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2026 - 2027

EMPLOYEE BENEFITS GUIDE

Client Assigned Employees

PROTECH SERVICES GROUP

Your Guide to New Hire or Open Enrollment:

June 1, 2026 - May 31, 2027

Welcome!

ProTech Servicea Group offers a comprehensive benefits program designed to support you and your family. Our goal is to provide high-quality, affordable coverage that meets your needs.

This guide provides an overview of your benefit options and helpful information to assist you in choosing the coverage that's right for you. Please review it carefully and reach out with any questions during your enrollment period.

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This guide is only a summary of your benefits. For complete details, please refer to the official plan documents.

ELIGIBILITY & ENROLLMENT



Eligibility:

ProTech's benefits program is available to **full-time employees** working **30 or more hours per week**.

Benefits begin **on the first of the month following 30 days of employment.**

Eligible dependents include:

- Your legal spouse or domestic partner
- Children under age 26, regardless of student, dependency, or marital status
- Children age 26 or older who are fully dependent on you due to a mental or physical disability

Making Changes to Your Benefits:

You may enroll in or make changes to your benefits during your initial eligibility period or during the annual Open Enrollment period. Changes during the year are only allowed if you experience a qualifying life event.

Qualifying life events include:

- Marriage, divorce, or legal separation
- Birth, adoption, or placement of a child
- Change in dependent status
- Death of a dependent
- Change in employment or residence
- Change in spouse's benefits or employment

If you experience a qualifying life event, you must submit your change request within 30 days. For Medicaid or CHIP-related events, you have up to 60 days to submit your request.

When Coverage Ends:

Coverage ends on the **last day of the month** in which your employment ends.

Important Medicare Notice:

If you (and/or your dependents) have or become eligible for Medicare, you may have additional rights related to your prescription drug coverage. If you do not enroll in Medicare Part D when first eligible, you may pay a higher premium later.

Please refer to the Medicare Part D Creditable Coverage Notice on page 33 for more information.





Changes effective 06/01/26:

As an employee of **ProTech Services Group**, enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your wellbeing, but ultimately, in terms of achieving the goals of our organization.

For the 2026 plan year, your benefits team has worked hard to offer a competitive, total rewards package that includes valuable and competitive benefits plans.

Each year, we research new plan designs and insurance companies to ensure that we are offering the best plans to our employees at the best rates available to us, and after careful consideration, we have determined that the group medical plans will be moving to **Cigna Healthcare**, dental and vision will move to **Delta Dental**, and ancillary lines will move to **Unum**.

You will now have 3 medical plans to choose from and we have included an option that is Health Savings Account (HSA) compatible for anyone who would like to utilize that benefit. You can also choose to contribute to an HSA through a paycheck deduction.

These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, which is why this is a benefits package that can be shaped and molded by you to fit your needs.



MEDICAL GLOSSARY

Allowed Amount:

The maximum amount your plan will pay for a covered service. If your provider charges more than this amount, you may be responsible for the difference.

Balance Billing:

When a provider bills you for the difference between their charge and the allowed amount. This typically applies to out-of-network providers. In-network providers cannot balance bill you for covered services.

Coinsurance:

The percentage of costs you pay for covered services after you meet your deductible. Your plan pays the remaining portion.

Copayment (Copay):

A fixed amount you pay for certain covered services, such as doctor visits or prescriptions.

Deductible:

The amount you must pay each year before your plan begins to pay for covered services.

Domestic Partnership:

A relationship between two individuals who meet specific criteria to qualify for benefits coverage. Coverage may be available for a domestic partner and their eligible dependents. Tax implications may apply if the partner is not recognized as a tax dependent under IRS rules.

In-Network:

Providers who have a contract with your insurance plan. Using in-network providers usually costs less.

Out-of-Network:

Providers who do not have a contract with your insurance plan. Using out-of-network providers typically costs more, and you may be responsible for charges above the allowed amount.

Out-of-Pocket Maximum:

The most you will pay for covered services in a plan year. Once you reach this limit, the plan pays 100% of eligible expenses for the rest of the year.

