



# 2027 BENEFIT GUIDE

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*Find the Perfect Track  
for Your Benefits*

# YOUR BENEFITS PACKAGE

## Enrollment & Eligibility

When Can You Enroll?

All About Enrollment | [Benefit Rates](#)

## Health Benefits

Medical & Prescription Benefits

Your Medical Rates

Comparing Medical Plans

Virtual Visits

Specialty Care Concierge

Using Your Pharmacy Benefits

Make the Most of Your Plan

Wellness Program

Health Savings Account

Flexible Spending Accounts

Dental Benefits

Vision Benefits

## Financial Benefits

Disability Insurance

Life Insurance

Supplemental Benefit Options

401(k) Retirement Plan

Employer-Sponsored Pension

## Additional Benefits

Support for Your Whole Family

Fitness Program Options

Identity Protection & Financial Wellness

## Benefit Resources

In-Network Provider Search | Glossary

Benefit Contacts

Required Notifications

| Carrier/Vendor                                            | Page  |
|-----------------------------------------------------------|-------|
| AGRILAND FS                                               | 3     |
| AGRILAND FS                                               | 4–6   |
| Carrier/Vendor                                            | Page  |
| Blue Cross and Blue Shield of Illinois                    | 7     |
| Blue Cross and Blue Shield of Illinois                    | 8     |
| Blue Cross and Blue Shield of Illinois                    | 9–12  |
| Teladoc Health                                            | 13    |
| Lantern                                                   | 14    |
| Blue Cross and Blue Shield of Illinois                    | 15    |
| Blue Cross and Blue Shield of Illinois                    | 16    |
| GO Wellbeing                                              | 16    |
| Fidelity                                                  | 17    |
| Fidelity                                                  | 18    |
| Delta Dental of Illinois                                  | 19    |
| VSP                                                       | 20    |
| Carrier/Vendor                                            | Page  |
| Lincoln Financial Group                                   | 21    |
| Lincoln Financial Group                                   | 22    |
| Lincoln Financial Group                                   | 23–24 |
| Fidelity                                                  | 25    |
| Aon                                                       | 26    |
| Carrier/Vendor                                            | Page  |
| ComPsych, Spot                                            | 27    |
| Blue Cross and Blue Shield of Illinois, Active&Fit Direct | 28    |
| Allstate Identity Protection, Lincoln Financial Group     | 29    |
| Carrier/Vendor                                            | Page  |
| —                                                         | 30    |
| All carriers and vendors                                  | 31    |
| AGRILAND FS                                               | 32    |

# WHEN CAN YOU ENROLL?

## New Employee

Enroll within 30 days of starting employment.

Enroll Online

### Closely review your options as a new employee

- New employees are required to actively elect or decline each benefit.
- Some benefits include special enrollment opportunities that are only available when you first enroll, so don't miss out!

## Open Enrollment

Enroll during the annual benefits open enrollment period.

Enroll Online

### Your annual opportunity to review & change your benefits

- Open enrollment is typically held in the fall.
- Benefits begin on **Jan. 1**.
- All employees are required to actively elect or decline each benefit.

## Qualifying Life Event

Enroll within 30 days of a qualifying life event.

Contact Your Benefits Administrator

### Qualifying life events allow you to make a mid-year benefit change

Examples include:

- Marriage or divorce
- Birth or adoption of child
- Loss of coverage
- Turning age 65
- Spouse's open enrollment
- Change in work status (part-time to full-time)

# COVERING YOU AND YOUR FAMILY

## Employees

If you are a full-time employee, you and your dependents can enroll in the GROWMARK System benefit plans.

## Dependents

Many plans let you cover eligible dependents, including:

- Legally married spouse
- Dependent children including:
  - Children up to 26, regardless of student or marital status
  - Disabled children of any age who are (or become) physically or mentally incapable of self-support

# ALL ABOUT ENROLLMENT

## When Are You Eligible?

### First of the Month Following Your Hire Date<sup>1</sup>

You become eligible for these benefits on the first of the month following your hire date or following the date you become benefit eligible.

- Medical benefits
- Dental benefits
- Vision benefits
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)
- Disability insurance (non-exempt employees)<sup>2</sup>
- Accident insurance
- Critical illness insurance
- Hospital indemnity insurance
- Identity protection

<sup>1</sup>If your hire date or the date you become benefit eligible is the first of the month, then benefit eligibility begins immediately.

<sup>2</sup>Exempt employees become eligible for long-term disability insurance after 90 days.

### Immediately Upon Hire

- Life insurance
- 401(k) retirement plan
  - If you do not make your own contribution election, you will be automatically enrolled after 45 days.

### First of the Month Following 12 Months

- Pension
  - Employees age 21 or older are automatically enrolled on the first of the month following 12 months of employment with at least 1,000 hours worked.

## What's New for 2027

We evaluate our benefits each year to ensure we offer the best coverage and service. We're excited to introduce some new benefits and enhancements.

### Specialty Care Concierge

From planned, non-emergency surgery to infusions and cancer care, Lantern provides guided, concierge-level support. Plus, through Lantern, you have access to a network of excellence so you can find top-tier physicians close to home and across the country if you need it.

*Learn more on page 13.*

### New Wellness Platform

The wellness program will transition to GO Wellbeing, powered by Sharecare. It's an easy-to-use digital program to manage your health and wellbeing in one place. GO Wellbeing is **included at no extra cost** as part of all BCBSIL medical plans!

*Learn more on page 15.*

### Fitness Options

BCBSIL's fitness program is still available as an option when you enroll in AGRILAND FS medical coverage.

*Learn more on page 27.*

### Life Insurance

We have updates to supplemental life insurance options for you and your family.

### Special Open Enrollment Opportunity!

We will have a supplemental life insurance open enrollment, which is a special opportunity for the guaranteed issue that is only available during benefit open enrollment period.

*Learn more on page 21.*

## Take Action!

Review all your options, then make your elections.

### You Must Take Action for Certain Benefits

The IRS requires active enrollment on FSAs and HSA elections each year. You need to take action to:

- Make changes to your current benefits
- Confirm or change your HSA contributions
- Contribute to an FSA

# 2027 BENEFIT PREMIUMS

Premiums are per month: payroll deductions will be made from 2 paychecks each month, for biweekly 26 paychecks per year and semi-monthly 24 paychecks per year.

## Blue Cross Blue Shield - Medical Insurance

|                     | Essential | Balanced | Choice   |
|---------------------|-----------|----------|----------|
| Employee Only       | \$87.20   | \$214.22 | \$258.66 |
| Employee/Spouse     | \$188.49  | \$461.43 | \$556.98 |
| Employee/Child(ren) | \$165.20  | \$406.38 | \$490.81 |
| Family              | \$244.33  | \$599.79 | \$724.21 |

## Delta Dental - Dental Insurance

| Coverage Level      | Value Plan | Premier Plan |
|---------------------|------------|--------------|
| Employee            | \$18.67    | \$29.78      |
| Employee/Spouse     | \$37.32    | \$59.54      |
| Employee/Child(ren) | \$46.89    | \$66.07      |
| Family              | \$75.96    | \$109.29     |

## VSP - Vision Insurance

| Coverage Level      | Premium |
|---------------------|---------|
| Employee            | \$8.00  |
| Employee/Spouse     | \$16.02 |
| Employee/Child(ren) | \$17.14 |
| Family              | \$27.38 |

## Lincoln Financial - Disability Insurance

### Voluntary Long Term Disability (hourly employees)

### Voluntary LTD Premium Formula

Monthly Salary  
x Premium Factor  
= Monthly Premium

| Age   | Premium Factor |
|-------|----------------|
| 18-29 | 0.00147        |
| 30-34 | 0.00200        |
| 35-39 | 0.00294        |
| 40-44 | 0.00410        |
| 45-49 | 0.00735        |
| 50-54 | 0.00987        |
| 55-59 | 0.01365        |
| 60-64 | 0.01197        |
| 65-69 | 0.00735        |
| 70-74 | 0.00473        |
| 75+   | 0.00525        |

