



2025 - 2026 Benefits Guide

AN OVERVIEW OF THE BENEFITS PROVIDED BY
HAWTHORN ACADEMY
TO HELP YOU ENJOY INCREASED WELL-BEING AND
FINANCIAL SECURITY



*** IMPORTANT ***

It is your responsibility as a benefits eligible employee to participate in the Open Enrollment process, or to complete your initial enrollment as a new member of our organization, even if you are not planning to enroll in any benefits. You must actively log into the Employee Navigator portal and elect or waive each benefit option within the allowed time frame. **If you fail to complete the requirements of these enrollment events, you forfeit your opportunity and eligibility for group benefits until the next open enrollment event and effective date – no exceptions!** If you experience a qualified life event during the plan year, it is your responsibility to notify the HR Team within 30-days to make changes to your coverages.

If you do not understand this process, or need help with your elections, please reach out to the HR Team immediately. Do not miss out on this important component of your compensation package and the financial protection it affords you and, if applicable, your eligible family members.

Update On Health Care Reform



Effective January 1, 2019, the Tax Cuts and Jobs Act (TCJA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment.” We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual policy on the open market (the “marketplace”).

This guide provides highlights of our benefits program. A complete description of your benefit plans can be found in the plan documents, Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. We reserve the right to terminate or amend these employer-sponsored plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, covered spouses, beneficiaries, and dependents.

Benefits for 2025 - 2026

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Contacts Information

Category	Name	Website / Email	Phone Number
HR Contact	Kim Oliver	koliver@hawthornacademy.org	(801) 282-0066
Spherica Employee Benefits Escalated/Confidential Concerns	Rosa Judd	rosa.judd@sphericasolutions.com	(801) 752-0088
Medical Dental / Vision	Meritain Health	www.meritain.com	(800) 343-3140
Life / Disability Voluntary Benefits	Principal	www.principle.com	(800) 247-4695
Health Management	Own My Health	www.ownmyhealth.life	(801) 505-0507
HSA Banking	HealthEquity	www.healthequity.com	(866) 346-5800
Enhanced Life Insurance	AFR Life	www.afrlife.com	(800) 425-9303

Important: Please reach out to HR for assistance if you have difficulties contacting any vendor.



Benefits for 2025 - 2026

Introduction

The goal of our Employee Benefits program is to significantly improve the quality of life for our employees and their families – and this means you!

As a member of the Hawthorn Team, we count on you to make a positive impact and valuable contribution to our success. The health, satisfaction, and financial security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

We have worked hard to provide exceptional benefits and programs to help you, and your family members, enjoy excellent health, financial security when life's challenges happen, and the peace of mind that comes from this protection.

Our medical plans at Hawthorn are partially self-funded. Together, we share in the predictable and manageable healthcare expenses for the employees and families that make up the Hawthorn Team. The company shoulders most of these costs; our employees contribute smaller premiums to help fund the success of the program. In addition, we have insurance for the high-cost medical expenses of serious illnesses and injuries.

Being self-funded, we have a lot of control over the expenses our plan incurs. Each of us must do our part to be wise consumers of healthcare. We want to make sure you're getting the most out of your employee benefits – that is why we have assembled this Benefits Guide – to assist each of us with the daily decisions that will help us thrive, not just survive.

If you need assistance with any aspect of your benefits, please reach out to HR. We want to hear from you, and we are here to help!

Enrollment

Process



Benefits for 2025 - 2026

Make the most of Open Enrollment

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

1. **Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
2. **Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
3. **Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who Is Eligible?

If you are a full-time employee working 30 or more hours per week (130 hours per month), you are eligible for benefits. Coverage will begin on the first day of the month following 57 days of qualified employment.

You can also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or eligible/qualified domestic partner
- Your natural, adopted, or stepchild(ren) to age 26

How We Define Medical Benefits Eligibility

We are a large employer according to the Employer Shared Responsibility provisions of the Affordable Care Act (ACA). The enrollment guidelines listed in this publication may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact us for our complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

Benefits for 2025 - 2026

Elect the options that meet your needs

When Do I Enroll?

You can enroll for coverage as a new hire, or during the annual open enrollment period.

Making Changes During the Plan Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- Change of your legal marital status
- Change in number of dependents
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to enter your life event on Employee Navigator within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

You are allowed to make changes to your Health Savings Account (HSA) contributions during the plan year by notifying HR. Changes will be effective the first payroll of the following month.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 30 hours per week
- Your employment with Hawthorn ends

Life and disability coverage ends the date employment ends.

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible

Benefits for 2025 - 2026

Using the Employee Navigator Enrollment Platform

Every benefit eligible employee is required to participate in the Open Enrollment process, even if you are not planning to enroll in any benefits.

Hawthorn Academy
Secure enrollment platform:



Information Needed When Adding Dependents & Beneficiaries

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address
(if separate from yours)



Step 1: Getting Started

- You will receive an email with the link to Employee Navigator.
- Or type <https://employeenavigator.com> in the address bar of your web browser.
- Username – If you have misplaced your credentials, reach out to HR.
- Reset Password – Employees can reset passwords on the login screen.
- Click “New User Registration” (first time user)
- Create Your Account:
 - ✓ First Name
 - ✓ Last Name
 - ✓ Company Identifier: **HawthornAcademy**
 - ✓ Last 4 Digits of SSN
 - ✓ Birth Date
- On the home screen (once logged in) look for “Start Enrollment.”

Benefits for 2025 - 2026

Enrollment Platform (continued)

Step 2: Verify Your Personal and Dependent Information

- Personal Information – Validate all information is accurate.
- Dependent Information:
 - ✓ To update information, click “Edit”, upon completion click “Save”.
 - ✓ Select “Add Dependent” if you currently do not see them listed.
- Once all your dependents have been added/updated, click “Save & Continue”.
- Please Note: If your company offers supplemental life insurance you need to add your spouse and/or children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

- Complete all benefits through each step of the enrollment process (enroll or waive).
- Click “Save & Continue” at the end of each benefit screen.

Step 4: Confirm Your Elections

- Upon completion, please verify everything in the “Enrollment Summary Screen”.
- Select “Click To Sign” to complete your open enrollment elections.

Medical --- Information



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Medical Insurance Terms



Key Terms to Remember

Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each year before the plan pays 100 percent of covered expenses for the rest of the plan year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays and coinsurance.

Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. **Copays** are a fixed dollar amount and are usually due at the time you receive care. **Coinsurance** is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the provider. Copays and Coinsurance can vary between plans.

Plan Types

PPO – A network of doctors, hospitals, and other health care professionals that provide services at contracted pricing.

Copay – A plan that provides pre-deductible copays for doctor visits and Rx prescriptions.

QHDHP – A plan that rewards employee engagement with lower premiums, plus the financial benefits of a Health Savings Account (HSA).



Benefits for 2025 - 2026

Preventive Care

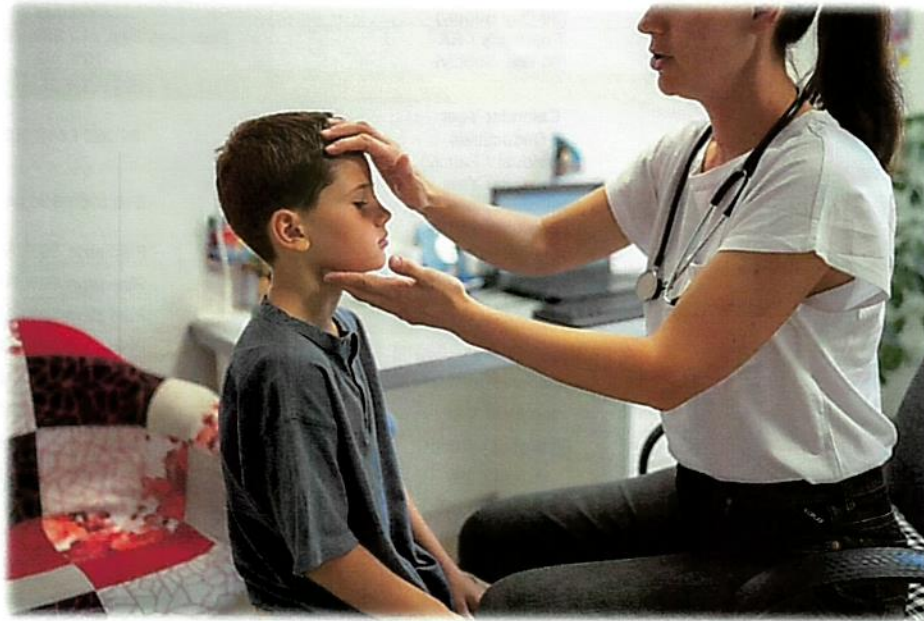


Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms, and immunizations. Through the plans offered by **Hawthorn Academy**, all covered individuals and family members are eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The U.S. Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e., Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- › Routine Physical Exam
- › Well Baby and Child Care
- › Well Woman Visits
- › Immunizations
- › Routine Bone Density Test
- › Routine Breast Exam
- › Routine Gynecological Exam
- › Screening for Gestational Diabetes
- › Obesity Screening and Counseling
- › Routine Digital Rectal Exam
- › Routine Colonoscopy
- › Routine Colorectal Cancer Screening
- › Routine Prostate Test
- › Routine Lab Procedures
- › Routine Mammograms
- › Routine Pap Smear
- › Smoking Cessation
- › Health Education/Counseling Services
- › Health Counseling for STDs and HIV
- › Testing for HPV and HIV
- › Screening and Counseling for Domestic Violence