Prior Authorization:

Approval required by your health plan before certain services or prescriptions will be covered.

Your health has met its app.

Access your health plan anytime and just about anywhere you go.



Life can be busy and complicated. So we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. **myCigna**® helps you personalize, organize and access your important plan information on your phone or tablet. Use the **myCigna** app to:*

- **View**, fax or email ID card information
- **Access** virtual care directly from your phone or tablet**
- **Manage** and track claims
- **Find** in-network doctors and compare cost and quality information
- **Review** your coverage
- **Track** your account balances and deductibles
- **Submit** receipts for reimbursement from your Cigna Healthcare℠ HRA and/or FSA
- **Order** your prescriptions from Express Scripts® Pharmacy, a Cigna Healthcare company, and get home delivery, the ability to view your order history online and more
- **Compare** prescription drug prices for retail and home delivery pharmacies***

Download the myCigna App for your mobile device. Disponible en español.

Scan the QR code with your mobile phone and download the app today.

GET IT ON Google Play

Download on the App Store

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cigna healthcare

* Actual myCigna features may vary by plan and individual security profile. The downloading and use of the myCigna App is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

** Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs.

*** Prescription savings opportunities may not be available for some medications.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

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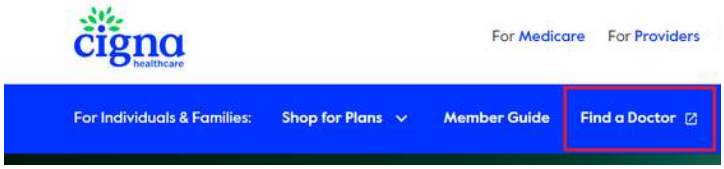
WELCOME TO CIGNA

Make the most of your plan by utilizing in-network providers

Steps to finding a Cigna OAP Network Provider

Through ProTech's group health plan, you have access to the Cigna network of doctors, hospitals, and facilities. Cigna is a national network with over 1 million healthcare professionals and more than 6,300 facilities, offering you a range of quality choices to help you stay healthy. With this access, you will be guaranteed lower copays and coinsurance when you receive care from an in-network provider versus one that is out-of-network.

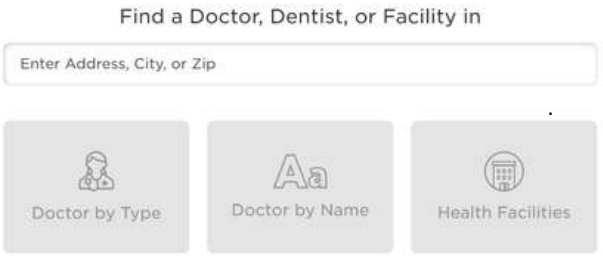
1 Visit www.cigna.com and click "Find a Doctor"



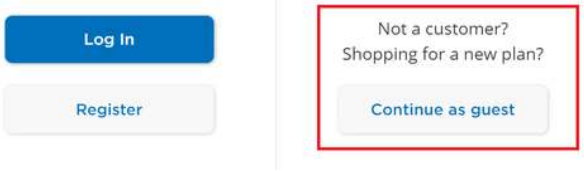
2 Select Employer or School



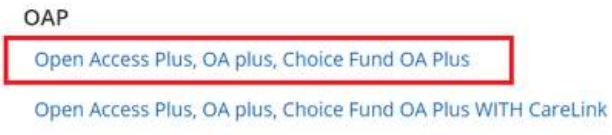
3 Enter zip code and search as you'd like



4 Continue as guest



5 Select Open Access Plus



PROTECH SERVICES GROUP

HEALTH CARE THAT'S THERE FOR YOU WHEN AND WHERE YOU NEED IT

Head-to-toe virtual care[1] from MDLIVE.®



It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

Now you don't have to wait — or travel — for the care you need.

Connect with video or phone, whenever it's convenient for you. Best of all, virtual care from MDLIVE board-certified doctors is available to you and your eligible dependents as part of your health benefits.

MDLIVE®

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost[2] to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities[3]

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology[4]

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

Cigna®

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Offered by: Cigna Health and Life Insurance Company or its affiliates.