## Lincoln Financial - Hospital Indemnity Insurance

| Coverage Level      | Tier 1  | Tier 2  |
|---------------------|---------|---------|
| Employee            | \$7.20  | \$14.27 |
| Employee/Spouse     | \$17.53 | \$35.19 |
| Employee/Child(ren) | \$12.36 | \$24.73 |
| Family              | \$19.43 | \$38.72 |

## Lincoln Financial - Accident Insurance

| Coverage Level      | Premium |
|---------------------|---------|
| Employee            | \$14.07 |
| Employee/Spouse     | \$22.99 |
| Employee/Child(ren) | \$25.12 |
| Family              | \$33.88 |

### Lincoln Financial - Critical Illness Insurance

| Employee                            |          |                |                 | Spouse                                                                                                                                                           |         |          |          |
|-------------------------------------|----------|----------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|----------|
| Age                                 | \$10,000 | \$20,000       | \$30,000        | Age                                                                                                                                                              | \$5,000 | \$10,000 | \$15,000 |
| Under 25                            | \$2.19   | \$4.38         | \$6.57          | Under 25                                                                                                                                                         | \$1.10  | \$2.19   | \$3.29   |
| 25-29                               | \$2.95   | \$5.90         | \$8.85          | 25-29                                                                                                                                                            | \$1.48  | \$2.95   | \$4.43   |
| 30-34                               | \$4.55   | \$9.10         | \$13.65         | 30-34                                                                                                                                                            | \$2.28  | \$4.55   | \$6.83   |
| 35-39                               | \$7.17   | \$14.34        | \$21.51         | 35-39                                                                                                                                                            | \$3.59  | \$7.17   | \$10.76  |
| 40-44                               | \$11.22  | \$22.44        | \$33.66         | 40-44                                                                                                                                                            | \$5.61  | \$11.22  | \$16.83  |
| 45-49                               | \$17.89  | \$35.78        | \$53.67         | 45-49                                                                                                                                                            | \$8.95  | \$17.89  | \$26.84  |
| 50-54                               | \$25.82  | \$51.64        | \$77.46         | 50-54                                                                                                                                                            | \$12.91 | \$25.82  | \$38.73  |
| 55-59                               | \$35.16  | \$70.32        | \$105.48        | 55-59                                                                                                                                                            | \$17.58 | \$35.16  | \$52.74  |
| 60-64                               | \$50.42  | \$100.84       | \$151.26        | 60-64                                                                                                                                                            | \$25.21 | \$50.42  | \$75.63  |
| 65-69                               | \$71.66  | \$143.32       | \$214.98        | 65-69                                                                                                                                                            | \$35.83 | \$71.66  | \$107.49 |
| 70-99                               | \$133.06 | \$226.12       | \$399.18        | 70-99                                                                                                                                                            | \$66.53 | \$133.06 | \$199.59 |
| <b>Children - age 26 and under:</b> |          |                |                 | <b>Critical Illness Premium Rates:</b>                                                                                                                           |         |          |          |
|                                     |          |                |                 | <ul style="list-style-type: none"> <li>• All dependent children are covered under one premium</li> <li>• Spousal coverage up to 1/2 Employee coverage</li> </ul> |         |          |          |
|                                     |          | <b>\$5,000</b> | <b>\$10,000</b> |                                                                                                                                                                  |         |          |          |
|                                     |          | \$2.28         | \$4.56          |                                                                                                                                                                  |         |          |          |

### Lincoln Financial - Life Insurance

| Employee & Spousal Life |                              | Dependent Child Life                                                                                                                                                                                                                                                                                                                                                                                                        |         |
|-------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Age                     | Rate per \$1,000 of Coverage | Coverage Level                                                                                                                                                                                                                                                                                                                                                                                                              | Premium |
| 18-29                   | \$0.07                       | \$2,500                                                                                                                                                                                                                                                                                                                                                                                                                     | \$0.50  |
| 30-34                   | \$0.08                       | \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1.00  |
| 35-39                   | \$0.09                       | \$7,500                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1.50  |
| 40-44                   | \$0.13                       | \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                    | \$2.00  |
| 45-49                   | \$0.18                       | <b>Life Premium Rates:</b> <ul style="list-style-type: none"> <li>• Employee life can be purchased in \$5,000 increments up to \$400,000.</li> <li>• Spousal life rates are based upon the employee's age.</li> <li>• Spousal life can be purchased in \$10,000 increments up to \$50,000 &amp; one-half employee life coverage amount elected.</li> <li>• All dependent children are covered under one premium.</li> </ul> |         |
| 50-54                   | \$0.29                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| 55-59                   | \$0.45                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| 60-64                   | \$0.70                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| 65-69                   | \$1.27                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| 70+                     | \$2.06                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |         |

### Allstate Identity Protection - Identity Theft Protection

| Coverage Level | Premium |
|----------------|---------|
| Employee       | \$9.95  |
| Family         | \$17.97 |

# MEDICAL & PRESCRIPTION BENEFITS



## Plan Basics

### In-Network Coverage\*

**Network**

**Deductible** Individual | Family

**Deductible Type**

**Coinsurance** You Pay | Plan Pays

**Out-of-Pocket Maximum** Individual | Family

**Eligible for Health Savings Account?**

| Essential HDHP     | Balanced HDHP     | Choice PPO        |
|--------------------|-------------------|-------------------|
| Blue Card PPO      | Blue Card PPO     | Blue Card PPO     |
| \$5,000   \$10,000 | \$2,000   \$4,000 | \$1,500   \$3,000 |
| Embedded           | Non-Embedded      | Embedded          |
| 0%   100%          | 20%   80%         | 20%   80%         |
| \$5,000   \$10,000 | \$4,000   \$7,350 | \$3,500   \$7,000 |
| Yes! See page 16.  | Yes! See page 16. | No                |

### What You Pay for In-Network Care\*

**Preventive Care**

**Telehealth** General medical visit

**Primary Care** Office visit

**Specialist Care** Office visit

**Urgent Care Visit**

**Emergency Room Visit**

**Inpatient & Outpatient Services**

**Diagnostic Imaging** MRI, CT, PET scans

| Essential HDHP      | Balanced HDHP        | Choice PPO                             |
|---------------------|----------------------|----------------------------------------|
| No charge           | No charge            | No charge                              |
| \$25 copay          | \$25 copay           | \$25 copay                             |
| 0% after deductible | 20% after deductible | \$50 copay                             |
| 0% after deductible | 20% after deductible | \$100 copay                            |
| 0% after deductible | 20% after deductible | \$100 copay                            |
| 0% after deductible | 20% after deductible | \$500 copay, then 20% after deductible |
| 0% after deductible | 20% after deductible | 20% after deductible                   |
| 0% after deductible | 20% after deductible | 20% after deductible                   |

## What You Pay for Prescriptions

### Up to a 30-day supply

**Tier 1** Generic

**Tier 2** Brand-name preferred

**Tier 3** Brand-name non-preferred

**Tier 4** Specialty

| Essential HDHP      | Balanced HDHP                     | Choice PPO      |
|---------------------|-----------------------------------|-----------------|
| 0% after deductible | After deductible, \$10            | \$10 copay      |
| 0% after deductible | After deductible, 20% up to \$100 | 20% up to \$100 |
| 0% after deductible | After deductible, 40% up to \$150 | 40% up to \$150 |
| 0% after deductible | After deductible, 40%             | 40%             |

### Up to a 90-day supply

**Tier 1** Generic

**Tier 2** Brand-name preferred

**Tier 3** Brand-name non-preferred

| Essential HDHP      | Balanced HDHP                     | Choice PPO      |
|---------------------|-----------------------------------|-----------------|
| 0% after deductible | After deductible, \$25            | \$25 copay      |
| 0% after deductible | After deductible, 20% up to \$250 | 20% up to \$250 |
| 0% after deductible | After deductible, 40% up to \$375 | 40% up to \$375 |

\*Out-of-network coverage is available. See plan summary for details.