“An ounce of prevention is worth a pound of cure”

Benefits for 2025 - 2026



Medical Plan Options

Summary of Coverages

Plan Features	Meritain 3400/6800 QHDHP Embedded HSA	Meritain 3500/7000 COPAY Embedded PPO
IN NETWORK		
Calendar Year Deductibles (Individual / Family)	\$3,400 / \$6,800	\$3,500 / \$7,000
Calendar Year Out-of-Pocket Max (Individual / Family)	\$5,000 / \$8,000	\$6,000 / \$12,000
Preventive Care	Plan pays 100%	Plan pays 100%
Primary Care Visit	Plan pays 90% AD	\$30 Copay
Specialist Visit	Plan pays 90% AD	\$60 Copay
X-Rays / Complex Imaging	Plan pays 90% AD	Plan pays 80% AD
Outpatient Procedure	Plan pays 90% AD	Plan pays 80% AD
Inpatient Visit	Plan pays 90% AD	Plan pays 80% AD
Emergency Room	Plan pays 90% AD	\$200 copay then plan pays 90% Ded waived
Urgent Care	Plan pays 90% AD	\$75 Copay
Pharmacy / RX (30 Day Supply)	Plan pays 90% AD/ 80% AD/ 70% AD/ 70% AD	\$15 / \$40 / \$60 / 20% to max \$200
Pharmacy / RX (90 Day Supply)	Plan pays 90% AD/ 80% AD/ 70% AD/ 70% AD	\$30 / \$100 / \$150 / 30 day only
OUT OF NETWORK ~		
Calendar Year Deductibles (Individual / Family)	\$9,000 / \$12,000	\$6,000 / \$12,000
Calendar Year Out-of-Pocket Max (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$30,000
Preventive Care	Plan pays 50% AD	Plan pays 50% AD
Primary Care Visit	Plan pays 50% AD	Plan pays 50% AD
Specialist Visit	Plan pays 50% AD	Plan pays 50% AD
X-Rays/ Complex Imaging	Plan pays 50% AD	Plan pays 50% AD
Outpatient Procedure	Plan pays 50% AD	Plan pays 50% AD
Inpatient Visit	Plan pays 50% AD	Plan pays 50% AD
Emergency Room	Same as in network	Same as in network
Urgent Care	Plan pays 50% AD	Plan pays 50% AD
Pharmacy / RX (30 Day Supply)	Not Covered	Not Covered
Pharmacy / RX (90 Day Supply)	Not Covered	Not Covered

IMPORTANT:

- Non-Embedded: When two or more people are enrolled, only the family deductible applies.
- Embedded: When two or more people are enrolled, no single person in a family will pay more than the single deductible or out-of-pocket maximum.

~ Note: Member may be balance billed and responsible for charges over the allowed amount.



Find Care[®] Online Directory

Aetna Choice[®] Point of Service (POS) II

It's easy to find doctors and hospitals in your network

When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II network. It's easy when you use the Find Care online directory from Aetna[®]. *With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

Find Aetna providers online in just a few quick steps

You can use the directory anywhere you have internet access. Just:

- 1** Visit <https://www.aetna.com/dsepublic/#/mymeritain>.
- 2** Key in the ZIP code, city, county or state of the desired geographical area in the *Enter location here* field. Click *Search*.
- 3** Key in *Aetna Choice POS II (Open Access)* under *Select a Plan*. **Or** you can select *Aetna Choice POS II (Open Access)* from the list of plans. Click *Continue*.
- 4** There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow, choose and click on one of the categories under *Find what you need by category*. **Or see step five.**
- 5** Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. *What do you want to search for near* (will display your chosen location).
- 6** Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.
- 7** Narrow your search results by using the *Filter & Sort* option. Choices include *Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations* and *Provider Type*.

Meritain Health[®]

an  aetna company

Why choose a primary care physician (PCP)?

Meritain Health® does not require you to choose a PCP, but we encourage you to choose one. Your PCP knows your health care needs, so they can help manage your health and coordinate your care. To find and choose a PCP, use the *Find Care* tool on your member website.



Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 AM–9:00 PM ET, Monday through Friday.





*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates.

Providers are independent contractors and are not agents of Aetna or Meritain Health. Provider participation may change without notice. Neither Aetna nor Meritain Health provides care or guarantees access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Simple. Transparent. Versatile.

At Meritain Health®, we're creating unrivaled connections.

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Find an in-network Aetna Whole HealthSM Provider

Say hello to better health at a lower cost

Welcome to a plan that saves you money—just for staying in network. Knowing which Aetna Whole Health network you're in can help you save money and get more coordinated care. Look for the name of the Aetna Whole HealthSM network on your ID card.

We encourage providers that are part of the Aetna Whole Health network to meet certain clinical performance and efficiency measures. This can help your doctor better coordinate and communicate with you—helping you to stay healthy.

Finding an in-network provider is easy

To find an in-network provider, simply:

- Log on to www.meritain.com and click on the *Find Care* icon in the middle of the page. Then, simply follow the instructions to search for your doctor or hospital. This service is available 24 hours a day, seven days a week.
- Call Meritain Health Customer Service at the number located on the back of your ID card.
- When talking with a provider or setting an appointment, be sure to ask if they are in your provider network. Even if you've seen the provider in the past, it's a good idea to check they are still in your provider network when you make an appointment.

What to expect during your visit

When you visit an in-network provider:

- Give them your provider network information—in most cases, the provider will make a copy of both sides of your ID card for your file.
- Don't worry about claim forms or other paperwork—the provider has these taken care of!



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What to expect if your provider is not in-network

If you visit an out-of-network provider:

- You'll need to cover the cost of the visit at that time and then file a claim to Meritain Health for reimbursement. You'll be reimbursed according to your out-of-network benefits for the usual and customary charge of the services you received.
- If your provider's fee exceeds the usual and customary charge, you'll be responsible for the difference.
- Emergency room services provided out-of-network are covered as in-network.



Meritain Health wants you to receive the best possible care and we encourage you to explore the advantages of your network of providers. When you do, you maximize the potential of your benefits.

Additional questions? Just call Meritain Health Customer Service at the number located on your ID card.



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Meritain Health® Member Portal

A fresh new connection to your benefits plan

Did you know you can find a variety of health care tools and resources at www.meritain.com?

Your member website gives you 24-hour access to a number of tools and resources that can help you manage your health benefits.

At meritain.com you can:

- Check your eligibility and benefits.
- Find the status of claims.
- View your Explanations of Benefits (EOBs).
- Review your benefit plan document.
- View deductibles and out-of-pocket limits.
- Access your ID card.

Access is as easy as 1-2-3

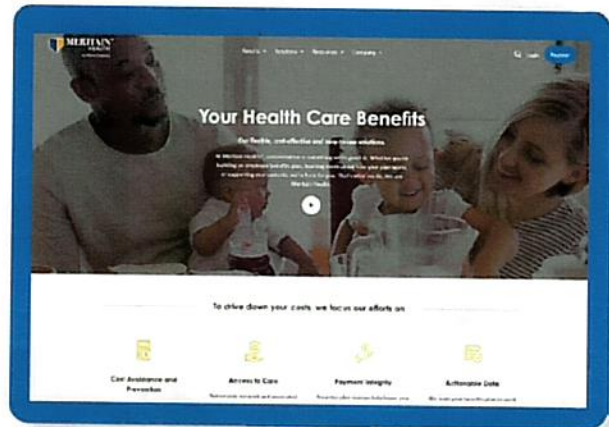
If you have an account, simply log in. If you're a new user, you'll need to register with these simple steps. When you're registering, you'll need your member ID and group ID from your ID card. (If you're new to the plan, you'll receive your ID card in the mail soon.)

Step 1

Go to www.meritain.com and click *Register*.

Step 2

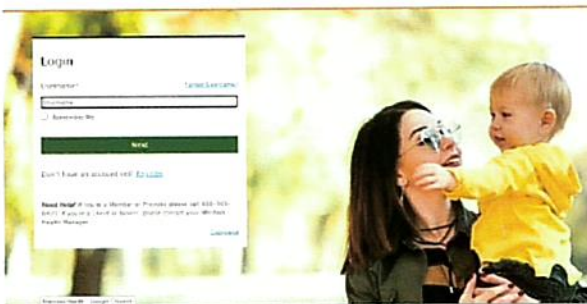
Select *Member* under *I am a* and enter your group ID. Then, click *Continue*.



