



2025 BENEFITS GUIDE

IMPORTANT NOTICE: READ CAREFULLY

This benefit guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. Adjoin reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

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Eligibility & Enrollment

ELIGIBILITY

All full-time, regular, employees of Adjoin, working a minimum of 30 hours per week regularly are eligible for all the benefits in this guide. Part-time employees (those working less than 30 hours per week) are eligible for floating time off, sick time, our 403(b) retirement plan, as well as our AAA, Costco and Prime reimbursement benefits.

If eligible, benefits will begin on the 1st of the month following 30 days of full-time employment. Eligible employees may also choose to enroll family members, including your spouse and your eligible dependents.

The choices you make during open enrollment remain in effect through the benefits plan year, March 1, 2025 through February 28, 2026, unless you experience a qualifying event during the plan year.

After 60 days of continuous full-time employment, employees become eligible for Paid Time Off (PTO) benefits and Employee Perks.

HOW TO ENROLL

All enrollment elections and changes must be completed online through UKG:

- Login to UKG at adjoin.ukg.net

Once logged into UKG you'll be able to:

- Review detailed information about the available benefit plan options
- Review your costs
- Enroll in benefits

ELIGIBLE DEPENDENTS

Our benefit plans are available to you and your eligible family members. Eligible family members include:

- Your spouse or domestic partner
- Children up to age 26, natural, adopted, step-children, or children for whom you or your domestic partner have legal custody, Disabled Children over the age of 26 that are incapable of self-support and were enrolled on coverage prior to their 26th birthday.

WAIVING COVERAGE

You may elect to waive medical coverage if you have access to coverage through another plan. To waive coverage, you must select "Waive/Decline Coverage" in UKG and select a reason from the drop-down menu. It is important to note that if you waive our medical coverage, you must maintain medical/health coverage through another source. It is also important to note that if coverage is waived, the next opportunity to enroll in our group benefit plans will be during next year's open enrollment period or if a qualifying status change occurs.

MAKING CHANGES

If you experience a qualifying event such as marriage, divorce, birth/adoption of a child or you lose other group coverage you have 30 days to notify Human Resources and make changes to your elections.

HIPAA SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you decline coverage for yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 30 days of the date your other coverage ends.

In addition, you may be able to make changes to your elections if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must request the corresponding change along with the applicable required supporting documentation within 30 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at: <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/hipaa-consumer.pdf>

REDUCTION OF HOURS

Adjoin uses a look-back method in order to determine benefit eligibility. Someone who has a reduction of hours during the plan year will have their benefits maintained during the Stability Period, if they averaged at least 30 hours/week during the Measurement Period. The employee alternatively has the option to process a qualifying life event if the reduction in hours is due to change in DOL status. For additional questions regarding the impact in reduction of hours to benefit eligibility, please contact Human Resources at 858-292-2031.

IF YOU LEAVE YOUR JOB

In the event that your employment with Adjoin ends, qualified beneficiaries will be offered COBRA continuation coverage. You will receive election paperwork and be given the opportunity to continue to cover yourself and/or your previously enrolled dependents on the plan.

Adjoin Limitless Pathway Benefit Plan Vitori

VITORI MEDICAL PLAN

OPEN ACCESS

Calendar Year Deductible
(Individual / Family)

\$0

Calendar Year Out-of-Pocket Limit
(Individual / Family)

\$3,000 / \$6,000

Lifetime Maximum

None

PROFESSIONAL SERVICES

Primary Care Physician Office Visit

\$5

Mental Health / Psychiatry (Outpatient)

\$5

Chiropractic / Acupuncture

\$10

Specialist Office Visit

\$30

Preventive Care

No cost

Telemedicine (through Teladoc)

No cost

Diagnostic Lab

No cost

Diagnostic X-Ray

No cost

Outpatient Surgery in Facility

\$250
(\$0 if center of excellence)