# YOUR MEDICAL RATES

## Your Cost Per Month

| Coverage              | Essential HDHP | Balanced HDHP | Choice PPO |
|-----------------------|----------------|---------------|------------|
| Employee              | \$87.20        | \$214.22      | \$258.66   |
| Employee + Spouse     | \$188.49       | \$461.43      | \$556.98   |
| Employee + Child(ren) | \$165.20       | \$406.38      | \$490.81   |
| Employee + Family     | \$244.33       | \$599.79      | \$724.21   |

# AGRILAND FS WELLNESS INCENTIVES

## Complete your preventative screening and earn cash!

Based on the completion of the applicable preventative screening(s), **\$50.00** will be **awarded** to active employees and spouses who are on the BCBS Medical Plan.

### Preventative Screenings that qualify:

**Annual Physicals**  
**Colonoscopy**  
**Mammogram**  
**Cervical Cancer**

## HOW TO EARN CASH



### How to earn your cash reward:

1. Primary Care Provider recommends a preventative screening for employee and/or spouse on the BCBS Medical Plan
2. Have the screening at your location of choice
3. Eligible screening is complete and your claim is paid, a reward will be mailed to your home. Checks will be made out to the insurance subscriber.

| Preventative Screening | Max. Completion Each Year Per Eligible Person | Amount |
|------------------------|-----------------------------------------------|--------|
| Annual Physical        | 1                                             | \$50   |
| Colonoscopy            | 1                                             | \$50   |
| Mammogram              | 1                                             | \$50   |
| Cervical Cancer        | 1                                             | \$50   |

\*This program may be amended, suspended, or terminated for any reason, with or without prior notification. Full time employees receiving incentive must be actively employed at the time of payout.

# COMPARING MEDICAL PLANS

Choosing medical plan coverage is a personal decision for you and your family. Here are a few considerations.

## PPO vs. HDHP

### Consider the Choice PPO for:

- Paying more each paycheck in payroll deductions
- Paying less out of pocket when you get care
- A lower deductible
- Copays to visit the doctor and fill prescriptions

### Consider an HDHP Option for:

- Paying less each paycheck in payroll deductions
- Paying 100% for your healthcare costs and prescriptions before you meet a higher deductible
- Build a tax-advantaged Health Savings Account to help pay for current and future healthcare expenses for you and your eligible family members
- An extra way to add to your retirement savings

### Both HDHP Options are Eligible for an HSA!

If you enroll in one of the HDHP options, you can contribute to a Health Savings Account if you are eligible.

## Embedded Deductibles

An embedded or non-embedded deductible and out-of-pocket maximum can make a difference if you cover family members.

### Embedded

The individual deductible and out-pocket maximum are embedded into the family amounts.

All family expenses combine to meet the full family deductible and out-of-pocket maximum, but each person only has to meet the individual amounts on their own.

The Choice PPO and Essential HDHP are embedded.

### Non-Embedded

There is only one family level. The family must meet the full deductible before coinsurance applies—even if only one person is incurring costs.

The family must meet the full out-of-pocket maximum before costs are capped—even if only one person is incurring the healthcare costs.

The Balanced HDHP is non-embedded.

## What to Consider

### Coverage Needs

- **Options**—what's available to you and your spouse?
- **Your risk tolerance**—can you pay a higher deductible if something catastrophic happened?
- **Monthly premiums**—can you pay higher premiums each month to have a lower deductible?

### Health History and Future Needs

- How much care did you need last year? Do you expect more or less visits? Did you meet plan limits?
- Do you have any planned procedures like childbirth?
- Are you managing any chronic conditions?
- Do you take any maintenance medications?

# EXAMPLE 1

## Whitney Rarely Needs Medical Care

- Most of Whitney's healthcare needs are preventive care—that's no charge to her!
- During the year, she gets sick and visits her primary care provider. They prescribe two Tier 1 (generic) prescriptions.
- If Whitney enrolls in an HDHP option, she chooses to contribute \$500 per year to her HSA.

### Premium Costs

Whitney's premium per month

#### A. Whitney's premium total per year

### Out-of-Pocket Costs

#### 1 primary care visit\*

\$130 PCP visit before deductible

#### 2 Tier 1 prescriptions\*

30-day retail

#### B. What Whitney pays out of pocket

### HSA Contributions

#### C. Whitney's annual contributions

### Total Medical Costs

A. Whitney's premium total per year

B. Total out-of-pocket costs

C. Using the HSA for out-of-pocket costs

#### Whitney's total medical costs

#### Whitney's HSA balance

|                                                                   | Essential HDHP                        | Balanced HDHP                         | Choice PP0                          |
|-------------------------------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| Whitney's premium per month                                       | \$87.20                               | \$214.22                              | \$258.66                            |
| <b>A. Whitney's premium total per year</b>                        | <b>\$1,046</b>                        | <b>\$2,571</b>                        | <b>\$3,104</b>                      |
|                                                                   | Essential HDHP                        | Balanced HDHP                         | Choice PP0                          |
| <b>1 primary care visit*</b><br>\$130 PCP visit before deductible | \$130 visit × 1 visit<br><b>\$130</b> | \$130 visit × 1 visit<br><b>\$130</b> | \$50 copay × 1 visit<br><b>\$50</b> |
| <b>2 Tier 1 prescriptions*</b><br>30-day retail                   | \$25 × 2 fills<br><b>\$50</b>         | \$25 × 2 fills<br><b>\$50</b>         | \$10 copay × 2 fills<br><b>\$20</b> |
| <b>B. What Whitney pays out of pocket</b>                         | <b>\$180</b>                          | <b>\$180</b>                          | <b>\$70</b>                         |
|                                                                   | Essential HDHP                        | Balanced HDHP                         | Choice PP0                          |
| <b>C. Whitney's annual contributions</b>                          | <b>\$500</b>                          | <b>\$500</b>                          | <i>Not eligible</i>                 |
|                                                                   | Essential HDHP                        | Balanced HDHP                         | Choice PP0                          |
| A. Whitney's premium total per year                               | \$1,046                               | \$2,571                               | \$3,104                             |
| B. Total out-of-pocket costs                                      | \$180                                 | \$180                                 | \$70                                |
| C. Using the HSA for out-of-pocket costs                          | (\$180)                               | (\$180)                               | <i>Not eligible</i>                 |
| <b>Whitney's total medical costs</b>                              | <b>\$1,046</b>                        | <b>\$2,571</b>                        | <b>\$3,174</b>                      |
| <b>Whitney's HSA balance</b>                                      | <b>\$320</b>                          | <b>\$320</b>                          | <i>Not eligible</i>                 |

\*These examples are illustrative. HDHP costs are based on average costs before meeting the deductible. Your costs will vary based on your specific care. This is just one example of how the financial aspect of coverage could work. Consider your own needs and priorities.

# EXAMPLE 2

## Mark has Ongoing Health Issues

- Mark visits his primary care physician every other month.
- He sees a specialist each quarter.
- He needs a monthly Tier 2 (brand-name preferred) prescription and uses the mail-order pharmacy for 90-day fills.
- On the Balanced HDHP, Mark meets his deductible in September. After that, he pays 20% coinsurance for his care.
- If Mark enrolls in an HDHP option, he chooses to contribute \$500 per year to his HSA.