Step 3

You'll need to enter the following information, then select *Submit*:

- Member ID (located on your member ID card)
- Group ID (located on your member ID card)
- First name (employee, spouse or adult dependent)
- Last name (employee, spouse or adult dependent)
- ZIP code
- Email (personal address)
- Date of birth (mm/dd/yyyy)

Then, you will create a username and password. After you confirm your email address—you're done!

You can now log in to your account with your new username and password.

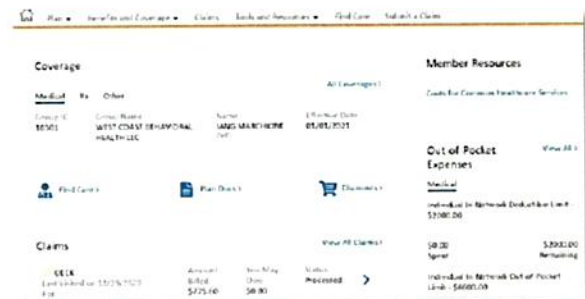
What you'll find at www.meritain.com

Simply click the name of each function in the top banner of the page to access the following options.

Click *Home* to return to the welcome page.

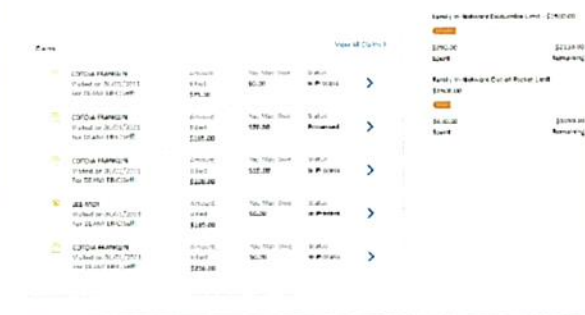
Health care plan overview

You can view deductibles and out-of-pocket maximums on the main page when you log in to your member account.



Claim information

Just click *Claims* to view your claim information. The *Apply* button lets you view all claims. Claims with statuses of *In Process*, *Processed* or *Awaiting Review* will be displayed. You can view and print the Explanation of Benefits (EOBs) by clicking for the claim details under the claim number.



Other features

Just click on the feature below to access your information.

- **Account Settings**

You can change your password or store your email address by going to the drop-down arrow located next to the person icon and *Welcome* in the upper right-hand corner of your page. From there, click *Account Settings* and update the information as needed.

- **Communication Preferences**

You now have flexibility in how you receive information. You can use one email address for portal changes, such as username recovery and password changes or security settings in your member portal. You can also use a second email address (if preferred) for receiving electronic communications on your plan activity.

You can click *Home* at any time to return to the welcome page.

Need help registering? Give us at the number on the back of your ID card.



Important information about the member portal

Spouses and dependents

Per the HIPAA Privacy Regulations, spouses and dependents over age 18 have partially protected health care information. To access their information, they'll need to register for their account using the previous steps. You can view financial information for all dependents, regardless of age.

Returning user login

When returning to the website after your account has been created, just enter your established username and password in the login box.

Incorrect login

You can click *Home* to return to the home page and try again if you receive an incorrect login message.

Website support

If you need help with the login process or forgot your username or password, we're here to help. You can contact customer service at the number on the back of your ID card.

If you need help navigating www.meritain.com or registering your account, simply call us at the number on the back of your ID card.



About your ID card

Your member ID card is easy to read, and easy to use

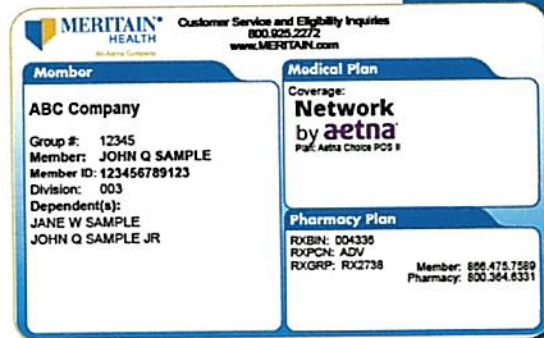
Your card contains important information, including:

- The phone number for Meritain Health® Customer Service and your member website: meritain.com.
- The phone number you or your health care provider will use to precertify benefits for certain services, such as inpatient hospital care.
- Claims information for health care providers and pharmacies. For verification of eligibility and benefit information.

You should always carry your ID card with you. Simply show it to your health care providers when you receive services, and to your pharmacy each time you have a prescription filled. Just ask the office staff to make a copy of the front and back of your card for their records.

About your ID card

- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.



Sample ID card





How to Read Your Member Statement

Member Statements replace Explanation of Benefits (EOBs) with user-friendly, easy-to-understand wording. The layout is similar to a bank statement—something that is recognizable and simple to quickly review.

Your Member Statements will be mailed the second week of each month. At a glance, you will see all claims processed in the previous month. EOBs are always available online and will continue to be sent only in cases of coverage denials. These EOBs will contain instructions for filing appeals.

Member Statement information:

1. Statement period and health tips

2. Health Statement Summary

- **Summary of Claims Paid:** This includes your claims paid during the previous month broken down by Health Coverage and Patient Responsibility.
- **Plan Year Deductibles:** Are broken down into in-network and out-of-network amounts. Any deductibles for dependents will be displayed individually. The amounts listed show your deductible balance(s) at the beginning of the plan year and your deductible amount(s) remaining for the year.

Sample Statement

MERITAIN HEALTH
P.O. Box 27207
Minneapolis, MN 55427

THIS IS NOT A BILL

Statement Period: 12/01/2014 - 12/31/2014
Print Date: 01/15/2015

Customer Service Information
For an Explanation of Benefits, specific information regarding your benefit plan coverage, and additional health and cost savings information, login to www.meritain.com or contact Customer Service at the phone number on the back of your Member ID card.

Did You Know?
Boost your health with winter vegetables. Try winter squash, full of vitamins A and C. Add kale or cabbage to salads or soups. Artichokes make a tasty side dish to most meals.

Health Statement Summary

Summary of Claims Paid	Plan Year Deductibles	In-Network	Out-of-Network
1/15/2014 - 12/31/2014	12/01/2014 - 12/31/2014	\$300.00	\$600.00
Post by Month Coverage	Beginning	\$2.00	\$10.00
Patient Responsibility	12/01/2014 - 12/31/2014	\$100.00	\$500.00
	Beginning	\$2.00	\$10.00

Monthly Claims Detail

Phone Name	Claim Number	Date of Service	Provider Name	Service Type	Billed Amount	Covered Amount	Amount to Deductible	Paid by Health Coverage	Patient Responsibility
JOHN A	6163868	10/28/2014	SHARPE RADIOL DIAG LLC	Medical	\$307.00	\$114.11	\$0.00	\$192.89	\$14.67
JOHN A	6166888	10/25/2014	MT SQUIP & PEDIATRIC	Medical	\$177.00	\$41.85	\$0.00	\$135.15	\$0.00
JOHN A	6167777	11/22/2014	BROGAN MD	Medical	\$104.00	\$112.21	\$0.00	\$191.99	\$14.73
JOHN A	6168888	11/04/2014	J2C	Medical	\$10.00	\$40.00	\$0.00	\$30.00	\$20.00
JOHN A	6274888	10/28/2014	AMT TOWN PARTNERS	Medical	\$178.44	\$142.75	\$0.00	\$142.75	\$4.69

You Should Know

The following language is required by law and is for informational purposes only. This language is intended to assist those plan participants who do not speak English as their predominant language.

DISCLAIMER (Required): This document contains an overview of your benefits program as outlined in the contract and is intended to assist you in understanding your benefits program. It is not intended to constitute an offer of insurance or any other financial product. For more information, please contact your broker or the plan administrator. This document is not intended to constitute an offer of insurance or any other financial product.

3. Monthly Claim Detail

The monthly claim detail shows how your claims were processed during the statement period. The details include:

- A. The patient's name, claim number, date the service was provided and the name of the provider.
- B. The type of service provided (such as *Medical*, *Rx* or *Protected*). If the type of service and provider say *Protected*, this means that the patient is a dependent 18 years or older. In such cases, government regulations state that the information may not be shown in order to protect the dependent patient's privacy. Dental and prescription claims will appear on the member statement if paid under the medical plan.
- C. The amount billed for the service provided
- D. The amount covered under your plan. If there is an asterisk (*) in front of the amount, this means the claim was from an out-of-network provider. Generally, you may increase your benefit amount by using in-network providers.
- E. The amount applied to your annual deductible.
- F. The amount paid by your plan. This amount equals the (D) covered amount, minus (E) the amount applied to your deductible, minus any applicable copay and coinsurance.
- G. The amount of patient responsibility. This amount does not reflect any copay or other payments made at the time of service. You shouldn't make payment to your provider based on the amounts shown on the member statement. Instead, wait for the provider to send you a bill for the remaining balance.



We are Meritain Health®

As Advocates for Healthier Living, we provide easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.



How to Access Your Mobile App

iPhone®

1

Once you log in to your member portal through www.meritain.com, click the icon at the bottom of the page (see arrow).