3 easy steps to connect to care

Virtual care visits are convenient and easy.
To schedule an appointment:

Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE

Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.



Visit myCigna.com to make an appointment for virtual care today.

Together, all the way.®

Cigna®

1. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost $0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

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Healthy choices that really pay off

Start saving today with Cigna Healthy Rewards®*

When it comes to getting your money's worth, there's more to your Cigna plan than you might realize. **Get to know Cigna Healthy Rewards and discover discounts on trusted brands that support your goals for better overall health and well-being.**

With Healthy Rewards, you can save time and money on a wide variety of health products, wellness programs and other services, including:

- **Fitness and exercise****
- **Nutrition**
- **Hearing and vision care**

So, don't wait. Make the most of your benefits. After all, Cigna is here to help protect your health — and your budget. Discover Healthy Rewards today.

Ready. Set. Save!

To get started with Healthy Rewards now, scan the code with your smartphone.

Or visit cigna.com/discoverhealthyrewards

*Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts.

**Fitness membership and devices, along with virtual workouts, can only be accessed by login into myCigna.com and navigating to Healthy Rewards Discount Program.

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MEDICAL BENEFIT SUMMARY

Coverage Level:	$6,000 Deductible HSA	$0 Deductible	$3,000 Deductible
Employee Only	$90.37	$120.50	$123.05
Employee + Spouse	$443.27	$591.08	$603.58
Employee + Child(ren)	$367.96	$490.66	$501.03
Employee + Family	$678.05	$904.17	$923.28

The rates shown are per paycheck deductions based on 24 pay periods and your employer's monthly contribution. Please ask your benefit manager for more details.

Please refer to the carrier policy for a complete benefit overview.

Benefits: OAP Network	$6,000 HSA	$0	$3,000
Individual / Family Deductible	$6,000 / $12,000	$0 / $0	$3,000 / $6,000
Coinsurance	80%	100%	80%
Individual / Family Maximum Out-of-Pocket	$8,000 / $16,000	$7,500 / $15,000	$6,000 / $12,000
Telehealth	Deductible then Coinsurance	Covered at 100%	Covered at 100%
Office Visits	Deductible then Coinsurance	Primary Care: $35 Copay Specialist: $60 Copay	Primary Care: $35 Copay Specialist: $55 Copay
Inpatient Services	20% After Deductible	$2,000 Copay/Admission	20% After Deductible
Outpatient Services	20% After Deductible	$1,000 Copay	20% After Deductible
ER Services	20% After Deductible	$750 Copay	$500 Copay
Urgent Care	20% After Deductible	$60 Copay	$55 Copay
Mental Health	20% After Deductible	Inpatient: $2,000 Copay Outpatient: $35 Copay	Inpatient: 20% After Deductible Outpatient: $35 Copay
Prescription Drug Coverage	20% After Deductible	Tier 1: $20 Copay Tier 2: $50 Copay Tier 3: $100 Copay Tier 4: $250 Copay	Tier 1: $10 Copay Tier 2: $35 Copay Tier 3: $50 Copay Tier 4: $150 Copay

Boring helps you cover healthcare expenses — now and in the future.

PNC BeneFit Plus Health Savings Account



Discover a brilliant way to take control of your healthcare spending and save for qualified medical expenses on a tax-advantaged basis.[1]

Health Savings Account (HSA)

- Enjoy tax advantages on contributions, earnings and withdrawals for qualified medical expenses[1,2]
- Your account and all contributions stay with you, no matter where life or work takes you
- Help build financial security with long-term savings as unused funds roll over year to year

Managing Your HSA Is Easy

- Simple steps to activate your account in your welcome email
- Manage your account via the consumer portal and mobile app
- Flexible contributions options through payroll deductions, online transfers or mail
- Diversified investment opportunities available upon reaching the minimum account balance[3,4]
- Convenient methods to pay for or reimburse yourself for qualified medical expenses[1] include debit card, mobile wallet or online bill pay
- Link your bank account to make contributions or reimburse yourself

Learn More Today

pnc.com/benefitplushsainfo

PNC BeneFit Plus Consumer Services

844-356-9993

Monday–Friday
8 a.m. to 10 p.m. ET

1 To view a partial list of qualified medical expenses, see IRS Publication 502 available at http://www.irs.gov/pub/irs-pdf/p502.pdf

2 Contributions are tax-deductible on your federal tax return. Some states do not recognize HSA contributions or earnings as a deduction. Your own HSA contributions are either pre-tax (if made by payroll deduction) or tax-deductible. For more information, see IRS Publication 969.