INPATIENT SERVICES

Hospitalization

\$500 per admit

EMERGENCY & URGENT CARE

Emergency Room

\$100

Urgent Care

\$5

PRESCRIPTION DRUGS

30-DAY SUPPLY

Generic

\$10

Preferred Brand

\$25

Non-Preferred

\$45

Specialty/Non-Preferred

\$100

Mail Order

3x Retail Copay

YOUR LIMITLESS PATHWAY BENEFIT PLAN THROUGH VITORI

Our medical plan through Vitori Health offers members the opportunity to see any provider of their choice. They can do this by using Fair Market Pricing (FMP) in place of a network. FMP is a medical claim pricing program that is designed to eliminate the need for a medical network. Traditional health plans restrict members to using specific clinics and hospitals. If members choose clinics and hospitals that aren't specified, they face financial penalties, which sometimes include higher deductibles, copayments and overall charges for services. FMP does not have restrictions on the facilities you choose to use.

FMP determines a fair price by looking at Medicare and the actual cost for specific treatment or service. Our FMP Plan works by paying providers a percentage above what Medicare would pay. This establishes a fair and reasonable price that is beneficial for you and your family, the Plan, and the provider. FMP protects our plan by making sure providers are charging you a fair price for your medical services.

THE PHCS PROFESSIONAL NETWORK

Our medical plan through Vitori does have an embedded professional network through Multiplan/PHCS for all professional claims and Urgent Care. Professional providers include providers such as primary care physicians, specialists, mental health providers, chiropractors, dermatologists, acupuncturists, and OBGYNs.

To look-up participating providers in the PHCS network, visit multiplan.com/webcenter/portal/ProviderSearch and click on the PHCS network (first option), and then Practitioner Only, or call the Vitori Health Concierge Support number located on your ID Card. Remember, you can choose to see any provider you'd like, however, if you choose a professional who is in the PHCS network, they will be more familiar with your plan and you may have less paperwork to deal with by reducing your chances of receiving a bill from your provider saying you owe more than your plan says you owe. If this happens to you, please call Vitori right away so that they can call your provider and explain your plan to them.

VITORI CONCIERGE SERVICES

Vitori's Concierge can assist with information regarding scheduling visits with providers and coordination with your doctor's office. If you're looking for a new provider, they can assist you with locating doctors in your area that are accepting new Vitori Health patients. If you receive a balance bill from a provider or facility, they will help you resolve your outstanding balance. Vitori's team is experienced in communicating with provider office administration and billing staff and are ready to support ongoing care needs for members who need to schedule with a physician for non-emergency or urgent care, or handle a benefit, pharmacy, claim or billing question. The phone number is (866) 661-2553 or the number on the front of your member ID card.

NO-COST PRESCRIPTION DRUG BENEFIT

Vitori Health offers members the opportunity to get certain brand-name prescription drugs at no cost through a preferred arrangement with Elect Rx. These medications are sourced through channels that are much more cost-effective than traditional prescription purchasing, including Canadian brick-and-mortar pharmacies. These are the same medications you are taking now at a fraction of conventional cost. This allows your cost share to be waived when you choose this option.

Please review the no-cost prescription drug benefit flyer in UKG for a list of eligible drugs, and instructions on how to begin using the program.

TELEMEDICINE – TELADOC

Adjoin employees who are enrolled in the Vitori medical plan can utilize telemedicine benefits at no cost using Teladoc, your virtual care provider.

Now visiting the doctor is easier than ever. Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or Teladoc App. Pediatricians are available 24/7, and family members are also eligible.

Common Conditions Treated by TELADOC

- Common Cold
- Flu
- Cough
- Fever
- Insect Bites
- Allergies
- Diarrhea
- Vomiting
- Pink Eye
- Sore Throat
- Ear Problems
- Sinus Infection
- Respiratory Problems
- And More

Behavioral Health Included

- Anxiety
- Depression
- Stress
- Relationship Issues
- And More

NO-COST SURGERIES

Vitori Health offers members the opportunity to receive surgeries at zero cost for planned, qualified, non-emergency surgeries. Before you schedule a surgery, call Vitori so they can help you find a center of excellence and save you money. Your out-of-pocket responsibilities are waived when selected, high-quality health care providers are used through the plan.

Through the Concierge, you'll be able to identify a participating surgeon of excellence that meets rigorous credentialing standards, schedule your appointments (preferred access), coordinate logistics such as medical record transfers and any necessary travel arrangements, and ensure you have access to the best information as you make decisions about your care.