| Premium Costs                                                           | Essential HDHP                           | Balanced HDHP                                                          | Choice PPO                             |
|-------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------|----------------------------------------|
| Mark's premium per month                                                | \$87.20                                  | \$214.22                                                               | \$258.66                               |
| <b>A. Mark's premium total per year</b>                                 | <b>\$1,046</b>                           | <b>\$2,571</b>                                                         | <b>\$3,104</b>                         |
| Out-of-Pocket Costs                                                     | Essential HDHP                           | Balanced HDHP                                                          | Choice PPO                             |
| <b>6 primary care visits*</b><br>\$130 PCP visit before deductible      | \$130 visit × 6 visits<br><b>\$780</b>   | \$130 visit × 5 visits<br>\$26 (20% × \$130) × 1 visit<br><b>\$676</b> | \$50 copay × 6 visits<br><b>\$300</b>  |
| <b>4 specialist visits*</b><br>\$250 specialist visit before deductible | \$250 visit × 4 visits<br><b>\$1,000</b> | \$250 visit × 3 visits<br>\$50 (20% × \$250) × 1 visit<br><b>\$800</b> | \$100 copay × 4 visits<br><b>\$400</b> |
| <b>4 Tier 2 prescriptions*</b><br>90-day mail order                     | \$200 × 4 fills<br><b>\$800</b>          | \$200 × 3 fills<br>\$40 (20% × \$200) × 1 fill<br><b>\$640</b>         | \$40 copay × 4 fills<br><b>\$160</b>   |
| <b>B. What Mark pays out of pocket</b>                                  | <b>\$2,580</b>                           | <b>\$2,116</b>                                                         | <b>\$860</b>                           |
| HSA Contributions                                                       | Essential HDHP                           | Balanced HDHP                                                          | Choice PPO                             |
| <b>C. Mark's annual contributions</b>                                   | <b>\$500</b>                             | <b>\$500</b>                                                           | <i>Not eligible</i>                    |
| Total Medical Costs                                                     | Essential HDHP                           | Balanced HDHP                                                          | Choice PPO                             |
| A. Employee premium total per year                                      | \$1,046                                  | \$2,571                                                                | \$3,104                                |
| B. Total out-of-pocket costs                                            | \$2,580                                  | \$2,116                                                                | \$860                                  |
| C. Using the HSA for out-of-pocket costs                                | (\$500)                                  | (\$500)                                                                | <i>Not eligible</i>                    |
| <b>Mark's total medical costs</b>                                       | <b>\$3,126</b>                           | <b>\$4,187</b>                                                         | <b>\$3,964</b>                         |
| <b>Mark's HSA balance</b>                                               | —                                        | —                                                                      | <i>Not eligible</i>                    |

\*These examples are illustrative. HDHP costs are based on average costs before meeting the deductible. Your costs will vary based on your specific care. This is just one example of how the financial aspect of coverage could work. Consider your own needs and priorities.

# EXAMPLE 3

## Derek Tears His ACL

- Derek tears his ACL while hiking.
- His imaging, surgery and physical therapy costs add up to \$50,000, which exceeds the out-of-pocket maximum for all plans.
- On all plans, Derek's out-of-pocket costs will be capped at the out-of-pocket maximum.
- If Derek enrolls in an HDHP option, he chooses to contribute \$500 per year to his HSA.

### Premium Costs

Derek's premium per month

#### A. Derek's premium total per year

### Out-of-Pocket Costs

Surgery, imaging and physical therapy

#### B. What Derek pays out of pocket

### HSA Contributions

#### C. Derek's annual contributions

### Total Medical Costs

A. Employee premium total per year

B. Total out-of-pocket costs

C. Using the HSA for out-of-pocket costs

#### Derek's total medical costs

#### Derek's HSA balance

|                                          | Essential HDHP | Balanced HDHP  | Choice PPO          |
|------------------------------------------|----------------|----------------|---------------------|
| Derek's premium per month                | \$87.20        | \$214.22       | \$258.66            |
| <b>A. Derek's premium total per year</b> | <b>\$1,046</b> | <b>\$2,571</b> | <b>\$3,104</b>      |
|                                          | Essential HDHP | Balanced HDHP  | Choice PPO          |
| Surgery, imaging and physical therapy    | \$50,000       | \$50,000       | \$50,000            |
| <b>B. What Derek pays out of pocket</b>  | <b>\$5,000</b> | <b>\$4,000</b> | <b>\$3,500</b>      |
|                                          | Essential HDHP | Balanced HDHP  | Choice PPO          |
| <b>C. Derek's annual contributions</b>   | <b>\$500</b>   | <b>\$500</b>   | <i>Not eligible</i> |
|                                          | Essential HDHP | Balanced HDHP  | Choice PPO          |
| A. Employee premium total per year       | \$1,046        | \$2,571        | \$3,104             |
| B. Total out-of-pocket costs             | \$5,000        | \$4,000        | \$3,500             |
| C. Using the HSA for out-of-pocket costs | (\$500)        | (\$500)        | <i>Not eligible</i> |
| <b>Derek's total medical costs</b>       | <b>\$5,546</b> | <b>\$6,071</b> | <b>\$6,604</b>      |
| <b>Derek's HSA balance</b>               | —              | —              | <i>Not eligible</i> |

*\*These examples are illustrative. HDHP costs are based on average costs before meeting the deductible. Your costs will vary based on your specific care. This is just one example of how the financial aspect of coverage could work. Consider your own needs and priorities.*



# VIRTUAL VISITS

## Care When And Where You Need It

### Connect to a Doctor in Minutes

If you enroll in one of our medical plans, you can visit with a doctor any time. Teladoc Health providers can diagnose and treat common non-emergency conditions, and they can even prescribe medication when it's medically necessary.

### Find Care Your Way

You can connect using your phone, tablet or computer.

### Use Virtual Visits For:

- Allergies
- Cold symptoms
- Diarrhea
- Fever
- Flu symptoms
- Headaches
- Mental health therapy
- Pink eye
- Psychiatry
- Sinus problems
- Urinary tract infection
- And more!

### Mental Health Support

Teladoc Health therapists and psychiatrists represent a wide range of backgrounds, beliefs, personality types and cultures. Since your sessions are virtual, you're not limited to a professional in your area.

## What Does It Cost?

### Medical Visits

- **General medical visit** | \$25 copay
- **Dermatology visit** | \$50 copay

### Mental Health Visits

- **Therapist visit** | \$50 copay
- **Initial psychiatry visit** | \$125 copay
- **Follow-up psychiatry visit** | \$75 copay

## Support to Manage Diabetes

With Teladoc Health, you're eligible for additional support if you have a type 1 or type 2 diabetes diagnosis.

### No Additional Cost to You

When you enroll in a GROWMARK medical plan, we pay 100% for the diabetes management program.

### Unlimited Test Strips and Lancets

When you need more strips and lancets, just tap your meter and re-order—no copays or out-of-pocket fees!

### How It Works

After you enroll, you'll receive a welcome kit, which includes the Teladoc Health smart meter, test strips, lancing device, lancets and carrying case.

### Technology to Keep You Healthy

With a smart meter, you can automatically send readings to your account and get instant insights. Plus you get access to the Teladoc Health site you can use online or through the app.

## Personalized Support for Your Journey

### Expert Coaching with 24/7 Support

Teladoc's coaches are certified diabetes educators. You can always contact a coach directly from your meter for guidance, and they can help immediately if your reading is out of range.

### Keep Loved Ones in the Loop

Create optional notifications for high and low readings to let loved ones know your blood glucose status.

*\*Teladoc Health's diabetes management program was previously known as Livongo and is in a brand transition phase. You may receive Livongo-branded and Teladoc Health-branded products during this transition.*

## Get Started with Teladoc

Virtual Visits | [TeladocHealth.com](https://TeladocHealth.com)

Diabetes Management | [TeladocHealth.com/register](https://TeladocHealth.com/register)

# SPECIALTY CARE CONCIERGE



When you're facing a serious diagnosis or surgery, finding the right care is about more than ratings and reviews. With Lantern, you have concierge support and guidance with access to a nationwide network of top-tier specialists for surgery, cancer and infusion care.

## Care When You Need It Most

### Surgical Needs

Lantern helps when you need planned, non-emergency surgery. It covers the most expensive costs, so you'll pay less while receiving care from the best in the field.

Save on surgeries for specialties like orthopedics; cardiology; pain management; gynecology; ear, nose and throat; gastroenterology (GI); general surgery; and more.

### Infusion Care

Regular infusions at a hospital for cancer or conditions like multiple sclerosis can be time-consuming. With Lantern, you have options—including in-home infusions and infusion centers—that are more convenient and save you money.

### Navigating Cancer

Cancer is a life-changing diagnosis, but you don't have to face it alone. Your Oncology Nurse Navigator can discuss your diagnosis and review your treatment plan. From there, you can get appointments at local and national cancer centers quickly with a Lantern referral to a network of top centers.

## Options Across the Country

There is a Lantern surgeon within 80 miles for most of our members to keep you closer to home for a procedure.