3 PNC does not provide legal, tax or accounting advice. Consult your tax advisor about tax benefits applicable to Health Savings Accounts.

4 Shares of mutual funds are not deposits or obligations or guaranteed or endorsed by any bank, nor are they federally insured or otherwise supported by the Federal Deposit Insurance Corporation or other government agency. Investments in mutual funds may lose value, including possible loss of principal. Please read the prospectus carefully before you invest.

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A supported mobile device is needed to use mobile banking. Standard message and data rates may apply.

Investments: Not FDIC Insured. Not Bank Guaranteed. Not A Deposit. Not Insured By Any Federal Government Agency. May Lose Value.

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DELTA DENTAL®

DENTAL PLAN

Why Choose Us?

As a client of **Delta Dental of Tennessee**, *ProTech Services Group* employees will have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier. With 4 out of 5 dentists participating nationwide, these two networks provide superior access to care as well as reduced fees through our agreements with participating dentists.

Lower claims costs means lower rates! Plus, using in-network dentists means you cannot be balance billed - giving you added savings.

You could even opt to visit nonparticipating dentists, but may be balance billed and have to pay more.

DEDUCTIBLE

Applies to Coverage B and C Only:
Individual: $50 / Family: $150

BENEFIT MAXIMUMS

Applies to A, B and C: **$2,000 / Year**
Orthodontia: Not Covered

	PPO	Premier	Non-participating
A: Diagnostic & Preventative			
Exams, cleanings, fluoride, space maintainers	100%	100%	100%
Sealants, radiographs, periodontal maintenance, brush biopsy	100%	100%	100%
B: Basic Services			
Emergency palliative treatment, minor restorative, endodontics, periodontics, oral surgery, other basic services, adjustments & repairs	90%	80%	80%
C: Major Services			
Major restorative, prosthodontics, reline & rebases	60%	50%	50%

More Options, Lower Costs

The power of two networks

When it comes to pearly whites, everyone wants to save a little green. Delta Dental offers two provider networks to help cover your smile while keeping costs as low as possible. The Delta Dental PPOSM Network provides maximum cost savings, while the Delta Dental Premier® Network—which is the largest network in Tennessee—provides a safety net for additional access when you need it.

Delta Dental PPO	→ More than 269,000 office locations nationwide → Average savings of 30% on submitted fee → No balance billing and no paperwork to file
Delta Dental Premier	→ More than 339,000 office locations nationwide → Average savings of 18% on submitted fee → No balance billing and no paperwork to file
Out-of-Network	→ May need to file your own claims → May be balance billed → No discounts

Save when you see a network dentist

*Example: You have met your deductible and visit a dentist for a Basic Service, which your plan covers at 80%. The estimated charge for the service is $120.^*

Set by Delta Dental

NETWORK	ESTIMATED CHARGE	MAXIMUM ALLOWED FEES	AMOUNT DELTA DENTAL PAYS	AMOUNT YOU PAY
Delta Dental PPO	$120	$84 x 80% =	$67.20	$16.80
Delta Dental Premier	$120	$113 x 80% =	$90.40	$22.60
Out-of-Network Dentist	$120	$100 x 80% =	$80	$40.00

Best Deal!

^This example is an estimate. Fees and reimbursments can vary by state.

20% + $20 balance billing

What is balance billing?

Our network dentists agree to accept maximums on what they charge for each service. An out-of-network dentist hasn't agreed to those maximums. When you visit a Delta Dental network dentist, you won't have to pay the difference between what the dentist charges and what Delta Dental will pay, *aka balance billing*.