4

Your Meritain Health® app logo will then be installed and added to your home screen.



2

Then, scroll through the menu options and select *Add to Home Screen*.



5

Then, you'll be able to log in through the app instead of going through the web page.



3

Click *Add* in the upper right-hand corner.



We are Meritain Health

As Advocates for Healthier Living, we provide easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.



KIS Card is Vālenz[®] Health

Imaging & Surgery Simplified: Simply call (877) 438-5479

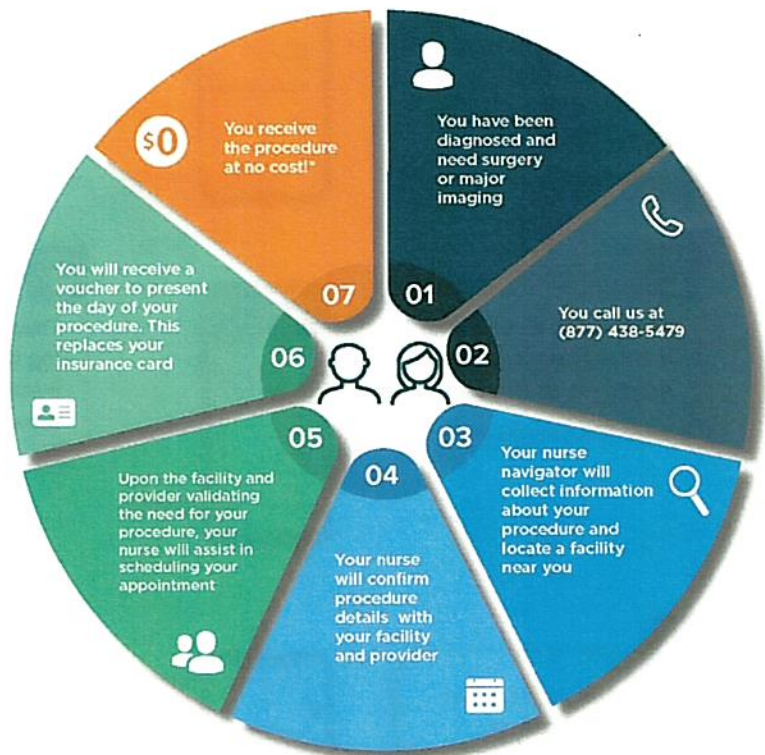
Get common imaging and surgical procedures at no cost* with our benefits. Take advantage today!

Before seeking in-network providers through your health plan, call us! By choosing one of our providers, you will always pay \$0*.

Common Procedures:

- Ankle & Foot
- Arthroscopy
- Colonoscopy
- ENT
- Elbow
- Gastroenterology
- General Surgery
- Hernia Repair
- Hip
- Imaging
- Knee
- Shoulder
- Spine
- Urology
- Wrist & Hand
- And More

*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.



getkix.com

062624

KIS Card is Vālenz[®] Health **FAQs**

What Do Your Imaging and Surgery Benefits Offer?

Vālenz[®] Health offers affordable imaging and surgery benefits. Our cost containment solution saves **30-80% under average insurance pricing**. We handle more than **430 elective surgeries, colonoscopies and all major imaging**. As an added advantage, our care options are within **60 miles** of your home.

How Does It Work?

Our imaging and surgery benefits are implemented alongside your current self-funded health plan and employees call our navigators for any elective procedure prior to scheduling. This benefit is classified as an Out-of-Network benefit that has no cost to you.

How Much Does It Cost?

It is **NO COST to you** as your employer provides your imaging and surgical benefits as part of your medical plan.

How Far Will Employees Travel to a Provider?

We believe in a near care model that is designed to give you care options within 60 miles of your home. You have access to more than **1,600 surgical centers and 2,600 imaging centers nationally across 46 states**.

How Does This Work Alongside My Health Plan?

Our program is set-up as a **stand beside solution to your current health plan**. We add a plan amendment to your current SPD that classifies our benefits as **Out-of-Network benefits that have no cost to you**.

How Does This Work With an HSA or HDHP?

There is a special work around that occurs with an Health Savings Account or High Deductible Health Plan that allows your employer to extend imaging and surgical costs at no cost to employees.

- You may be asked to pay a portion of the procedure cost.
- Your employer would then reimburse you for that amount.

How Do Employees Utilize the Program?

Simply call our navigator at **(877) 438-5479** to find out more about your procedure and how the program works. We will assist you in finding the right facility nearby.

To qualify for these imaging and surgical benefits, you must schedule through our care navigator.

Call, schedule, save – for smarter, better, faster healthcare!
(877) 438-5479

032924-P



valenzhealth.com

KISxCard is Vālenz[®] Health

KISxCard
Keep It Simple Surgery

If you believe you need any procedure,
call us first!

(877) 438-5479

Talk to a Vālenz KISx Nurse
About a Procedure:
Call - (877) 438-5479
Email - kisx@valenzhealth.com

Providers To Verify Benefits:
Patient Is **NOT** to Provide
Insurance Information
for procedure.

Send Claims to kisx@valenzhealth.com

Imaging & Surgery Simplified

Your procedure will be free* by scheduling with Valenz.



(877) 438-5479



SCHEDULE



SAVE

Our program directly rewards YOU for taking action!

Covers over 400 different procedures

- ✓ Orthopedic Surgery
- ✓ General Surgery
- ✓ Colonoscopies
- ✓ MRIs, CT Scans



Just call, text, or email your personal nurse concierge who is waiting to schedule your procedure today!



getkisx.com

*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.



What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.

Day One Help



The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.

Personalized Care



Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.

National Resources



New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples would be Clinical Trials or proven new treatments that have not yet been written and given to community oncologists.

Expert Medical Team



During your Initial registration call, our highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of Doctors, Nurses, and Medical Experts is dedicated to being with you throughout your treatment journey.

+1 877 640 9610

cancermanagement@cancercareprogram.com

cancercareprogram.com



Frequently Asked Questions

How do I use the Program?

To gain access to our services, register online at CancerCAREprogram.com, or call us at 1-877-640-9610. **Once you are registered in our system, a nurse will be assigned to your case and they will help you for the rest of your cancer journey.**

Do I have to pay for CancerCARE?

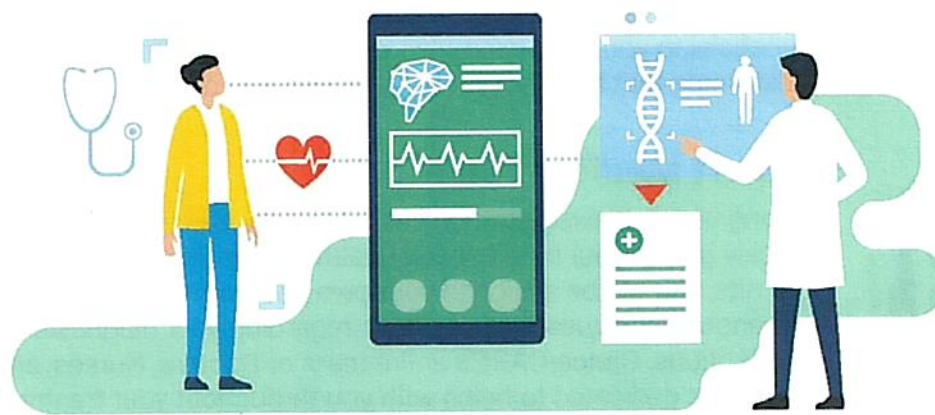
The CancerCARE Program is an additional service included in the health plan offered by your company. **Registration and program features are covered by your health plan. Contact your HR representative for more information.**

What if I am already being treated for cancer?

You can join CancerCARE at any point during your treatment. Once registered, we are able to collaborate with your local oncologist and give them access to resources they may not have at their facility. We will also review your treatment plan to ensure everything is evidence-based quality care.

I don't have cancer, do I still need to register?

Registration is only required if you have been diagnosed with cancer. If you had cancer in the past and are now cancer-free, you can still register as a survivor and we will help you deal with any long-term issues and concerns. **Covered dependents can also register for CancerCARE.**



+1 877 640 9610

cancermanagement@cancercareprogram.com

cancercareprogram.com

Health Savings Account (HSA)

HealthEquity®

Benefits for 2025 - 2026

HealthEquity®

Health Savings Account (HSA)

Hawthorn will continue sponsoring a Health Savings Account (HSA) for employees that enroll in a qualified high-deductible health plan (QHDHP). This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to provide savings for your eligible out-of-pocket health, dental, and vision expenses – those you and your tax dependents may have now, in the future, and during your retirement. Best of all, you decide how and when to use your HSA dollars.

This is a “portable” account. You own your HSA. It’s included in your employee benefits package, but after you set up your account, it’s yours to keep, even if you change jobs or retire.

Why is it a good idea to have an HSA?

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees.

You save money on taxes in three ways:

- Tax-free deposits – The money you contribute to your HSA isn’t taxed (up to the IRS annual limit).
- Tax-free earnings – Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals – The money used toward eligible health care expenses isn’t taxed – now or in the future.
- Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save \$30 on every \$100 spent on eligible medical, dental, and vision expenses.