It is mandatory to use this no-cost program for non-emergency total joint replacement and spine surgeries.

MediExcel HMO

(only for those who reside in Imperial or San Diego Counties)

HMO

IN-NETWORK

Calendar Year Deductible
(Individual / Family)

\$0

Calendar Year Out-of-Pocket Limit
(Individual / Family)

\$4,500 / \$9,000

Lifetime Maximum

None

PROFESSIONAL SERVICES

Primary Care Physician Office Visit

\$10

Specialist Office Visit

\$15

Preventive Care

No cost

Telemedicine

No cost

Diagnostic Lab

\$5

Diagnostic X-Ray

\$30

Outpatient Surgery in Facility

\$50

INPATIENT SERVICES

Hospitalization

\$50 per day

EMERGENCY & URGENT CARE

Emergency Room

15%, not to exceed \$250

Urgent Care

\$20 (Mexico) / \$40 (outside of Mexico)

PRESCRIPTION DRUGS

30-DAY SUPPLY

Generic

\$10

Preferred Brand

\$15

Non-Preferred

\$20

Specialty

25% up to \$250

Medical Plan Cost

Vitori Limitless Pathway Benefit Plan				
PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$869.70	\$844.70	\$25.00	\$12.50
Employee + Spouse	\$1,491.45	\$1,331.45	\$160.00	\$80.00
Employee + Child(ren)	\$1,347.92	\$1,217.92	\$130.00	\$65.00
Employee + Family	\$2,118.23	\$1,838.23	\$280.00	\$140.00

MediExcel HMO <i>(only for those who reside in Imperial or San Diego Counties)</i>				
PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$208.96	\$208.96	\$0	\$0
Employee + Spouse	\$442.92	\$442.92	\$0	\$0
Employee + Child(ren)	\$471.21	\$471.21	\$0	\$0
Employee + Family	\$637.14	\$637.14	\$0	\$0

Flexible Spending Accounts

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) help you save money on health care and dependent care expenses by paying for eligible expenses with tax-free dollars. You must re-enroll in the accounts every year.

Here's how you save:

- The amount you contribute to either or both FSAs is deducted from your paycheck before federal, state, local, and Social Security taxes are withheld.
- When you have an eligible expense, you are reimbursed from your account(s) and the money isn't taxed.

Important!

Estimate your annual expenses and make your contribution elections wisely. The balances in your Health Care and Dependent Care accounts are "use it or lose it". For your 2025 election, up to \$660 of unused funds will roll over into the 2026 plan year as long as you actively re-enroll into the Health Care FSA during Open Enrollment. Unused 2024 funds over \$640 will be forfeited if claims from prior year are not submitted by February 29th of 2025.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

You can use the Health Care Flexible Spending Account to pay for out-of-pocket health care expenses including copays, coinsurance, and deductibles. You will be able to contribute up to the full calendar year maximum of \$3,300 for March 1, 2025 through February 28, 2026.

Eligible expenses are expenses not paid for by your medical, prescription, vision, or dental insurance plans, including:

- Deductibles, copays and coinsurance
- Dental and orthodontia expenses
- Prescription glasses, contact lenses and lens cleaning solution
- Laser vision correction
- Prescription drugs and drug copayments
- Some over-the-counter medications, such as aspirin for pain or allergy medication

Flexible Spending Accounts

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

You may use the Dependent Care Flexible Spending Account to pay for the day care of your dependent children under the age of 13, and dependents of any age who are incapable of self-care, live with you at least eight hours per day, and are claimed as dependents on your income tax return. You can contribute up to \$5,000 each year. However, if your spouse has access to a Dependent Care Spending Account, your total combined contribution may not exceed \$5,000. If you are married and file separate tax returns, each spouse may contribute \$2,500.

To be eligible, care must be provided while you (and your spouse, if you are married) work, look for work, or attend school full time. Eligible expenses include care in your home by an eligible provider or at a licensed facility. You will not be reimbursed for residential or “sleep-away” care, nursing home care, or for babysitting when you are not at work.

You may change or revoke your Dependent Care Spending Account election amount if you experience a Qualified Life Event during the plan year, otherwise you will only be able to make a change during the next Open Enrollment period.