As you can see, it pays to visit Delta Dental network dentists - especially those in our PPO network. To find a Delta Dental network dentist near you:

→ Visit **DeltaDentalTN.com**, click on "FIND A DENTIST," and then choose your network.
→ Download our free **Delta Dental mobile app**, available for Apple and Android devices.
→ Call toll-free **(800) 223-3104.**



Looking After You

Your **DeltaVision 130** plan in association with VSP provides the right mix of independent and retail providers — including popular national chains and regional favorites, as well as online options. Members can pick an in-network eye doctor with the brands, hours and location to fit. Sprinkle in members-only savings and helpful tools, and you've got a winning experience designed to help you see life to the fullest.

Provider Network: Choice

Your Benefits

Exams

Exam with Dilation as Necessary: **$10 Copay**
Contact Lens Exam:
Up to $60 Copay

Materials

$25 Copay, Plus Any Additional Copays or Fees for Add-On Options

Frequencies

Exams: **12 Months**
Frames: **24 Months**
Lenses: **12 Months**
Contact Lenses (*In Lieu of Glasses*): **12 Months**

Frames

- Retail Frame Allowance: $130
- Costco Frame Allowance: $70
- Featured Frame Allowance: $150
- Additional Pair of Glasses or Sunglasses: 20% Off

Lenses

- Covered Lens Options: Polycarbonate for Children, Standard Progressive Lenses
- Lens Enhancements: 20-25% Savings

Contacts

- Contact Lens Fit and Evaluation: Up to a $60 Copay
- Elective Contact Lens Allowance: $130

Other

- Value Added Programs: Primary Eyecare, TruHearing Discounts, Eye Health Management and Diabetic Exam Reminder Letters.
- Laser Vision Correction Discount: Average 15-20% Off
- Out of Network Allowances Available

Stay informed about your DeltaVision® benefits on vsp.com

Learn more about your vision benefits and access claims on vsp.com.

It's easy to create an account.

Just follow these steps:

1. Visit **vsp.com**
2. Click CREATE AN ACCOUNT at the top of the page.
3. Enter the last 4 digits of the primary member's SSN or Member ID Number.
4. Continue to complete all required fields.
5. Click CREATE MY ACCOUNT to complete process.

It's that simple! Once you create an account, you can review your benefit information, access personalized eligibility and plan coverage details, and print a Member Vision Card.

How to find a VSP network provider

Search under the VSP Choice Network for any DeltaVision plan:



Online

Visit vsp.com and request the information by city, state, zip code, provider's name or specialty.



Mobile App

Download the mobile app for Apple or Android. To download, visit the App Store (Apple) or Google Play (Android) and search for VSP.



Customer Service

Call VSP customer service representatives at 800-877-7195 and ask if your provider is participating in the VSP Choice Network.



Provider Office

Call your provider's office and ask if he/she participates in the VSP Choice network.

It is important that you verify a provider's status each time you seek care as a provider contract may change. It is your responsibility to verify that the provider you use is contracted with the Delta Dental or VSP network associated with the plan that you have chosen. If you receive treatment from a non-network provider, your benefits may be paid at a lower percentage or you may be balance billed.

EMPLOYEE DEDUCTIONS

CLIENT ASSIGNED EMPLOYEES

ProTech Services Group *contributes a majority percentage of your benefit costs each month. The rates shown below are employee deductions* ***per paycheck*** *(over 24 pay periods) after your employer's monthly contribution. Please ask your benefit manager for more details.*

PAYCHECK DEDUCTIONS: MEDICAL			
COVERAGE LEVEL:	**$6,000** DEDUCTIBLE HSA COMPATIBLE	**$0** DEDUCTIBLE	**$3,000** DEDUCTIBLE
NO COVERAGE	**$0.00**	**$0.00**	**$0.00**
EMPLOYEE ONLY	**$90.37**	**$120.50**	**$123.05**
EMPLOYEE + SPOUSE	**$443.27**	**$591.08**	**$603.58**
EMPLOYEE + CHILD(REN)	**$367.96**	**$490.66**	**$501.03**
EMPLOYEE + FAMILY	**$678.05**	**$904.17**	**$923.28**