HSA funds roll over from year to year and accumulate in your account. There is no “use-it-or-lose-it” rule with HSAs.

2025 Federal Annual HSA Contribution Limits:
Employees enrolled as Employee ONLY – \$4,300
Employees enrolled with 1 or more family members – \$8,550

2026 Federal Annual HSA Contribution Limits:
Employees enrolled as Employee ONLY – \$4,400
Employees enrolled with 1 or more family members – \$8,750

Employees 55 & older may contribute an additional \$1,000 per year as a catch-up contribution
Members with any form of Medicare cannot contribute to an HSA.

Refer to your HSA documentation for more information.



Benefits for 2025 - 2026

Value of Pre-Tax Benefits

Health Savings Account (HSA) and Section 125 Tax Savings

Hawthorn Academy provides access to tax savings vehicles for employees and their families. If you elect a Qualified High Deductible Health Plan (QHDHP), you can enjoy HSA contributions from Hawthorn Academy and set money aside yourself for future medical, dental, vision, and other expenses to be handled in a tax advantaged manner. This also allows you to reduce your total taxable income by your portion of group insurance premiums and the costs you incur for services. In effect, this is just like getting a raise – your withholding taxes are reduced, and your take-home pay increases! See from the example below what you can save just on your premiums during the plan year:

Example: Employee earning \$80,000 annually, paying \$1,215/month for benefits

	Without Pre-Tax Benefits	With Pre-Tax Benefits
Gross Pay	\$80,000	\$80,000
Insurance Deductions/Payments	\$0	\$14,580
Taxable Income	\$80,000	\$65,420
Taxes at 22%	\$17,600	\$14,392
After-Tax Income	\$62,400	\$51,028
After-Tax Payment for Benefits	\$14,580	\$0
Take-home Pay	\$47,820	\$51,028
INCREASE IN TAKE-HOME PAY		\$3,208



Dental

Vision



Benefits for 2025 - 2026

Dental Coverage



Summary of Coverage

Plan Features	Low Plan 100/80/50 In Network Only	High Plan 100/80/50 In 100/80/50 Out
IN NETWORK		
Annual Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Calendar Year Maximum Benefit	\$1,000	\$2,000
Preventive Care	Plan pays 100%	Plan pays 100%
Basic Procedures (Extractions, fillings, etc.)	Plan pays 80% AD	Plan pays 80% AD
Major Procedures (Crowns, dentures, etc.)	Plan pays 50% AD	Plan pays 50% AD
Child Orthodontia	N/A	50% to \$2,000 LTM
OUT OF NETWORK – Usual and customary		
Annual Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Calendar Year Maximum Benefit	\$1,000	\$1,000
Preventive Care	Plan pays 100%	Plan pays 100%
Basic Procedures (Extractions, fillings, etc.)	Plan pays 70% AD	Plan pays 70% AD
Major Procedures (Crowns, dentures, etc.)	Plan pays 40% AD	Plan pays 40% AD
Child Orthodontia	N/A	50% to \$2,000 LTM





Find a Dentist with the Online Directory

It's easy to find dental providers in your network

When you and your family seek dental care, you have access to a broad dental provider network. When you visit providers in the Meritain Health® PPO w/PPOII dental network, you'll receive services at negotiated rates, helping you to save on the cost of dental services. Searching for dentists is easy when you use the online DocFind directory. With up-to-date listings, you can search for providers by name, specialty, gender and more.

Find providers online in a few quick steps

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit <http://www.aetna.com/docfind/custom/mymeritain/>.
2. Choose *Dentists (Primary Care)*, *Dental Specialists* or *All Dental Professionals* and the desired geographical area under *Where?*. Click *Search*.

3. Choose *Meritain Health PPO w/PPOII Dental Network* under *Select a Plan*.
4. Choose your provider from the list displayed on the results screen. You can learn more about each by clicking on the provider's name.
5. Narrow your search results by using the filters under *Narrow Your Results*. Choices include *Group Affiliations*, *Languages*, *Gender* and *Specialty*.
6. For more search tips, you can click on *Search Tips and FAQs* on the home screen.



If you have questions while searching for a dentist, simply click on the *Contact DocFind link*. It's at the top of any DocFind page. You'll be able to send a quick comment or question.

Meritain Health®
an  **aetna** company

Why is dental health important?

Regular dental care can give you more than a bright smile. Poor oral health is linked to heart disease, stroke, diabetes, premature birth, osteoporosis and Alzheimer's disease. By using your dental benefits, you can lower your risk for many of these health conditions.



If you have any questions, just call Meritain Health using the phone number on your member ID card.





Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 AM–9:00 PM ET, Monday through Friday.

Simple. Transparent. Versatile.

At Meritain Health®, we're creating unrivaled connections.

Follow us:  @meritainhealth |  Meritain Health

www.meritain.com | © 2025–2026 Meritain Health, Inc.

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Benefits for 2025 - 2026

Vision Coverage

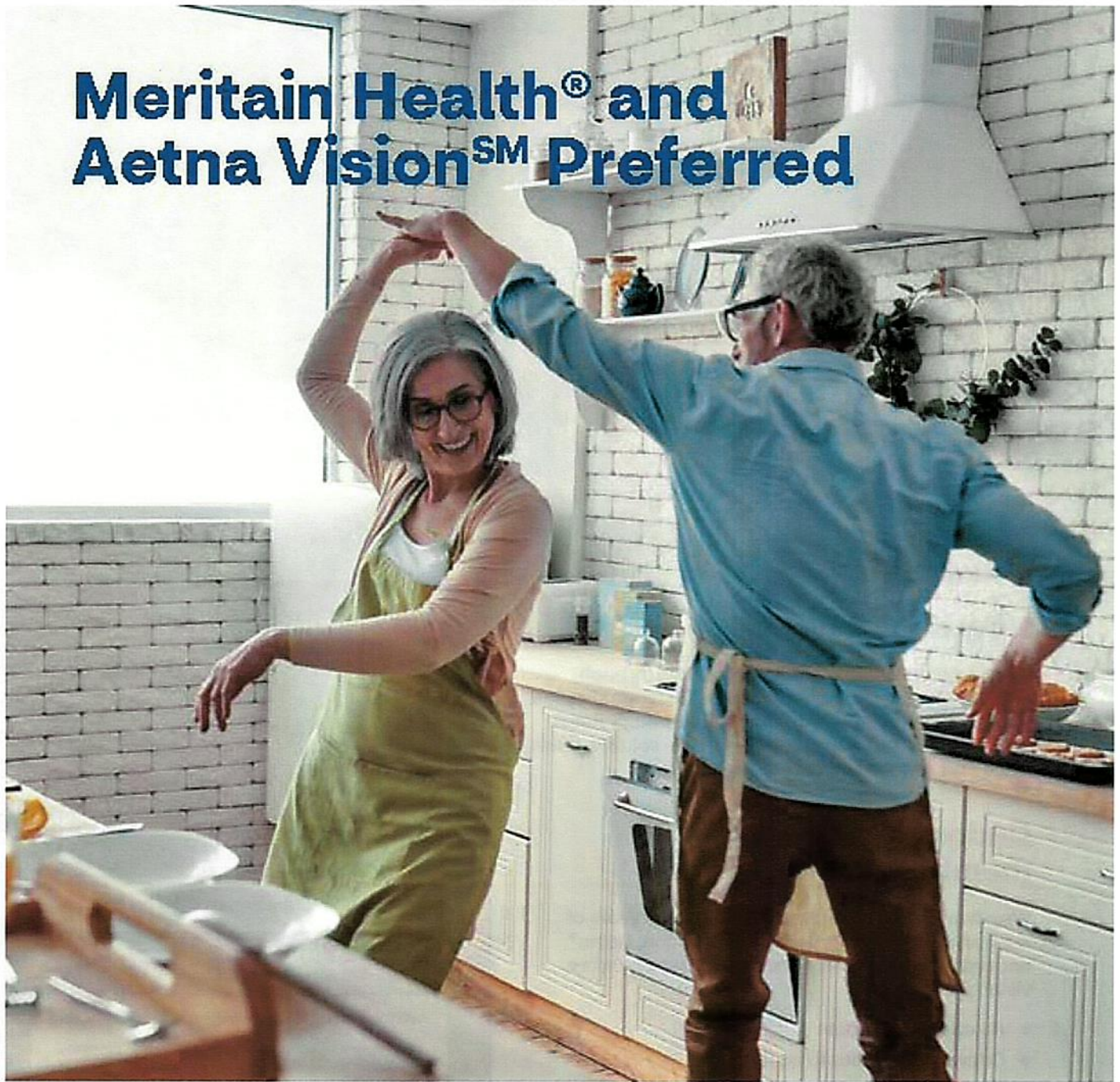


Summary of Coverage

Plan Features		\$10/\$25/\$150
IN NETWORK		
Vision Exam		\$10 Copay
Lenses		
	Single	\$25 Copay
	Bifocal	\$25 Copay
	Trifocal	\$25 Copay
Frames		\$150 Allowance after \$25 Eyewear Copay, plus 20% discount off amount over allowance
Elective Contact Lenses		\$150 Allowance, Exam & fitting \$60 Copay
Medically Necessary Contact Lenses		Covered in full after \$25 copay every 12 months
Frequency (Months)		
	Exam	Every 12 months
	Lenses	Every 12 months
	Frames	Every 24 months
	Contacts	Every 12 months
OUT OF NETWORK		
Vision Exam		Up to \$45
Lenses		
	Single	Up to \$30
	Bifocal	Up to \$50
	Trifocal	Up to \$65
Frames		Up to \$70
Elective Contact Lenses		Up to \$105
Medically Necessary Contact Lenses		Up to \$210



Meritain Health® and Aetna VisionSM Preferred



Some things are better together

What if you could save hundreds—or even thousands—in medical premium just by adding a voluntary vision plan to your health benefits package? It can be that simple. Bundling medical and vision together can help you unlock savings and add value.

