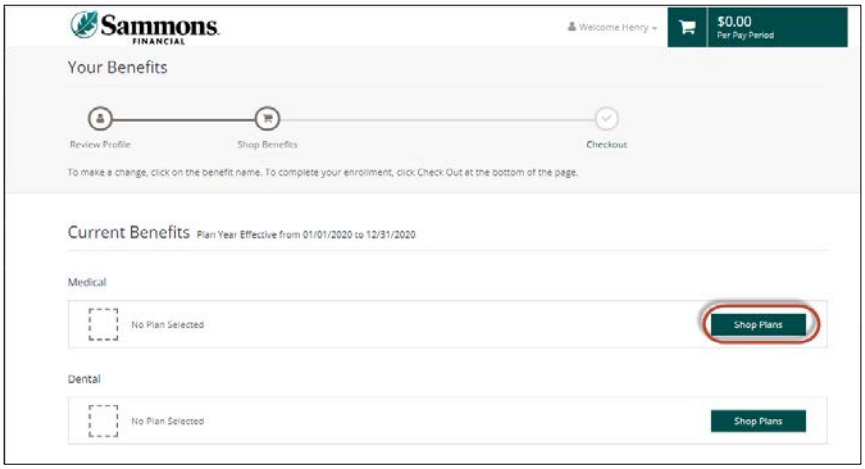
⚠ Required dependent information:

- DOB
- SSN
- Gender
- Relationship
- Checked as dependent

* For plan purposes, spouse is defined as a dependent and must be checked in order to be covered.

Enrollment Instructions

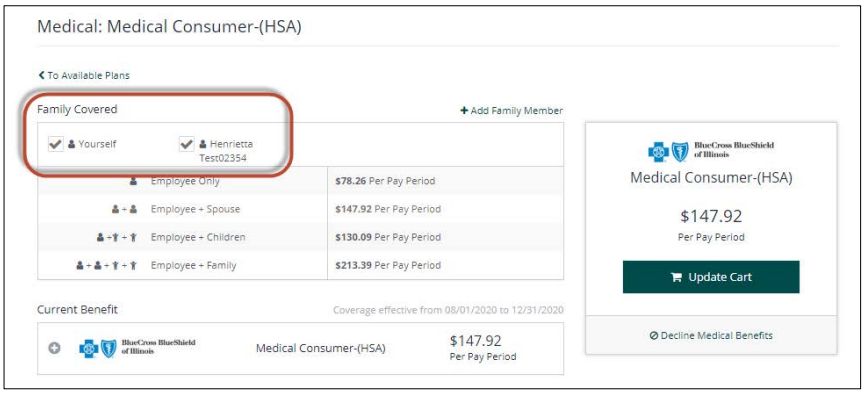
6. **Time to Shop Benefits!** Begin by clicking **"Shop Plans"** next to Medical. Click on **"View Plans"** or **"Compare"** to make a selection



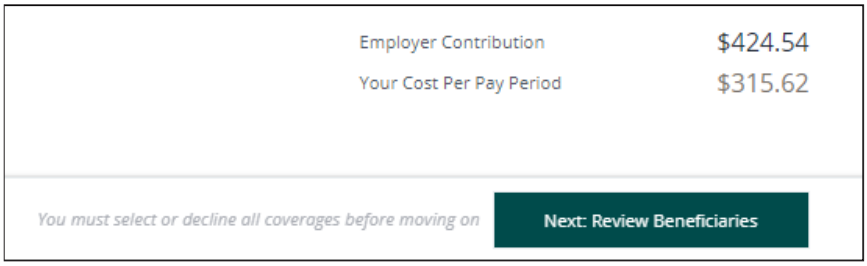
7. **Ensure you have all members "checked" that you want covered on each applicable benefit plan.**