PAYCHECK DEDUCTIONS: DENTAL & VISION		
COVERAGE LEVEL:	DELTA **DENTAL**	DELTA **VISION**
NO COVERAGE	**$0.00**	**$0.00**
EMPLOYEE ONLY	**$9.04**	**$2.54**
EMPLOYEE + 1 DEPENDENT	**$26.23**	**$5.07**
EMPLOYEE + 2 OR MORE DEPENDENTS	**$50.11**	**$8.16**

Please Note*: Your plan enrollment and administration is managed electronically through your benefits enrollment team and Employee Navigator. To make your 2026 plan year elections, see your full benefit summary and costs, or manage your plans and/or dependents, please use the instructions provided by your benefits team.*

PROTECH SERVICES GROUP INC.

Employer-paid and Voluntary Term Life Insurance with Accidental Death and Dismemberment

How does it work?

Term Life Insurance allows you to keep coverage for a set amount of time, or term. If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. Accidental Death and Dismemberment (AD&D) Insurance pays a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Your employer is providing you with the following amount of Term Life and AD&D coverage. You are eligible for coverage if you are working a minimum of 30 hours per week.

Employee	A flat $50,000 of coverage. You can receive $50,000 of coverage without answering medical questions.

You can purchase the following Voluntary Term Life and AD&D coverage for you and your family during this enrollment. You are eligible for coverage if you are working a minimum of 30 hours per week.

You may purchase AD&D at a different amount from Term Life or purchase AD&D without the Term Life coverage.

Employee	A maximum of the lesser of 5 times your annual earnings or $500,000, in $10,000 increments. The minimum purchase amount is $10,000. You can purchase up to $100,000 of Life coverage without answering medical questions.
Spouse	A maximum of $500,000 in $5,000 increments. Your spouse can get $25,000 of coverage without medical underwriting. You must be insured under the plan in order to elect coverage for your spouse.
Child	Live birth to 14 days is $1,000 14 days to 6 months is $1,000 6 months and older is $10,000 in $2,000 increments Dependent children are eligible up to age 26. You must be insured under the plan in order to purchase coverage for your children.

Accelerated Death Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to $750,000) while you are still living. This amount will be taken out of the death benefit. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work. Employees or dependents cannot port coverage if they are confined to a hospital or home at the time of application and/or age 70 or older at time of application. State restrictions may apply.

Life Planning and Financial Resources

Provides expert financial and legal counseling as well as planning to the beneficiary of a deceased insured employee or a terminally ill employee or spouse.

How much voluntary coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.
   (Choose the age you will be when your coverage becomes effective on 06/01/2026.)
   (To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on on 06/01/2026.)
4. Enter your cost.

	1	2	3	4
Employee	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
Spouse	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
Child	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
			Total cost	**= $_____**

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per $1,000 of coverage	Per $1,000 of coverage	$0.300 per $1,000 of coverage
	Cost	Cost	
15-24	$0.049	$0.049	
25-29	$0.056	$0.056	
30-34	$0.080	$0.080	
35-39	$0.112	$0.112	
40-44	$0.162	$0.162	
45-49	$0.256	$0.256	
50-54	$0.361	$0.361	
55-59	$0.557	$0.557	
60-64	$0.708	$0.708	
65-69	$0.868	$0.868	
70-74	$1.590	$1.590	
75+	$5.620	$5.620	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	$_____,000	÷ $1,000 = $_____	X $0.030	= $_____
Spouse	$_____,000	÷ $1,000 = $_____	X $0.030	= $_____
Child	$_____,000	÷ $1,000 = $_____	X $0.030	= $_____
			Total cost	**= $_____**

AD&D monthly rates		
	Coverage amount	Rate
Employee	per $1,000 of coverage	$0.030
Spouse	per $1,000 of coverage	$0.030
Child	per $1,000 of coverage	$0.030

Billed amount may vary slightly.