(04/2025)

Meritain Health
an  **aetna** company



How does it work?

As a first step, offering medical coverage through Meritain Health® provides reliable value for employees. But when you bundle with vision care through Aetna Vision™ Preferred, you create a versatile solution, adding value and savings for years to come.

Understanding what members want

Why Aetna Vision Preferred? With over 50 years of experience in vision benefit administration, Aetna® understands what members want and deserve in a vision plan:

- An easy experience.
- Convenient access to quality care.
- Fewer out-of-pocket expenses on vision care they need.

Plans are created based on member preferences. And they're designed to help control costs and give members freedom to choose what they want, without imposing limits or unnecessary restrictions.

Delivering flexible network options

Members will access one of the largest vision networks, enjoy exclusive discount offers and proactive wellness perks.

Over 187,000* providers, including a mix of independent eye doctors and popular retail locations:



In-network also means online:

befitting.com lenscrafters.com targetoptical.com
 glasses.com contactsdirect.com ray-ban.com
 oakley.com

You can find a list of participating locations at: [AetnaVision.com](https://www.aetnavision.com).



* As of January, 2025

A few things you can count on

- The right mix of provider options.
- Budget-savvy options with all in-network locations having at least 100 frames priced at \$130 or lower.
- High-end frame options from brands like Oakley, Ray-Ban, Coach and more.
- Retail locations offer walk-ins and flexible evening and weekend hours.
- Several on-site labs can provide same-day glasses.
- Members can choose nearly any frame, lens or contact lens available—without worrying about frame towers, formularies or unnecessary restrictions.
- An easy online out-of-network claims process allows them to upload receipts and get reimbursed fast, without having to wait.

Exclusive offers

Special offers, direct from providers and manufacturers, can help members maximize savings.

Special offers are stackable with vision benefits and included with every vision plan.

Examples of some current offers include:

- Up to \$100 off at LensCrafters® and Pearl Vision®.
- Up to \$150 off an annual supply of contacts at Target Optical®.

More eye-opening savings:

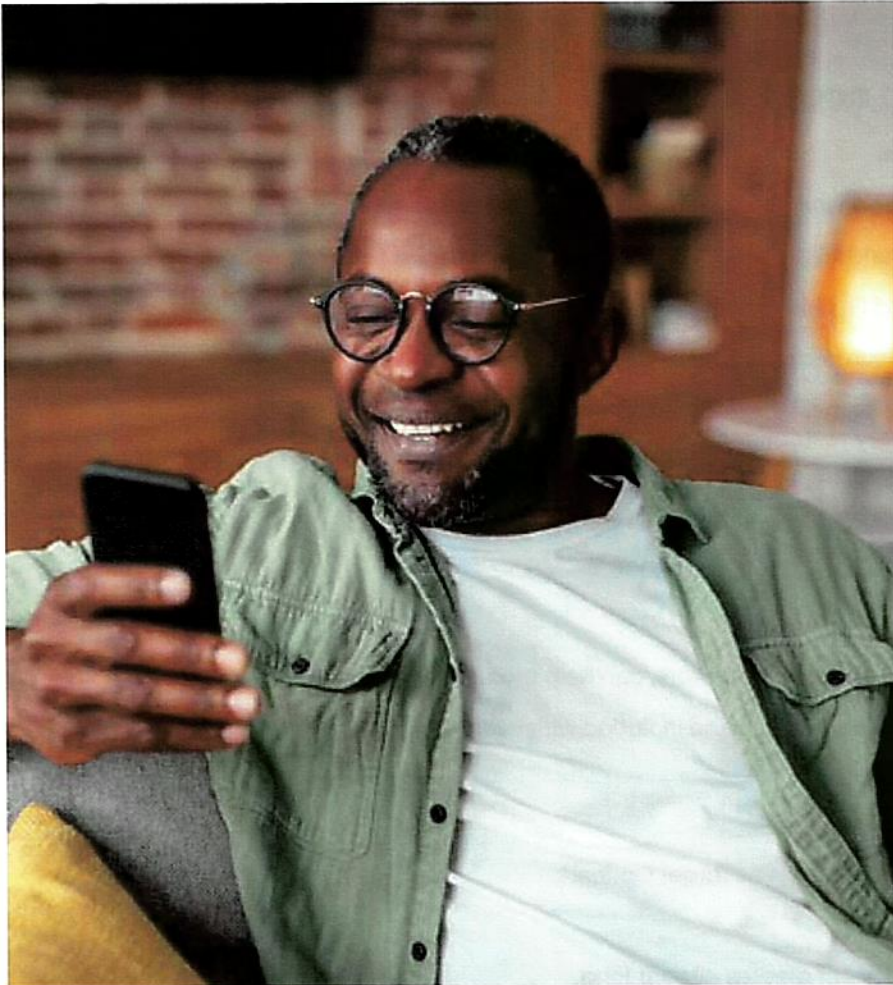
- Up to 40-percent off additional pairs of glasses all year long.
- 20-percent off any balance over the frame allowance.
- 15-percent off any balance over the conventional contact lens allowance.
- 20-percent off non-covered items, like lens cleaner or non-prescription sunglasses.

Proactive wellness tracking

Routine eye exams can often uncover chronic conditions, like hypertension, diabetes or heart disease, before symptoms appear.

With Aetna Vision Preferred, if conditions are identified at the eye doctor, they'll be tracked and monitored to ensure members receive information about their condition. We'll also proactively remind members if they haven't had an eye exam in 12 months or need more frequent monitoring.





Go digital

Members connect online at [AetnaVision.com](https://www.aetnavision.com) or with the Aetna Vision Preferred mobile app to:

- Get a member ID card.
- Locate a provider and get driving directions.
- View benefits and eligibility status.
- Save prescription information.
- View special offer deals and online codes.
- Estimate costs.

Support along the way

Dedicated representatives are available seven days a week for vision questions.

Get started today!

Whether you've never offered vision benefits, or are ready to upgrade, we'll help you bundle and save.

Contact your Meritain Health representative for more information.

Policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. These are the plan's main exclusions and limitations. See the booklet-certificate for a complete description. The plan does not cover: special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (nonprescription) lenses; nonprescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna® plans.

DISCOUNT OFFERS ARE NOT INSURANCE. You get access to discounts off the regular charge on products and services offered by third party vendors.

Trademarks and logos displayed are the property of their respective owners.

Simple. Transparent. Versatile.
At Meritain Health®, we're creating unrivaled connections.

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Health

Management



Benefits for 2025 - 2026

Health Management



Hawthorn Health
Health Management Program
(Powered by Own My Health)



Incentive

Employees and/ or Spouses who are enrolled in Hawthorn Academy benefits are eligible to participate in the Health Management Program with Own My Health. Benefitted employees and/or spouses that choose to participate in the program will pay \$50 less on their insurance premium than those who choose to not participate in the program. (\$100 less if employee and spouse participate)

Setup

You will receive an email once your account has been created with information on how to login and it will contain your password. (If you previously had an account, your password will remain the same.) If you did not receive this email, please contact our support team at 801.505.0507. To login, go to portal.OwnMyHealth.life & use your credentials to login. Next there will be a clipboard with required actions to complete. After you have logged in, click on the register tab (you will only have to complete this step if it is your first year on the program) and fill out the required information. Click Save.

Sign your HIPAA Form

Click on the Sign HIPAA Form tab on the clipboard Read disclosure & then click on "Open Sign pad." Using mouse or touch screen, sign the disclosure. When your signature is complete, press submit signature, and then press Save.

Medical Survey

Click on the **Medical Survey** tab on the clipboard. Read each question, & select the answer that best fits, based on your health history. At the bottom of each page, click "Save and Continue." Note: The answers only save once you click the "Save and Continue" button. Once you have completed the form click "Save" to submit all answers.

Schedule Your Health Check

You will not be able to schedule your health check until you have completed the following clip board items: Register, HIPAA Form, and Medical Survey.