HOW TO PAY FOR ELIGIBLE EXPENSES

Health Care Expenses

You'll pay for your eligible out-of-pocket health care expenses using your IGOE debit card, cash or check. If you pay with cash or personal check, you will need to submit a claim form for reimbursement from your Health Care Flexible Spending Account.

IGOE's online portal allows you to confirm your account balance, check reimbursement status, and more. Visit www.goigoe.com to access IGOE's online portal.

Dependent Care Expenses

You'll pay for your eligible out-of-pocket dependent care expenses using your personal credit card, cash or check. Then, submit a claim for reimbursement from your Dependent Care Flexible Spending Account.

DEADLINE TO SUBMIT CLAIMS FOR REIMBURSEMENT

For your 2025 Health Care and Dependent Care elections, you have until May 15, 2026 to incur expenses and until May 31, 2026 to submit your claims from the prior plan year. However, if you have a Health Care or Dependent Care claim that has been denied, you have an additional 30 days, to re-submit the claim for processing.

MORE DETAILS AND ELIGIBLE EXPENSES

For more information on eligible expenses for the Health Care or Dependent Care FSA, refer to IRS guidelines available online at www.irs.gov or visit the IGOE website at www.goigoe.com.

Standard Dental

	STANDARD DENTAL HMO	STANDARD DENTAL PPO	
	IN NETWORK	IN NETWORK	OUT OF NETWORK
GENERAL PLAN PROVISIONS			
Calendar Year Deductible (<i>Individual / Family</i>)	None	\$50 / \$150	\$50 / \$150
Calendar Year Maximum	Unlimited	\$1,500 per member	\$1,500 per member
PREVENTIVE CARE			
Cleanings, X-Rays, Exams	No Charge	No charge	No charge
BASIC SERVICES			
Fillings, Extractions, Periodontics	Flat copay. See fee schedule for pricing	No charge after deductible	20% after deductible
MAJOR SERVICES			
Crowns, Bridges & Dentures	Flat copay. See fee schedule for pricing	40% after deductible	50% after deductible
ORTHODONTIA			
Appliances and Services	Flat copay. See fee schedule for pricing		50%
Lifetime Maximum	N/A		\$1,500
Age Limitation	N/A		Child Only

USING YOUR DENTAL PLAN

To find out what our insurance will pay for non-preventive procedures, you may request a pre-determination of benefits from your dentist and dental insurance carrier.

OUT OF NETWORK BENEFITS

Using an out of network provider can greatly increase your costs. Out of network claims will be processed based on in network PPO contracted discounts, which means you may be charged the difference. Using an in-network PPO provider will maximize your plan and savings. If you elect the HMO dental plan, you must stay in-network to have coverage.

PROVIDER NETWORKS

To find a network PPO dental provider, visit www.standard.com/services, scroll down the page to “Quick Links” and click on “Find a Dentist.” You will be redirected to the Ameritas dental search page. Your Standard PPO dental plan uses the Ameritas Classic PPO dental network.

Only California residents may enroll in the HMO plan. Members selecting the HMO will search for a dentist on the Liberty site, <https://www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist.aspx>, and must designate a primary care dentist upon enrollment.

Standard VSP Choice Vision PPO		
GENERAL PLAN PROVISIONS	MEMBER RESPONSIBILITY	
	IN NETWORK	OUT OF NETWORK
COPAY		
Eye Exam	\$20	\$20
MATERIALS		
Single Vision	No charge after copay	Amount above \$30
Bifocal	No charge after copay	Amount above \$50
Trifocal	No charge after copay	Amount above \$65
Frames	Amount above \$180	Amount above \$70
CONTACT LENSES		
Medically Necessary	No charge	Amount above \$210
Elective	Amount above \$180	Amount above \$145
FREQUENCY		
Exam, Lenses, Contact Lenses	Every 12 months	
Frames	Every 24 months	

USING YOUR VISION PLAN

Your Standard vision benefit is easy to use. After locating an in-network VSP Choice provider simply setup an appointment and your provider will be able to confirm your coverage through the Standard system, without an ID card.