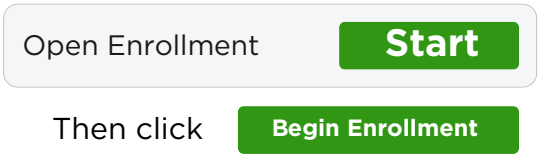
8 Easy steps to employee enrollment.

employee NAVIGATOR

Company Identifier:ProSerGro2026

1. **Let's begin your open enrollment!** Log in to **employeenavigator.com*** per the instructions you have received from your HR. **You will need to create a new username and password this year!**

2. Click **Start**.



Then click **Begin Enrollment**

3. You will need to verify and/or enter some personal information for you and your dependents — Click **Get Started** then complete all required fields.

Verify all information is correct — Click **Save & Continue** when you are ready to proceed to the next section.

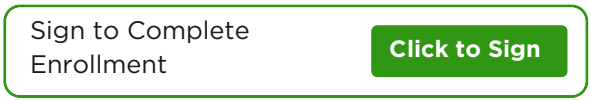
4. Add your dependents and their information.

5. If requested, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6. Take a moment to compare and view details of your available benefits. To select your prefered choice, click **Select** or **Dont Want This Benefit?** to decline the benefit — Click **Save & Continue** when you are ready to proceed to the next benefit.

7. Finally, you will be shown a summary of your elected benefits and the total cost to you per pay period.

When you have reviewed and approve the enrollment summary, sign to complete your enrollment.



Elections will be finalized only after you sign and authorize your elections.

8. If you have any questions about your enrollment or would like to make changes, please contact HR.

PROTECH SERVICES GROUP

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* We recommend using either Google Chrome or Firefox as your browser for optimal experience.



BENEFIT CONTACTS

If you have questions about your benefits, need help with claims, or want to learn more about your coverage, your benefit carriers are here to help. Each provider offers dedicated customer service and online resources to support you throughout the year.

Use the contact information below to reach the appropriate carrier for your specific benefit. Many carriers also offer mobile apps and online portals where you can access ID cards, check claims, find providers, and manage your benefits anytime.

Coverage	Carrier	Phone	Website or Email
Insurance Broker / General Questions	**Shoemaker Insurance Solutions**	**901-757-5757** *Emily Breen: Ext. 1155* *Amanda Brace: Ext. 1160*	**ebreen@shoemakerins.com** **abrace@shoemakerins.com**
Medical/Pharmacy	Cigna	(800) 997-1654	www.my.cigna.com
Home Delivery Pharmacy	Cigna	(800) 835-3784	www.my.cigna.com
Behavioral Health	Cigna	(800) 433-5768	www.my.cigna.com
Telemedicine	Cigna / MD Live	(888) 726-3171	www.mdlive.com
Basic/Voluntary Life/ AD&D Insurance	Unum	(866) 679-3054	www.unum.com
General ProTech Questions	**Human Resources**	**(901) 257-3272** *Beth Yobak*	**byobak@psgi.net**

Your Health Plan Rights & Notices

This handout gives you important information about your group health plan. These notices explain your rights, protections, and options if you lose or change coverage. They are written in plain language to help you understand your benefits. Please read carefully and keep this for your records.

Medicare Part D Creditable Coverage Notice

ProTech Services Group's prescription drug coverage is considered Creditable Coverage, meaning it is expected to pay, on average, as much as standard Medicare prescription drug coverage.

Because your coverage is creditable, you may keep it and delay enrolling in a Medicare Part D plan without paying a penalty later. However, if you go 63 consecutive days or longer without creditable coverage, you may be subject to a late enrollment penalty if you choose to enroll in a Medicare drug plan in the future.

You may enroll in a Medicare drug plan when you first become eligible and during the annual enrollment period (October 15 – December 7).

For additional information, visit www.medicare.gov or call 1-800-MEDICARE (TTY 1-877-486-2048).