Click on the Schedule Health Check tab on the clipboard. Then click on the "We're Coming to Your Company" tab, select your location, then select a date/time that works for your health check.

LOCATION / TIMES

West Jordan:
Monday, September 29th 7:45 AM- end of appointments.
Tuesday September 30th 7:45 AM- end of appointments

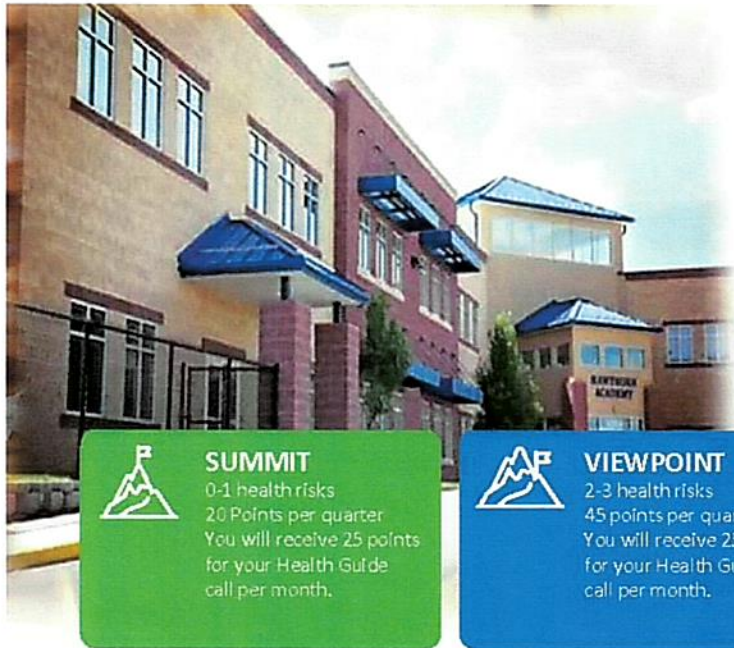
South Jordan:
Wednesday, October 1st 7:45 AM- end of appointments

Deadline for Health Check completion is
October 3rd



Benefits for 2025 - 2026


Health Management




SUMMIT
 0-1 health risks
 20 Points per quarter
 You will receive 25 points for your Health Guide call per month.



VIEWPOINT
 2-3 health risks
 45 points per quarter
 You will receive 25 points for your Health Guide call per month.



BASIN
 3+ Health Risks
 95 points per quarter
 You will receive 25 points for your Health Guide call per month.

Keep On Moving

On your individual portal, at your thermometer & doctor review video, you will be placed in one of the tracks below. The goal is to reach and maintain a summit level of only 0 to 1 health risks. Earn points by participating. Your point goal is based on the track of either basin, viewpoint, or summit that you have been placed in. If you would like help, your health guide or our support line can help you choose activities.

Life Elevated

Through the Own My Health Portal, you have access to a variety of our Life Elevated options.

1. All challenges are worth 10 Points and are in the portal under the "Challenges" tab. Search for challenges based on your goals, i.e. Nutrition, or look through the list of all available challenges. Click on the challenge to see a description. Click on "Start Challenge" button to sign up. Turn on the text tracking feature to receive nightly texts about challenges. On the main dashboard, you can check your progress and see how close you are to hitting the challenge goal and earning points.
2. Join Company Challenges and your name appears on the company leaderboard. This is a great option for those in the company who are motivated by competition.
3. Live! Events are where Own My Health will be onsite doing a presentation or demonstration. Subscribe to receive updates on the Live events.



Doc For Me Videos

Login to the portal and click on the "Doc for Me" tab. Watch a 2-3-minute instructional video and answer related questions correctly to be awarded 5 points. Under each video, you can download an informative sheet with a summary of the information that was discussed. Earn points by watching up to 5 videos per quarter (25 points max)

Nutrition Tracker

Track your meals through our Virtual Nutrition Assistant and every day that you stick to your plan, you will be awarded 1 point! Through this section you have the ability to download meal plans, shopping lists, look at nutrition facts for foods, and track your meals all in one spot!

Health Guides

Unlike health fads that come and go, health guides have strong evidence behind them backing their effectiveness for improving your health and lifestyle. Speaking to your Health Guide will award you 25 points per session.



Ancillary --- Benefits



AFR LIFE

The *Importance* of Life Insurance



According to LIMRA, only 52% of Americans report having life insurance coverage, down from 54% in 2021, leaving many U.S. households underinsured. Nearly half of consumers would need to make drastic financial changes if a death occurred.

2018 Insurance Barometer Study of Life, LIMRA

AVAILABLE BETWEEN AGES	LEVEL PREMIUM TO AGE
------------------------	----------------------

18-70

121

BETTER LIVING BENEFIT RIDER	TERMINAL ILLNESS COVERAGE
-----------------------------	---------------------------

3-4% monthly with coverage in most states up to

73%

Upon the occurrence of a terminal condition***

30%

EXPEDITED PAYMENTS

50% of coverage for beneficiaries**** up to

\$10K

Safeguard Product Information



GROUP WORKSITE OFFERING

Eligible Employee (actively at work*)

- Employee Guarantee Issue up to \$50,000
- Spouse Guarantee Issue up to \$50,000
- Child(ren) \$10,000 Term Rider on employee or spouse

BETTER LIVING BENEFIT RIDER

Accelerated 3% to 4% of the death benefit monthly, up to 73% of coverage in most states, paid directly to the employee for the following:

- Permanent inability to perform two of the six Activities of Daily Living without substantial supervision.
- Permanent severe cognitive impairment, such as dementia, Alzheimer's, and other forms of senility, requires substantial supervision.

ADDITIONAL BENEFITS

- Hassle-free application
- Waiver of Premium available**
- Right to convert coverage
- Coverage is portable

*Actively at work means that you're an eligible member of the affiliation through you're applying for this insurance. You can perform all the duties of your job on a full-time basis, and you are not confined in a hospital, at home, or elsewhere due to injury or sickness. **Waived for total disability

***Terminal condition, meaning lifespan is limited to less than 12 months

****Not applicable if death is contestable or under investigation

AFR LIFE

Better Living Benefit Rider



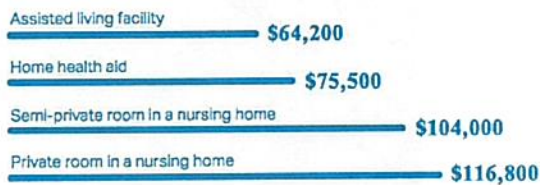
Life Insurance with the **Better Living Benefit Rider** helps cover the permanent inability to perform two activities of daily living.*

As the American population ages, retirement is likely to extend beyond 30 years and about half of all Americans will need ongoing care for chronic illnesses.

With chronic illness costs soaring, the **Better Living Benefit Rider** ensures individuals can:

- Afford necessary care
- Protect their assets
- Leave a legacy for their family

MEDIAN ANNUAL COST OF CARE IN 2023*



*Source: Genworth 2023 Cost of Care Survey



afrlifeemployer.com

Example

Jane has a \$150,000 AFR Life Safeguard Group Voluntary Level Term of 121 with the Better Living Benefit Rider.

Benefit Paid to Jane Directly

\$4,380 /monthly

\$109,500 x 4% for approx 25 months

Face Value

\$109,500

up to 73% of face value

Life Insurance Coverage

\$40,500

remains for Jane's Life Insurance coverage *after acceleration*

Product features vary by state

*Activities of daily living are bathing, dressing, transferring, toileting, continence, and eating



Disability Income Protection



Summaries of Coverage

SHORT TERM DISABILITY (STD)

Employee Benefit Amount	60% of Pre-Disability Earnings
Maximum Weekly Benefit Amount	\$1,600
Elimination Period (Accident)	14 Days / Benefit begins on day 15
Elimination Period (Sickness)	14 Days / Benefit begins on day 15
Benefit Duration	11 Weeks

LONG TERM DISABILITY (LTD)

Employee Benefit Amount	60% of Pre-Disability Earnings
Maximum Monthly Benefit Amount	\$7,000
Elimination Period	90 Days
Benefit Duration	To Social Security Normal Retirement Age





Group Life Insurance



Summary of Coverage

GROUP TERM LIFE	
Plan Features	Coverage
Employee Benefit Amount	\$15,000
AD&D Benefit	\$15,000
Age Band	
Age Band	Benefit Reduction
Age 65, but less than 70	Reduces to a 65% benefit
At age 70	Reduces to a 50% benefit


VOLUNTARY TERM LIFE	
Plan Features	Increments & Limits
Employee Benefit Amount	\$10,000 to \$500,000 (\$10,000 increments)
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$500,000
Guaranteed Issue Amount	\$150,000
Spouse Benefit	
Spouse Benefit	\$5,000 to \$150,000 (\$5,000 increments) Not to exceed the employee's benefit
Spouse Guaranteed Issue Amount	\$30,000
Child Benefit	
Child Benefit	Birth to 14 days \$1,000 15 days to 26 years \$10,000 or \$20,000 - \$1,000 increments
Age Band	
Age Band	Benefit Reduction
Age 65, but less than 70	Reduces to a 65% benefit
At age 70	Reduces to a 50% benefit

Employee is responsible for designating and updating beneficiary information via Employee Navigator.