Lantern may be able to help find at-home infusion options and has over 500 infusion centers in the network of excellence.

No matter where you are in the U.S., Lantern has connections to help you during cancer treatment. You can get the care you need faster thanks to Lantern's relationships with local and national cancer centers.

## Support for Every Step of Your Journey Surgery and Infusions

For surgical and infusion needs, Care Advocates individually match you with the right provider, so you don't have to dig through a directory or sort through reviews.

### Cancer Care

For cancer care, when you review your treatment plan, you can also tell Lantern about the roadblocks you face and the concerns you have. They can facilitate referrals for a second opinion if appropriate and get appointments faster.



#### 1. Call Lantern to get started

They'll share more information about your benefits for your care needs.

**Care Advocate** | 855-358-1381  
**Cancer Journeys** | 855-204-3923



#### 2. Find excellent care

Lantern Care Advocates or Oncology Nurse Navigators will connect you to the right care at the right time.



#### 3. Lantern lights the way

*Lantern doesn't just find care.*

They'll schedule appointments, facilitate record requests and transfers and answer your questions every step of the way.

## Top Care. Smart Savings.

In addition to a network of excellence, Lantern could help you save significantly on procedures.

Visit | [LanternCare.com/for-members](https://LanternCare.com/for-members)

# USING YOUR PHARMACY BENEFITS



Blue Cross and Blue Shield of Illinois has digital tools to help you manage your prescriptions online or through the app.

## Find It All Online

Manage all prescription needs through your BCBSIL online account or through the BCBSIL app.

- Find a nearby in-network pharmacy
- Compare costs across different pharmacies
- Chat with a pharmacy customer service representative
- Seek prior authorization

## Helping You Save Money

Save money while getting credit toward your deductible and out-of-pocket maximum!

1. With MedsYourWay®, BCBSIL compares prices for generic drugs across discount cards and online shops.
2. BCBSIL will automatically apply the lowest possible pricing to your generic prescriptions, even if it's lower than the cost through your medical plan.
3. Ask your in-network pharmacy if they use MedsYourWay.

## Mail-Order Options

Have your long-term medications sent to you with Express Scripts. It's convenient, safe and gives you peace of mind.

Plus with the BCBSIL app, you can live chat with a pharmacy representative to find what's best for you.

### Get Started

Visit | [Express-Scripts.com/rx](https://www.express-scripts.com/rx)

- Create an account
- Your doctor can send new prescriptions electronically to Express Scripts Home Delivery

## Specialty Medications

If you take a specialty medication, you will need to fill that prescription through Accredo specialty pharmacy. Register online. A patient care advocate will guide you.

Visit | [Accredo.com](https://www.accredo.com)

## Manage Your Account

Manage all your prescription needs through your BCBSIL online account.

### On the Go

Download the BCBSIL app for tools to manage your medical and prescription coverage. Plus, you can sign up for notifications for key updates.

**Text** | Text "BCBSILAPP" to 33633 to get the app

**Visit** | [BCBSIL.com](https://www.bcbuil.com)

# MAKE THE MOST OF YOUR PLAN



## Preventive Care

**Your medical plan covers in-network preventive care services at no cost to you!** Understand what's considered preventive care before you make an appointment.

### What Is Preventive Care?

Preventive care includes a range of services to help keep you healthy. While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick in the first place.

### What Is NOT Preventive Care?

If you see a doctor because you have symptoms or have been diagnosed with an illness, the services are **not** preventive. Your medical plan still provides coverage for these services, but they are not covered at 100%.

*You may have a fee if you see an out-of-network provider or if preventive care is not the primary purpose of your visit.*

## Tips to Save Money

### Save the ER for True Emergencies

Only visit the emergency room if you have a life- or limb-threatening emergency. If you need care when your doctor's office is closed, find an urgent care or use virtual care.

### Use Teladoc

Virtual visits are cheaper than urgent care, and you don't even have to leave your house. Teladoc providers are available 24/7!

### Choose Generic Prescriptions

Ask your doctor or pharmacist to give you generic prescriptions. Generic drugs are cheaper and are just as effective.

## Take Charge of Your Health

Starting Jan. 1, 2027, the wellness program will transition to GO Wellbeing, powered by Sharecare. It's an easy-to-use digital program to manage your health and wellbeing in one place.

Plus, GO Wellbeing is **included at no extra cost** as part of your BCBSIL medical plan!

### Get Started

Start with the RealAge Test, which looks at your daily habits to estimate your body's real age. After the test, you'll get easy-to-follow steps to help you improve your health.

### Earn Rewards!

Earn rewards for healthy activities like sleep tracking, connecting a wearable health device, learning about your financial fitness and more. You can also join challenges to boost your progress

### Tools and Tips

GO Wellbeing offers resources to support your mind and body. Articles in the app cover topics such as physical health, mental well-being and financial health.

### Find Fresh Air

The Community Wellbeing Index shows you where you can enjoy the outdoors in your area and how your activity levels compare with others around the country.

## Use Up Your Blue Points!

**Your current Blue Points will expire at the end of 2026.**

Blue Points will be available in a new format on the GO Wellbeing platform. *More information coming soon!*

## Recommended Preventive Care

See which preventive tests and screenings are recommended for your age. Confirm which services are covered as preventive with BCBSIL.

Visit | [ODPHP.Health.gov/myhealthfinder](https://odphp.health.gov/myhealthfinder)

# HEALTH SAVINGS ACCOUNT



By enrolling in the Essential HDHP or the Balanced HDHP, you get access to a Health Savings Account, which can be used to pay for qualified healthcare expenses. **Plus, your savings roll over year after year!**

## Eligibility

To contribute to an HSA, you must:

**Be enrolled** in an HSA-eligible medical plan

**Not be enrolled** in Medicare, TRICARE, Medicaid or a non-HSA eligible plan\*

**Not be eligible** to be claimed as a dependent on someone else's tax return

*To avoid penalties, stop your HSA contributions six months before enrolling in Medicare Part A. Consult your tax advisor for guidance.*

## Contributions

You can contribute up to the IRS annual maximum, which is based on your age and enrollment in an HSA-eligible plan.

### 2027 IRS limits

|            | Under 55 | Age 55+  |
|------------|----------|----------|
| Individual | \$4,500  | \$5,500  |
| Family     | \$9,000  | \$10,000 |

*The IRS defines family as having at least one dependent on your plan.*

## 3 Reasons to Love Your HSA

### 1. Triple Tax Savings<sup>1</sup>

- Tax deductions when you contribute to your HSA
- Tax-free withdrawals to pay for qualified expenses
- Tax-free earnings on interest and investment gains

### 2. Flexibility

Use the money in your HSA for eligible expenses, or save it and let it grow. Your savings roll over year after year, and you can use your HSA as retirement income at age 65 without penalty.<sup>2</sup>

### 3. You Can Invest Your HSA

Through Fidelity, you have options to get more from your HSA through investing. There is no minimum to start investing, and you can keep funds in your account to handle unexpected qualified healthcare expenses.

<sup>1</sup>State taxes still apply in some states.

<sup>2</sup>Normal income tax still applies.

## Learn More

Learn about eligible expenses, tax advantages, and how to use your HSA to its full potential.

**Browse Videos** | [Engage.TheMJCos.com/bootcamp/hsa](https://engage.themjcos.com/bootcamp/hsa)

**Explore Articles** | [HSASore.com/learning-center](https://hsastore.com/learning-center)

# FLEXIBLE SPENDING ACCOUNTS



Flexible Spending Accounts (FSAs) let you set aside pre-tax money from your paycheck to pay for eligible healthcare and dependent care expenses. An FSA can help you reduce your taxable income and save on expenses you already pay!



## **1. Estimate**

Estimate your expenses and decide how much you want to contribute for the entire plan year.



## **2. Contribute**

Your contributions are deducted each paycheck before taxes are applied and set aside in your FSA.



## **3. Spend Funds!**

Use your FSA debit card for eligible expenses or reimburse yourself from your account.