HIPAA Special Enrollment Rights

If you decline coverage for yourself or your dependents due to other coverage, you may be eligible to enroll later if certain events occur, including:

- Loss of other group health coverage
- Employer contributions toward other coverage ending
- Marriage, birth, adoption, or placement for adoption
- Eligibility for Medicaid or CHIP or loss of such coverage

Enrollment must be requested within:

- 30 days of most qualifying events
- 60 days for Medicaid or CHIP-related events

HIPAA Privacy Practices (Summary)

ProTech Services Group's health plan complies with HIPAA privacy requirements to protect your Protected Health Information (PHI). This includes information related to your health condition, treatment, and payment for care.

Your information may be used or disclosed for:

- Treatment and care coordination
- Payment of claims
- Health plan operations

You have important rights regarding your PHI, including the right to:

- Access and request copies of your information
- Request corrections
- Receive an accounting of certain disclosures
- Request restrictions or confidential communications

A full Notice of Privacy Practices is available upon request or through your benefits administrator.

Women's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998.

For 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 benefits.

Newborns' and Mothers' Health Protection Act (NMHPA) Notice

Group health plans generally may not restrict benefits for a hospital stay in connection with childbirth to less than:

- 48 hours following a vaginal delivery
- 96 hours following a cesarean section

However, the plan may pay for an earlier discharge if the attending provider (such as a physician or nurse midwife), in consultation with the mother, determines that an earlier discharge is appropriate.

Mental Health Parity Notice

The plan provides coverage for mental health and substance use disorder services in accordance with federal law. Financial requirements and treatment limitations for these services are applied in a manner comparable to those for medical and surgical benefits.

COBRA Continuation Coverage

COBRA continuation coverage is a temporary extension of group health coverage that allows you and your eligible dependents to continue coverage when it would otherwise end due to a qualifying event..

Qualifying events may include:

- Termination of employment or reduction in hours
- Divorce or legal separation
- Death of the employee
- A dependent child no longer meeting eligibility requirements

COBRA coverage generally lasts:

- Up to 18 months for employees and dependents due to employment-related events
- Up to 36 months for dependents due to other qualifying events

You or your dependents must notify the Plan Administrator within the required timeframes after certain qualifying events (such as divorce or loss of dependent status) to elect COBRA coverage. You may be required to pay the full cost of coverage plus a small administrative fee.

Surprise Billing / No Surprises Act Notice

Under federal law, you are protected from balance billing for certain services, including:

- Emergency services
- Services provided by out-of-network providers at in-network facilities

In these situations, you are only responsible for your in-network cost-sharing amounts, such as copayments, coinsurance, and deductibles.

Medicaid and CHIP Premium Assistance Notice

If you or your dependents are eligible for Medicaid or the Children's Health Insurance Program (CHIP), your state may offer a premium assistance program that can help pay for employer-sponsored health coverage.

If you or your dependents are already enrolled in Medicaid or CHIP and live in a state that offers premium assistance, you may be eligible for assistance with your employer health plan premiums. If you or your dependents are not currently enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if you qualify.

If you or your dependents become eligible for premium assistance under Medicaid or CHIP, you may enroll in the employer plan. You must request enrollment within 60 days of the date you or your dependent is determined eligible for assistance.

To learn more about premium assistance under Medicaid or CHIP, visit: www.healthcare.gov

If you or your dependents live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. Contact your state for more information:

Family and Medical Leave Act (FMLA) Notice

Eligible employees may take:

- Up to 12 weeks of unpaid, job-protected leave for qualifying family or medical reasons
- Up to 26 weeks to care for a covered service member

During FMLA leave, group health coverage is maintained under the same terms as if you had continued working. Upon return, you will generally be restored to your same or an equivalent position.

Health Insurance Marketplace Notice

You may have the option to purchase health coverage through the Health Insurance Marketplace. If your employer-sponsored coverage meets affordability and minimum value requirements, you may not qualify for a premium tax credit through the Marketplace.

For more information, visit www.healthcare.gov

USERRA Notice

If you leave employment to perform military service, you have the right under USERRA to:

- Continue your health coverage for up to 24 months
- Be reinstated in your job with the same or similar benefits upon return
- Be protected from discrimination based on military service



901-767-7550

https://psgi.net

THANK YOU!

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