Benefits for 2025 - 2026

Additional Benefits



Group benefits

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



800-450-1327
International: 800-662-4504
TTY: 711



[Member.MagellanHealthcare.com](https://www.Member.MagellanHealthcare.com)
When you create an account, enter **Principal Core** as the program name.

11.00 in

Benefits for 2025 - 2026

Additional Benefits



Group life insurance

Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling within the United States or leaving the country, you can rely on AXA Assistance USA (AXA) to help your travel experience go off without a hitch. And because you're covered by group term life insurance from Principal®, you have access to many travel assistance services for free—no matter if you're traveling for business or pleasure.

Near or far, you're covered

No matter where you're going—on a cross-country flight, a short road trip, or a destination requiring a passport—consider AXA your trusted travel companion. This program helps address the challenges of travel, like:

Lost or stolen items

We all hope it won't happen to us, but it could. Lost items can be a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards), so you don't miss a beat.

Medical assistance

Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with finding medical and dental care when you're away from home.

Connecting easily

Sometimes, you need more than the phone book. And when you do, AXA is there to help with message delivery, overcoming language barriers, or legal concerns.

Traveling farther away from home

The more miles you're away from home, the more you may need to do additional planning. AXA helps you get ready to head out with pre-trip research, including travel requirements, cultural differences, and precautions you should be aware of.



TRAVEL ASSISTANCE PROGRAM

Call us when you're traveling and need assistance.
 888-647-2611 in the U.S.

630-766-7696 call collect outside the U.S.

Learn more and plan for your trip with our website.
principal.com/travelassistance



Who's eligible? You, your spouse, and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they're traveling with you.



Benefits for 2025 - 2026

Additional Benefits

Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital—or get home. This service is per member or qualifying dependent per trip for emergency situations, including:

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised return to your home country (known as repatriation)
- Transportation for a family member to join you
- Transportation for a traveling companion to join you in a different hospital or treatment facility
- Transportation home for dependent child(ren)
- Return of vehicle
- Return of mortal remains

To be eligible for services under this program, your treatment must be authorized and arranged by designated staff from AXA. Claims for reimbursement won't be accepted. Please contact AXA for further benefit details.

How to use this service

With two convenient ways to connect, you'll be ready for anything that comes your way:

- 1 | Website.** Plan your trip with helpful resources at principal.com/travelassistance. Learn how to create an account giving you access to travel information online. You can get medical and security information about a country, search for a local medical provider, and view practical information, like business culture and currency descriptions.
- 2 | Phone.** When you're traveling and need assistance, call **888-647-2611 in the U.S.** Or call collect when **outside the U.S. at 630-766-7696**. Help is available 24/7—365 days a year.

This program is not insurance.

Travel assistance services will be provided as permitted under applicable law.

Group life insurance from Principal® is issued by Principal Life Insurance Company®, Des Moines, IA 50392.

Services won't be provided or available for any loss or injury that's caused by, or results from: normal childbirth, normal pregnancy (except complications of pregnancy), voluntary induced abortion, mental or nervous conditions (unless hospitalized), traveling against the advice of a physician, traveling for medical treatment, or traveling to a destination country that is at a Level 4 Travel Advisory.

Participants are responsible for any incurred fees or expenses, including medical. When traveling 100 miles or more away from home for up to 120 consecutive days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc.

No reimbursements for out-of-pocket expenses will be accepted. This service is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. Not available to group policies issued in New York. Although Principal® has arranged to make this program available to you, the third-party provider is solely responsible for its products and services. AXA is not a member of the Principal Financial Group®.

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Name _____
Company _____ Contract number _____

The participant is entitled to AXA Assistance USA, Inc. medical and travel services.

El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

This program is not insurance. All services must be provided by AXA Assistance USA, Inc.

No claims for reimbursement will be accepted.

Travel assistance services will be provided as permitted under applicable law.

Benefits for 2025 - 2026

Additional Benefits



Group life insurance

Help protect your family, your finances —and your future

Create and store your important documents using your Will & Legal Document Center



If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable.

That's why it's important to be proactive and make a plan to help protect your family and finances. With your group term or voluntary term life insurance through Principal[®], you can do just that with access to resources from the **Will & Legal Document Center** provided by ARAG[®].

Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's online resources, you and/or your spouse can prepare these documents:

Standard Will. Specify what happens to your property and assets after you die, and appoint the person who will carry out your wishes. You can also name a guardian for your minor children.

Health care power of attorney. Grant someone permission to make medical decisions on your behalf in case you're no longer able to make them yourself.

Durable power of attorney. Grant someone permission to make financial decisions in case you're no longer able to make them yourself.

Living will. Let your family and health care providers know your wishes for medical treatment if you're unable to speak for yourself.

Authorization for a Minor's Medical Treatment. Grant consent for medical personnel to treat your child(ren) if you're away and can't be reached.

HIPAA authorization. Designate person/s to access your protected medical records and health information.

Plus, you can also access:

Personal Information Organizer. Record your personal and financial information—as well as funeral arrangements—in one convenient spot.

Estate planning education, tools, and resources. Get access to a variety of articles and legal resources.

Benefits for 2025 - 2026

Additional Benefits

Protect your identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is you can help protect your identity with online resources from ARAG, including:

An Identity Theft Victim Action Kit to help speed your recovery if you experience identity theft. Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

It's easy to get started

Follow these simple steps to start using these resources today:

- 1 | Visit aragwills.com/principal.
- 2 | Register by completing the required fields.
- 3 | You're in! Complete the forms or download the materials you need.



Need help with registration? Call ARAG Customer Care at **800.546.3718**.
Or, if you have questions about the services, call Principal at **866.539.1728**.



Insurance products and plan administrative services provided through Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.

The value-added resources provided through ARAG Services, LLC (ARAG®) are not a part of any insurance products and plan administrative services provided through Principal Life Insurance Company® or affiliated with any company of the Principal Financial Group®. All resources may be changed or canceled at any time. Not available to group policies issued in New York.

The use of resources provided by ARAG should not be considered a substitute for consultation with an attorney or advisor. Principal® is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center resources.

Please remember that the ARAG legal documents are accurate and useful in many situations. Due to possible changes by a state, it is a good idea to periodically review a template used to be sure it is the most current template. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

This information is intended to be educational in nature and is not intended to be taken as a recommendation.

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Benefits for 2025 - 2026

Additional Benefits



Group benefits

Check your benefits **when, where, and how you want to.**

It's easy to keep track of your benefits from Principal® anytime—online or on your mobile device.

Start by creating your account

- 1 | From your favorite browser, go to **principal.com** and select Log In. Or, download the **Principal® app** for free from the App Store or Google Play.
- 2 | Select **Individual**, then **Create an account**.
- 3 | Enter **personal information**, such as your first and last name, date of birth, and phone number. ID number and primary zip code are optional.
- 4 | Create a **username and password**, and provide an **email address**.
- 5 | You'll receive an email within a few minutes to **confirm** your account is ready to go. You can access your account information anytime, 24/7, with the username and password you've just set.

Manage your benefits on principal.com and the Principal® app

After logging in, you can manage your benefits and other Principal products you have when, where, and how it's convenient for you. Depending on your coverages, you can:

- View and manage claims.
- Get a 24-month history of your explanation of benefits (EOB).
- Access your summary of benefits, as well as benefit booklets.
- Find a list of covered dependents.
- View your dental and/or vision ID card, including dependent(s) names.
- Search for and contact a network dentist.
- Find discounts and services.
- Calculate coverage needs and more.

Keeping your account information safe

Your information is important to us. That's why we use verification codes to prevent others from accessing your account, even if they have your password. The first time you log in—on principal.com or the mobile app—you'll need to choose how you'll receive the codes.

If you log in from an unrecognized device, forget your password, or we notice anything out of the ordinary, the codes help us confirm it's really you accessing your account.

Benefits for 2025 - 2026

Additional Benefits

Not everyone wants or needs the same benefits as their fellow employees. No problem! You have options.

Hawthorn Academy offers additional benefits for you to choose from according to your interests, concerns, and needs. The following list of coverages are available for your review and election on our Employee Navigator portal under the BENEFITS tab.

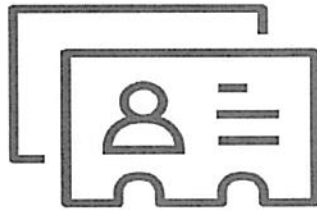
Detailed plan documents provide a deeper dive into the components of each plan, than is practical for this Benefits Decision Guide. Once you decide which plans make sense for you, and your family when applicable, you can enroll in each plan that fits your needs and lifestyle.

These voluntary plans are as follows:

- Accident Insurance
- Critical Illness
- Hospital Indemnity



Notes





2025 – 2026
Benefits Decision Guide

In partnership with  SPHERICA®