## **4. File Claims**

Don't forget to file any claims for reimbursement before the deadline! See the deadlines for each type of FSA below

### **Healthcare FSA**

#### **Use For**

Medical, prescription, dental and vision expenses for yourself, your spouse, or your dependents

#### **Contribution Limit**

**\$3,400 per year<sup>1</sup>**

#### **Eligibility**

*Not available to HSA participants*

#### **When Funds are Available**

All funds immediately available to you at the beginning of the plan year

#### **Important Deadlines**

- Incur expenses by March 15, 2028
- File claims by June 30, 2028

### **Limited Purpose FSA**

#### **Use For**

To comply with IRS rules, limited to dental and vision expenses for yourself, your spouse, or your dependents

#### **Contribution Limit**

**\$3,400 per year<sup>1</sup>**

#### **Eligibility**

*Only available to HSA participants*

#### **When Funds are Available**

All funds immediately available to you at the beginning of the plan year

#### **Important Deadlines**

- Incur expenses by March 15, 2028
- File claims by June 30, 2028

### **Dependent Care FSA**

#### **Use For**

Dependent care expenses for a child under age 13 or a dependent elder that allow you to go to work

#### **Contribution Limit**

**\$7,500 per year<sup>2</sup>**

#### **Eligibility**

*All full-time employees eligible*

#### **When Funds are Available**

Funds available as they are contributed each pay period

#### **Important Deadlines**

- Incur expenses by Dec. 31, 2027
- File claims by March 15, 2028

<sup>1</sup>Limits subject to change when the IRS releases the 2027 contribution limits.

<sup>2</sup>Dependent Care FSA contribution limit is \$3,750 if you're married and filing a separate tax return.

## **Estimate Strategically**

**Use it or lose it**—you forfeit any unused money. Only contribute what you will spend before the deadline for incurred expenses listed above. You can't change your contributions after open enrollment unless you have a qualifying life event.

## **See What's Eligible**

You may be surprised! Filter eligible items by type of FSA.

Visit | [FSAStore.com/fsa-eligibility-list](https://FSAStore.com/fsa-eligibility-list)

## **Non-Discrimination Testing**

The company has the right to automatically reduce your FSA contribution elections or re-characterize your FSA benefits as taxable income without your consent where such action is taken for purposes of complying with certain IRS nondiscrimination rules.

These rules generally prohibit FSA plans from favoring highly compensated individuals and other key employees.

# DENTAL BENEFITS



## In-Network Benefits\*

### Network

### Calendar-Year Deductible

Individual | Family

### Maximum Benefit for All Services

Per person per year

### Maximum Orthodontia Benefit

Per child per lifetime

| Value Plan      | Premier Plan    |
|-----------------|-----------------|
| PPO/Premier     | PPO/Premier     |
| \$50 per person | \$50 per person |
| \$1,000         | \$1,000         |
| Not covered     | \$1,000         |

## What You Pay for Care

**Preventive** Cleanings, exams, bite wing x-rays  
Twice per year

**Basic** Fillings, extractions, full-mouth X-rays

**Major** Crowns, bridgework, root canals

**Orthodontia** For children up to age 19

| Value Plan                            | Premier Plan                          |
|---------------------------------------|---------------------------------------|
| No charge<br><i>deductible waived</i> | No charge<br><i>deductible waived</i> |
| 20% after deductible                  | 20% after deductible                  |
| Not covered                           | 50% after deductible                  |
| Not covered                           | You pay 50%                           |

## Your Cost Per Month

Employee

Employee + Spouse

Employee + Child(ren)

Employee + Family

| Value Plan | Premier Plan |
|------------|--------------|
| \$18.67    | \$29.78      |
| \$37.32    | \$59.54      |
| \$46.89    | \$66.07      |
| \$75.96    | \$109.29     |

## Your Dental Networks

### PPO

The PPO network is Delta Dental's lowest-cost network.

For the greatest benefits and discounts, choose a PPO dentist.

### Premier

If you can't find a PPO dentist, a Premier dentist is next best.

The Premier network is Delta Dental's largest network.

### Out-of-Network

You'll pay the most if you visit an out-of-network dentist.

With out-of-network dentists, you're subject to "balance billing."

### **\*Beware of Balance Billing**

If your dentist is out-of-network and they charge more than the plan allows, **you're responsible** for the extra charges. Save money by staying in-network!

See Glossary on page 29 for more details.

# VISION BENEFITS



## In-Network Benefits\*

### Network

#### Eye Exam

Once every 12 months

#### Eyeglass Lenses Single | Bifocal | Trifocal | Lenticular

Once every 12 months

#### Contact Lenses Instead of glasses

Once every 12 months

### Frame Benefits

**Allowance** At Walmart, Sam's Club and Costco

**Allowance** At all other locations

**Allowance** On featured brands

**Discount** On amount over your allowance

### Coverage

Employee

Employee + Spouse

Employee + Child(ren)

Employee + Family

| VSP Vision Plan                                        |
|--------------------------------------------------------|
| Signature                                              |
| \$10 copay                                             |
| \$25 copay                                             |
| \$175 allowance +<br>15% discount on lens fitting exam |
| VSP Vision Plan                                        |
| \$95                                                   |
| \$175                                                  |
| \$195                                                  |
| 20%                                                    |
| Your Cost Per Month                                    |
| \$8.00                                                 |
| \$16.02                                                |
| \$17.14                                                |
| \$27.38                                                |

\*Out-of-network coverage is available. See plan summary for details.

## Discounts & Savings

You're eligible for extra discounts and savings when you visit in-network providers. Receive discounts on lens enhancements, laser vision correction and more!

### Learn More

Visit | [VSP.com](https://www.vsp.com)

# DISABILITY INSURANCE



AGRILAND FS provides short-term disability benefits to **all full-time employees at no cost to you.**

Non-exempt hourly employees can choose to purchase long-term disability insurance. AGRILAND FS provides long-term disability insurance to exempt employees who are automatically enrolled in the benefit.

## Short-Term Disability

| Coverage                   | Details                     |
|----------------------------|-----------------------------|
| Benefit amount             | 66.67% of your salary       |
| When are benefits payable? | After you use 6 days of PTO |
| Maximum benefit duration   | 25 weeks                    |

## Long-Term Disability

| Coverage                   | Details                                                                                                           |
|----------------------------|-------------------------------------------------------------------------------------------------------------------|
| Benefit amount             | 60% of your salary up to \$6,000 per month                                                                        |
| When are benefits payable? | After 180 days of disability due to an accident or illness                                                        |
| Maximum benefit duration   | Until you recover or up to age 65<br><i>May extend past age 65 depending on your age when you become disabled</i> |

### Find More Info

Contact your Benefits Administrator for more information about short-term disability benefits.

### Long-Term Disability Premium

The total premium is based on your age and monthly earnings.  
*Find your cost online.*

## Protecting Your Paycheck

These benefits replace part of your income if you can't work due to pregnancy or a non-work-related injury or sickness.

# LIFE INSURANCE



## Life Insurance Options

You can give your loved ones greater peace of mind by purchasing coverage at competitive group rates.

| Coverage Options | Details                                                                                                                  |
|------------------|--------------------------------------------------------------------------------------------------------------------------|
| Employee Benefit | \$5,000 increments up to \$500,000<br><b>Guaranteed Issue:</b> \$300,000*                                                |
| Spouse Benefit   | \$5,000 increments up to \$250,000<br><i>not to exceed 50% of employee election</i><br><b>Guaranteed Issue:</b> \$50,000 |
| Child Benefit    | \$10,000 increments up to \$20,000<br><i>One premium covers all children.</i>                                            |

*Rates vary by age and coverage amount. Spousal rates are based on employee's age. See your rates when you enroll.*

## Guaranteed Issue

A guaranteed issue is the amount of coverage you can be approved for without completing a health questionnaire—often called evidence of insurability (EOI).

### \*For Open Enrollment

This year, we have an open enrollment for supplemental coverage! Any eligible employee can elect coverage up to \$400,000 without completing the EOI.

### After Open Enrollment

To enroll or increase coverage after open enrollment, you must complete the EOI.