OUT OF NETWORK BENEFITS

If you do visit an out-of-network provider and they won't bill VSP for you, you have 6 months to submit a manual claim for reimbursement. If you visit an in-network provider, your doctor will take care of submitting the claim for you through VSP directly.

PROVIDER DIRECTORY

Standard utilizes the VSP Choice network. To find a VSP Choice provider, you will visit <http://www.standard.com/services>, scroll down and click on "Find an Eye Doctor" under "Quick Links" or call (800) 877-7195.

Dental & Vision Plan Cost

Standard Dental HMO				
PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$11.12	\$11.12	\$0	\$0
Employee + Spouse	\$19.57	\$19.57	\$0	\$0
Employee + Child(ren)	\$20.46	\$20.46	\$0	\$0
Employee + Family	\$27.58	\$27.58	\$0	\$0

Standard Dental PPO				
PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$40.48	\$34.64	\$5.84	\$2.92
Employee + Spouse	\$75.70	\$56.31	\$19.39	\$9.69
Employee + Child(ren)	\$96.20	\$72.13	\$24.07	\$12.03
Employee + Family	\$131.40	\$93.79	\$37.61	\$18.80

Standard Vision				
PLAN	TOTAL COST (Monthly)	EMPLOYER COST (Monthly)	EMPLOYEE COST (Monthly)	EMPLOYEE COST (Per Paycheck)
Employee Only	\$7.80	\$6.80	\$1.00	\$0.50
Employee + 1	\$12.12	\$9.68	\$2.44	\$1.22
Employee + 2 or More	\$19.24	\$14.41	\$4.83	\$2.42

BASIC LIFE AND AD&D INSURANCE

Life insurance and Accidental Death and Dismemberment (AD&D) insurance provide funds for those who have lost someone or for those who are seriously injured. Life insurance pays funds to your designated beneficiaries after your death, while AD&D pays an amount equal to your life insurance benefit in the event of an accidental death. Basic life and AD&D is provided at no cost.

The Standard Basic Life and AD&D Insurance

BENEFITS

Life Insurance	Employee: \$25,000; Spouse: \$5,000; Child: \$1,000
AD&D Insurance	Employee: \$25,000; Spouse: \$5,000; Child: \$1,000

AGE REDUCTIONS

At Age 65	Reduces by 35% of the Life Insurance Benefit
At Age 70	Reduces by 50% of the Life Insurance Benefit

NAMING YOUR BENEFICIARY

Your designated, and approved, beneficiary will receive your life and AD&D benefits in case of your death. Once you have selected your beneficiary(ies), your designation will remain unchanged until you make any updates in UKG. You may change your beneficiary(ies) as often as you wish by updating your UKG portal.

It is important to review and keep your beneficiaries up to date as your life situation changes (marriage, divorce, new dependents, etc.).

Voluntary Disability Insurance

VOLUNTARY LONG-TERM DISABILITY (LTD)

Should you experience a non-work-related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Benefits eligibility may be based on disability for your occupation or any occupation.

The Standard Voluntary LTD Insurance

BENEFITS

LTD Benefit Amount	66.67% of your monthly covered earnings
Maximum Benefit	\$7,000 per month
Benefit Waiting Period	90 days

Please note: This chart is just a brief overview of benefits and coverage for the disability insurance plan. You should also look at the detailed disclosure/summary documents for the plan, available from your local HR Representative.

RATES (per month)	
Employee Age	Rate
0-24	\$.077
25-29	\$.157
30-34	\$.288
35-39	\$.494
40-44	\$.814
45-49	\$1.121
50-54	\$1.420
55-59	\$1.478
60-64	\$1.478
65-69	\$1.478
70+	\$1.478

Voluntary Supplemental Insurance

VOLUNTARY ACCIDENT INSURANCE

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

The Standard Voluntary Accident Insurance

BENEFITS PAID

Surgical Leg Fracture	\$2,000 - \$4,000 depending on fracture or type of repair
Coma Benefit	\$7,500
Ambulance Benefit	Ground: \$300, Air: \$800
Emergency Care Benefit	\$150
Hospital Admission Benefit	\$1,000
Accidental Death	\$50,000 for employee, \$25,000 for spouse, \$12,500 for child

RATES (per month)

Employee	\$6.68
Employee & Spouse	\$10.62
Employee & Child(ren)	\$12.62
Employee & Family	\$19.82

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Hospital Insurance helps families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, co-pays and deductibles.