8. Click on **"Update Cart"** to update your elections.

9. You will automatically move to the next eligible benefit or survey to complete all elections.



10. Once you complete the shopping experience, click on **"Next: Review Beneficiaries"**.



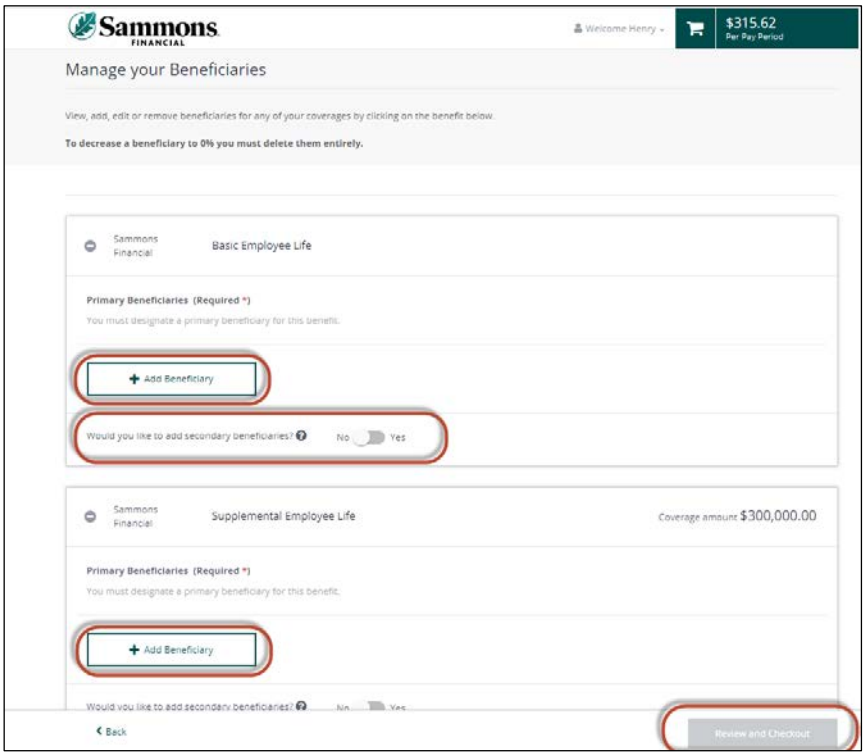
Enrollment Instructions

11. You can enter a person, trust or charity as your beneficiary and complete all required fields.

You can add multiple primary and secondary beneficiaries as you see fit.

Optional: When entering beneficiary details, you can click "Add to all benefits" and it will populate the same person and allocation for any other beneficiary plans you need to complete.

Once beneficiaries are complete the 'Review and Checkout' will turn green for you to click.



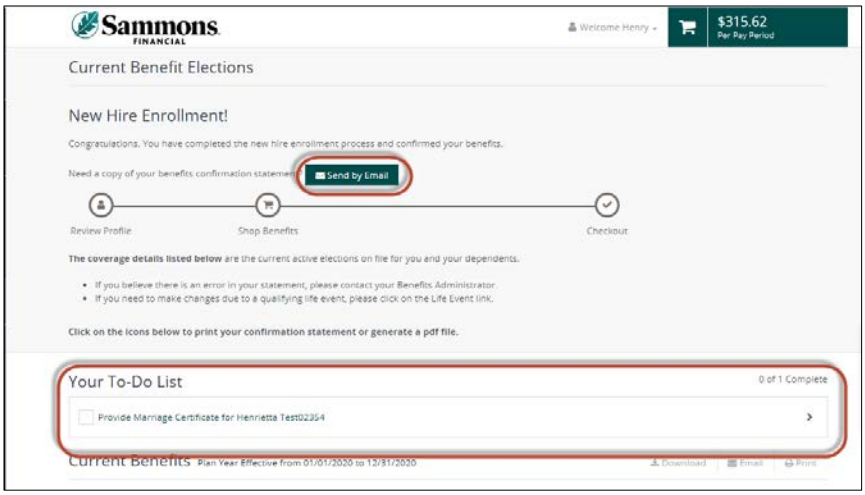
12. Review your benefit selections. Once satisfied, click on **"Checkout".**

13. You will then receive the below confirmation page. You can email your elections to yourself.

14. **ACTION:** Review if you have a **required** To-Do List of item(s) that require an upload.

You'll be able to upload needed items now, or at a later date—within 31 days of event.

Your benefit elections are complete!



Sammons FINANCIAL

Please read thoroughly. This publication contains important information about your employee benefit program.

This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.