In future years, guaranteed issue coverage will only be available to new hires in their initial enrollment period.

## Keep Your Beneficiary Up to Date!

Life insurance benefits are paid to the beneficiary on file, so keep your information up to date.

You can name multiple beneficiaries and assign the percentage each person should receive.

*You can change your beneficiary any time in Isolved.*

# SUPPLEMENTAL BENEFIT OPTIONS



## Hospital Indemnity Insurance

The hospital indemnity policy pays you a benefit when you or a loved one enrolled in the policy are admitted to the hospital. Benefits are paid based on the amount of coverage listed for the service, not the actual cost of treatment. *You must provide hospital documentation to confirm the stay was 20 hours or greater to be approved.*

The benefits are paid directly to you, so you can use the money however you need it.

| Plan Basics                                                                                                             | Tier 1        | Tier 2        |
|-------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| <b>Hospital Admission</b> Up to 1 day per calendar year                                                                 | \$500         | \$1,000       |
| <b>Hospital Confinement</b> Up to 30 days per calendar year                                                             | \$100 per day | \$200 per day |
| <b>ICU Admission</b> Up to 1 day per calendar year                                                                      | \$1,000       | \$2,000       |
| <b>ICU Confinement</b> Up to 30 days per calendar year                                                                  | \$200 per day | \$400 per day |
| <b>Newborn Care</b> Up to 2 days per calendar year                                                                      | \$100 per day | \$200 per day |
| <b>NICU Admission</b> Up to 1 day per calendar year<br><i>Percentage increases the hospital admission benefit</i>       | 25%           | 25%           |
| <b>NICU Confinement</b> Up to 30 days per calendar year<br><i>Percentage increases the hospital confinement benefit</i> | 25%           | 25%           |

### Find All the Details

Supplemental benefit options will not cover conditions that existed prior to your coverage date.

Visit | [AGRILAND FS Benefit Portal](#)

# SUPPLEMENTAL BENEFIT OPTIONS Continued



## Accident Insurance

When you, your spouse or child has a covered accident, you can receive a benefit to help with unexpected costs. Accident insurance covers a wide range of incidents from dislocated fingers to third-degree burns and more. While medical plans may cover direct costs associated with an accident, this benefit can help cover other expenses.

The benefits are paid directly to you, so you can use the money however you need it.

| Examples of Covered Accidents | Benefit    |
|-------------------------------|------------|
| Ambulance Ground              | \$225      |
| Ambulance Air                 | \$1,125    |
| Emergency Care                | \$150      |
| Fracture Ankle, Arm, Wrist    | \$575      |
| Fracture Fingers, Toes        | \$125      |
| Dislocation Hip               | \$3,375    |
| Dislocation Fingers, Toes     | \$125      |
| Concussion                    | \$200      |
| Lacerations                   | \$50-\$600 |
| Hospital Admission            | \$1,000    |
| ICU Admission                 | \$1,500    |

## Critical Illness Insurance

Critical illness insurance provides a benefit to help you cover unexpected expenses when you or an insured family member is diagnosed with a covered condition. The plan also includes access to a Personal Health Advocate to assist you and your entire family in managing healthcare services when you need it the most.

The benefits are paid directly to you, so you can use the money however you need it.

| Options          | Coverage                                                                |
|------------------|-------------------------------------------------------------------------|
| Employee Benefit | \$10,000 increments up to \$30,000<br><b>Guaranteed issue:</b> \$30,000 |
| Spousal Benefit  | \$5,000 increments up to \$15,000<br><b>Guaranteed Issue:</b> \$15,000  |
| Child Benefit    | \$5,000 or \$10,000<br><i>Not to exceed 50% of employee's election</i>  |

| Examples of Covered Illnesses | Benefit |
|-------------------------------|---------|
| Invasive Cancer               | 100%    |
| Non-Invasive Cancer           | 25%     |
| Heart Attack, Stroke          | 100%    |
| Tetanus, Rabies               | 25%     |

### \$50 Wellness Benefit!

The accident and critical illness insurance policies include a wellness benefit. You can receive \$50 per year for completing certain wellness screenings!

#### Find More Details

Find the details on all of your supplemental options, including the wellness benefit, coverage exclusions and more.

Visit | [AGRILAND FS Benefit Portal](#) ↗

# 401(K) RETIREMENT PLAN



We sponsor a 401(k) retirement plan through Fidelity to help you build savings for the future. **All employees are immediately eligible to participate in the 401(k) plan upon hire.**

## Personal Contributions

You can contribute on a pre-tax or post-tax (Roth option) basis.

- **Pre-tax contributions** lower your taxable income now, but any distributions and growth your account makes will be taxed at retirement.
- **Roth contributions** are deducted after taxes. Contribution earnings are tax-free if they are a qualified distribution.

## Contribution Limits

You can contribute up to 75% of your pay through combined pre-tax and/or Roth contributions (subject to IRS limits).

### IRS 401(k) Contribution Limits\*

| Age in 2027 | Limit    |
|-------------|----------|
| Under 50    | \$24,500 |
| 50-59       | \$32,500 |
| 60-63       | \$35,750 |
| 64+         | \$32,500 |

*\*Subject to change when the IRS releases 2027 limits.*

## Company Contributions

### Timing

After Dec. 31, AGRILAND FS will match part of your personal contributions. You must be employed on Dec. 31 of the plan year to be eligible for the employer match.

### Employer Match

- We will match 50% of your contributions up to \$300.
- Seasonal employees are eligible to participate in the plan but are ineligible for employer matching contributions.

### Vesting

You are always 100% vested in both your contribution and AGRILAND FS's contributions!

## Automatic Enrollment

If you do not make your own contribution election, you will be automatically enrolled after 45 days.

- You will have a pre-tax contribution rate of 5%.
- Your contributions will automatically increase up to 10%

## Manage Your Account

Enroll and manage your account online. You can change your contribution percentage at any time.

Visit | [NetBenefits.com](https://netbenefits.com)

# EMPLOYER-SPONSORED PENSION



## The Peak of Retirement Benefits

### Your Future—Funded by AGRILAND FS

AGRILAND FS is proud to fully fund a pension plan for eligible employees. The pension provides you with a monthly benefit check for the remainder of your lifetime in retirement once you are vested in the plan.

### Secure Your Future on Your Terms

You can secure your future on your terms **without having to make your own contributions.**

### No Risk for You

Your vested pension benefit is insured by the Pension Benefit Guaranty Corporation. Your employer takes all the risk for market volatility, so you have your full benefit at retirement.

### Benefits Based On Your Work

Your benefits are based on your compensation, length of service, and age at retirement.

**The longer you're employed with the GROWMARK System, the richer your benefit will be.**

### Income for Life—Even If You Don't Save

Once you're vested, you're guaranteed a monthly check once you retire for the rest of your life.

### Retire Early and Still Receive Your Benefit

If you want to retire early, you can start receiving your benefit beginning at age 55.

### Benefit Amount

Your pension benefit is designed to replace **more than half of your monthly income** when you retire.

For example, a person retiring at age 65 with 32 years of credited service and an average annual income of \$65,000 will receive \$2,860 a month in retirement.

***That's about \$514,800 total if they live until age 80!***

## How It Works

### Key Timing Milestones

#### Eligibility & Enrollment: 12 Months of Employment

You will be automatically enrolled once you:

- Are age 21 or older
- Complete 12 months of employment with at least 1,000 hours worked

#### Vesting: Jan. 1 After Five Calendar Years

"Vested" means you have full ownership in your pension. Once you are vested, you're vested for life and your benefit grows over time. You will be vested on Jan. 1 after five calendar years with 1,000 hours worked in each year.

#### Years of Credited Service

- Pension years of credited service begin Jan. 1 of the year you are enrolled.
- A year of pension credited service is one calendar year with at least 1,000 hours worked.
- It's important to note that your years of credited service are separate from your work anniversary years.

### Beneficiaries

Designate your beneficiaries on Your Pension Resources (YPR).