The Standard Voluntary Hospital Indemnity Insurance

BENEFITS PAID

Hospital Confinement	\$150/day (up to 15 days)
Hospital Admission	\$500/calendar year
Critical Care Unit Confinement	\$150/day in addition to (up to 15 days)
Critical Care Unit Admission	\$500/calendar year in addition to
Injuries, Illness Pregnancy	Included
Pre-Existing Conditions	Waived
Portability	Included

RATES (per month)

Employee	\$11.09
Employee & Spouse	\$18.99
Employee & Child(ren)	\$16.10
Employee & Family	\$28.35

Voluntary Supplemental Insurance

CRITICAL ILLNESS INSURANCE

Adjoin offers Voluntary Critical Illness insurance that you are able to purchase voluntarily, to supplement the other employer sponsored coverage offered. This plan provide payments to you for many types of critical illnesses, including cancer. Below is just a snapshot of some of the benefits payable to you. See HR or your benefit summary for more details on this coverage.

- Employee Benefit: \$10,000 or \$20,000
- Spouse/Domestic Partner: 50% of Employee Initial Benefit
- Dependent Child(ren): 50% of Employee Initial Benefit

The Standard

BENEFITS

	Initial Benefit	Benefit Upon Reoccurrence
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Invasive Cancer or Coma	100% of Benefit Amount	100% of Initial Benefit
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Alzheimer's/Parkinson's	100% of Benefit Amount	100% of Initial Benefit

RATES (per month)

Employee Age	\$10,000 Coverage		\$20,000 Coverage	
	Employee*	Employee Spouse	Employee*	Employee Spouse
<29	\$3.60	\$1.80	\$7.20	\$3.60
30-39	\$5.40	\$2.70	\$10.80	\$5.40
40-49	\$10.90	\$5.45	\$21.80	\$10.90
50-59	\$22.40	\$11.20	\$44.80	\$22.40
60-69	\$41.30	\$20.65	\$82.60	\$41.30
70+	\$105.80	\$52.90	\$211.60	\$105.80

* Children from live birth to age 26 are automatically covered at no additional cost.

Voluntary Supplemental Insurance

The Standard

VOLUNTARY LIFE AND AD&D INSURANCE

In addition to the basic life insurance plan, you are eligible to purchase additional amounts of group term life for yourself, your spouse, and your children.

The Standard Voluntary Life and AD&D Insurance		MONTHLY COST EMPLOYEE / SPOUSE		
BENEFITS		Employee Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
Employee Coverage	Up to 5x Salary – Max of \$500,000 in \$10,000 increments (\$100,000 guarantee issue)	0-24	\$0.034	\$0.041
		25-29	\$0.051	\$0.042
		30-34	\$0.076	\$0.053
		35-39	\$0.119	\$0.073
		40-44	\$0.178	\$0.110
		45-49	\$0.272	\$0.173
		50-54	\$0.398	\$0.257
		55-59	\$0.554	\$0.385
		60-64	\$0.690	\$0.540
		65-69	\$0.995	\$0.762
		70+	\$1.881	\$1.442
		AD&D Rate	\$0.028	\$0.031
		Child Rate per \$1,000		Life: \$0.055 AD&D: \$0.020
Spouse Coverage	Up to \$500,000 in \$5,000 increments (\$25,000 guarantee issue)			
Child Coverage	Up to \$10,000 in \$2,000 increments			
AD&D BENEFITS	Matches Life Benefits			
AGE REDUCTIONS				
At Age 65	Reduces to 65% of the Benefit			
At Age 70	Reduces to 50% of the Benefit			

Spouse rate is based upon employee's age.

Conditions

- Basic Life benefits plus additional Life benefits may not exceed 5 times annual earnings
- Evidence of Insurability must be completed to elect amounts above guaranteed issue
- Employee must be enrolled in order to elect coverage for spouse or children
- Amounts for AD&D coverage mirror amounts for Voluntary Life Insurance
- Spouse Life can't exceed 100% of employee's enrolled benefit for Additional Life



Employee Assistance Program (EAP)

Employee Assistance Program

Adjoin understands you and your family members might experience a variety of personal or work-related challenges and we have engaged The Standard's Employee Assistance Program to assist you. With your Employee Assistance Program and Work/Life Balance services, you can receive confidential assistance via phone or computer.

The Standard EAP

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

The Standard Work Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child Care
- Elder Care
- Financial services, debt management, credit support
- Identity theft
- Legal questions
- And more

Access to Assistance

Phone support:	1.888.293.6948
Online support:	workhealthlife.com/standard3
In-Person:	Up to three (3) visits per member of your household, per issue, per year, at no additional cost with a Licensed Professional Counselor.

Other Benefits

Pet insurance is available to you for your furry friends. In order to ensure your pocketbooks are protected in the event of a costly vet visit, Adjoin has 2 voluntary Pet Benefits packages to choose from. The Pet Benefits Solution plan and United Pet Plan are voluntary and 100% paid for by each employee.

PET PERKS – PET BENEFIT SOLUTIONS

The Total Pet Plan provides everything pets need for one low price! This pet care bundle includes everyday savings on veterinary care, pet products, and access to other pet care services. It also includes discounts of up to 40% on products and prescriptions, up to 25% discounts on veterinary care through a participating veterinarian, 24/7 pet telehealth, and lost pet recovery services.

If you are having trouble locating a network vet, you can nominate individual vets by calling Pet Benefits and asking them to recruit the vet of your choice.

Visit:

<https://www.petbenefits.com/land/adjoin>
for more information and to find a
network vet or pet pharmacy

Call : (800) 891-2565 for help with
benefits or finding a vet

Email: customer care@petbenefits.com
with any questions



RATES (per month)

One Pet:	\$11.75
2+ Pets:	\$18.50

PET PERKS – UNITED PET

United Pet works with a 1,500+ vet network; including mobile vet through BetterVet in greater cities, such as San Diego, to pre-negotiate rates for members. Savings are from 20-50%. Members show their UPC card to the vet and savings are instantly applied at checkout. Prescription discounts and 24/7 pet telehealth is included.



RATES (per month)

One Pet:	\$17.50
Additional Pets:	+\$16.50 (per pet)



Perks From Work

PERSONAL TIME OFF (PTO)

Adjoin maintains a PTO program that is designed in response to employees' needs for time off and allows eligible employees to receive their wages while off work. Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

Years of Service	PTO Days
Up to 1 year	10
1 to 5 years	12
5 to 7 years	14
7 to 10 years	16
10 to 15 years	18
15 to 20 years	20
20 years and over	25

PAID SICK TIME

Eligible employees are entitled to use up to a maximum of 40 hours of paid sick leave per calendar year. Employees may use this leave to obtain preventative care or diagnosis, care or treatment of an existing health condition of the employee, eligible family member, or designated person. Employees may also use this leave if they are victims of domestic violence, sexual assault, or stalking. Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

HOLIDAYS

Adjoin considers the following to be official holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day. Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

FLOATING TIME OFF

In consideration of our employees' work-life balance, Adjoin grants all regular Full-Time employees 16 floating hours off per year, and Part-Time employees 8 floating hours off per year. Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

OTHER BENEFITS

Please refer to our *Administrative Policy and Procedure Manual* for complete eligibility details.

Perks From Work

PICK YOUR PERK

Adjoin employees may be reimbursed annually up to \$100 for any combination of the following:

- Costco Membership
- AAA Membership
- Amazon Prime Membership

Both full-time and part-time employees employed for at least 60 days are eligible for this benefit.

You must submit as an expense reimbursement to receive this benefit. To get reimbursed, simply login to UKG and attach copies of your receipts or proof of membership.

403(b) Plan

Whether you're just a few years away from retirement or you're in the early planning stages for your future, Adjoin offers choices to help you live comfortably at your desired retirement age.

Administered by Empower Retirement, the 403(b) plan allows you to plan for your future by saving a portion of each paycheck today. Full and Part-Time employees are eligible on Day 1 and can sign up at any time. Once you enroll you may elect to have a percentage of your paycheck withheld and invested in your 403(b) account, subject to federal law and plan guidelines. For more information you can call Empower Retirement at 800.338.4015 or visit <http://participant.empower-retirement.com/participant/#/login>.

New hires will be auto enrolled into the 403(b) plan at a 3% contribution which will increase by 1% annually until it reaches 6%. Adjoin will match 50% of the eligible employee's deferral, not to exceed 8% of employee's gross wages. To enroll or adjust contribution amounts or waive enrollment entirely, please logon to Empower Retirement.

To enroll, log on to <http://participant.empower-retirement.com/participant/#/login>. You may enroll and make changes in this plan at any time.

Please keep the following information in mind when submitting any changes on the Empower website:

- Empower sends change notices to Adjoin 8 days prior to the next scheduled pay date
- The deadline for employees to submit changes on the Empower website (for the change to take effect on the next pay date) is on the 9th day before the next scheduled pay date by 10:59 PM Pacific Standard Time.

See example below:

Pay Date	403(b) Contribution	Employee Deadline
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01/25/2023	Contributions are reported to Adjoin on 1/17/23 (8 days before the scheduled pay date).	Employee deadline to make changes on Empower website is 1/16/23 by 10:59 PM PST
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Vesting Schedule*	
Year 1	20%
Year 2	40%
Year 3	60%
Year 4	80%
Year 5	100%

*Employees are 100% vested in their payroll contributions. Company match will start after 60 days of employment, the following chart outlines vesting schedule for the company match

There is a lot of support available if you need it! Below is the contact information you can use to get the answers you need about your benefits.

Contact Information				
COVERAGE	GROUP #	CARRIER	PHONE	WEBSITE
Limitless Pathway Medical Plan	VI112	Vitori Health	866.661.2553	my.vitorihealth.com
Telemedicine	ADJN1	Teladoc	800.835.2362	teladoc.com
No Cost Prescriptions	VRX0087	ElectRx	855.353.2879	Email: info@electrx.com
Infusion Services Partner	Adjoin	OptiMed	877.884.0998	www.optimedhp.com/patients-1
MediExcel HMO Medical Plan	A773	MediExcel	619.365.4346	www.mediexcel.com
Dental HMO & PPO	171200	The Standard	877.490.9991	www.standard.com
Vision VSP Choice PPO	171200	The Standard	877.490.9991	www.standard.com
Life, Vol. Life and AD&D	171200	The Standard	800.348.3226	www.standard.com
Voluntary Long Term Disability	171200	The Standard	800.348.3226	www.standard.com
Voluntary Supplemental	171200	The Standard	800.348.3226	www.standard.com
Employee Assistance Program (EAP)	171200	The Standard	888.293.6948	workhealthlife.com/standard3
Flexible Spending Accounts	IGOCOMMUN	iGOE	800.633.8818	www.goigoe.com
Pet Benefit Solutions	5529	Pet Benefit Solutions	800.891.2565	petbenefits.com/land/adjoin
United Pet Care	Adjoin	United Pet Care	877.872.8800	unitedpetcare.com
Retirement 403b		Empower	800.338.4015	participant.empower-retirement.com/participant/#/login
Adjoin Human Resources			858.292.2033	human.resources@adjoin.org
Benefits Advocacy Team (BAT)		Solv	833.476.5848	BAT@solvins.com



BENEFIT ADVOCACY TEAM (BAT)

Need assistance with resolving a benefits related issue?

Have questions regarding what is covered or where to be seen?

Contact the Benefit Advocacy Team and get the one-on-one support you need.

Call Toll Free | 833.4.SolvIt (833.476.5848)

Text | 833.476.5848

Chat Online | www.solvins.com

Email | BAT@solvins.com

MEDICAL

Claims, Order ID Cards,
Find a Provider

VISION

Find Doctors,
Questions About
Coverage

PHARMACY

Learn More About
Benefits, Resolve
Issues

DENTAL

Resolve Claims
Disputes, Find
Providers

Monday – Friday, 8:00am – 5:30pm PST

License Number:
OK72752



W SOLVINS.COM

P 833.4.SOLVIT