1. Visit [YPR.Aon.com/GROWMARK](https://YPR.Aon.com/GROWMARK)
2. Click "New User? Register here." to create your login.

### Working Side by Side With Your 401(k)

To create a more accurate savings plan, see your accrued pension benefit next to your 401(k) on your Fidelity dashboard.

## Forecast Your Pension In Minutes!

Run a customized pension estimate on Your Pension Resources (YPR). Discover what your benefit could look like based on your personal factors, and even plug in different retirement dates.

*YPR is accessible once you are enrolled in the pension plan.*

Visit | [YPR.Aon.com/GROWMARK](https://YPR.Aon.com/GROWMARK)

# SUPPORT FOR YOUR WHOLE FAMILY

## ComPsych EAP

### Mental Health Counseling, Support and Referrals

All employees and their households have access to GuidanceResources, ComPsych's Employee Assistance Program to help with everyday life challenges that affect your health, family life and desire to excel at work.

#### EAP Resources Include:

- Access to consultants by phone
- Resource library and online tools
- **Five counseling sessions** per issue, per person, per year

#### The EAP Can Help With:

|                                                                                                       |                                                                                                      |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
|  Legal Assistance    |  Emotional Wellness |
|  Family Issues       |  Work & Career      |
|  Financial Wellness |  Substance Abuse   |

## 24/7 Assistance

Call | 888-628-4824

Visit | [GuidanceResources.com](https://www.guidanceresources.com)

Organization Web ID | LFGsupport

## Spot Pet Insurance

We've partnered with Spot to provide peace of mind in the event of unexpected vet bills for your dog or cat.

### Pick a Plan That Works for You

With a Spot plan you can go to any licensed vet, emergency clinic, or specialist in the U.S. or Canada and receive up to 90% cash back on eligible accident and illness bills.

#### Choose from:

- Accident Only
- Accident & Illness
- Optional preventive care and wellness add-ons

#### Your Coverage Includes:

- 24/7 telehealth helpline through VetAccess
- 20% discount on a Spot policy

### Get Started

Find all the information you need online. Our partner ID is EB\_GROWMARK.

Visit | [SpotPet.link/growmark](https://spotpet.link/growmark)

Call | 800-905-1595

*Spot pet insurance plans are not part of Open Enrollment elections and do not require a qualifying life event to enroll. You may enroll or cancel your plans at any time. Premiums cannot be deducted from payroll.*



# FITNESS PROGRAM OPTIONS

## BCBSIL Fitness Program

The BCBSIL fitness program gives you unlimited access to a network of fitness locations nationwide. With the fitness program, visit multiple locations with one membership!

### Flexibility for Your Needs

The fitness program membership is month to month. You have options for flexible plans from \$19 to \$239 per month.

### Location Variety

The program includes many gyms and studios, including boutique fitness options!

### Convenient Payment

You can easily pay monthly fees with an automatic credit card payment or bank account withdrawals.

### Find a Location Online

You can go online to search for locations across the country and track your visits for Blue Points.

### Complementary and Alternative Medicine

You have discounts with a nationwide network of health and well-being providers, such as acupuncturists, massage therapists and personal trainers. You can access this program when you join the BCBSIL Fitness Program.

## Active&Fit Direct Fitness Program

Find a routine that's right for you, whether you prefer to work out at home or at the gym. The Active&Fit Direct Fitness Program is available to all employees

### Support for Your Fitness Needs

Track your progress with fitness tools and resources to stay on target. You can even add a spouse to your membership to achieve your goals together.

### Find the Fit That Works for You

Choose a membership that fits your lifestyle. Enrollment fees are often waived throughout the year. Contact your HR representative for an active code.

| Membership Level                                                              | Free | Paid           |
|-------------------------------------------------------------------------------|------|----------------|
| Cost Per Month                                                                | \$0  | Starts at \$28 |
| Virtual Options<br>13,000+ expert-led videos                                  | ✓    | ✓              |
| Fitness Location Variety<br>Access to 12,000+ fitness centers across the U.S. |      | ✓              |

*Active&Fit Direct plans are not part of Open Enrollment elections and do not require a qualifying life event to enroll. You may enroll or cancel your plans at any time. Premiums cannot be deducted from payroll.*

### Eligibility

The BCBSIL fitness program is available to those enrolled in a AGRILAND FS medical plan.

The Active&Fit Direct fitness program is available to all employees.

# IDENTITY PROTECTION & FINANCIAL WELLNESS

## Identity Protection Services

- Identity and credit monitoring
- High-risk transaction and dark web monitoring
- Data breach notifications
- Social media account takeover monitoring
- Remediate pre-existing conditions at no added cost
- Full service, U.S.-based remediation support
- Up to \$1 million identity theft expense reimbursement

### Get Started in Three Easy Steps

Visit | [MyAIP.com/signin](https://MyAIP.com/signin)

1. Set up your account
2. Activate credit monitoring by verifying your identity
3. Add family members—you can cover seniors over age 65, even if they do not live with you

### What Does It Cost?

**Individual** | \$9.95/month

**Family** | \$17.95/month

## WellnessPATH Financial Tool

### Personalized for Your Financial Goals

Start setting and meeting your financial goals with WellnessPATH from Lincoln Financial.

Whether you're struggling with credit card debt, paying off student loans, trying to save more for retirement, or building a vacation fund, you have tools to succeed.

### Get Started

Visit | [LincolnFinancial.com](https://LincolnFinancial.com)

1. Log in or create an account.
2. Complete the assessment on the home page.
3. Receive a wellness score and action steps in four main areas—saving, spending, debt, and protection.
4. You'll receive access to WellnessPATH when you complete the assessment.

### No Cost to You

This is a free tool that does not require additional enrollment



# BENEFIT RESOURCES

## In-Network Provider Search

Your costs increase greatly when you visit a provider who is not in network. Always confirm your provider is in your network, especially when being referred to another provider or facility.

| Medical                                                             | Dental                                                                                        | Vision                                                          |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Blue Cross and Blue Shield of Illinois                              | Delta Dental of Illinois                                                                      | VSP                                                             |
| <b>Network   Blue Card PPO</b>                                      | <b>Network   PPO/Premier</b>                                                                  | <b>Network   Signature</b>                                      |
| <a href="https://www.BCBSIL.com/find-care">BCBSIL.com/find-care</a> | <a href="https://www.DeltaDentalIL.com/find-a-provider">DeltaDentalIL.com/find-a-provider</a> | <a href="https://www.VSP.com/eye-doctor">VSP.com/eye-doctor</a> |

## Glossary

### Balance Billing

When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing charges will not apply toward your out-of-pocket maximum.

### Coinsurance

The percentage of the cost you pay for covered services after you meet your deductible.

### Copayments (Copays)

A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

### Deductible

The amount you are required to pay each year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. The deductible resets on Jan. 1 each year.

### Explanation of Benefits (EOB)

A statement, usually mailed to you, that explains how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

### Health Savings Account (HSA)

An HSA is a special, tax-advantaged, interest-bearing savings account you can use for qualified healthcare expenses such as your deductible, copayments, and other out-of-pocket expenses.

### Network

The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

### Out-of-Pocket Maximum (OOPM)

The most you pay in a year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the calendar year.

### Plan Year

The plan year refers to Jan. 1 through Dec. 31.

### Usual, Customary, and Reasonable (UCR) Charges

Healthcare charges determined by your health insurance provider that are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area.

When you receive care in-network, UCR charges do not apply. For out-of-network care, you are responsible for any extra charge over the UCR fee.

# BENEFIT CONTACTS

| Benefit                                                     | Provider                                  | Phone        | Website                                                                                                   |
|-------------------------------------------------------------|-------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------|
| Medical & Pharmacy                                          | Blue Cross and Blue Shield of Illinois    | 800-828-3116 | <a href="https://www.bcbhil.com">BCBSIL.com</a>                                                           |
| Virtual Visits                                              | Teladoc Health                            | 800-835-2362 | <a href="https://www.teladochealth.com">TeladocHealth.com</a>                                             |
| Diabetes Support                                            | Teladoc Health                            | 800-835-2362 | <a href="https://www.teladochealth.com/register">TeladocHealth.com/register</a>                           |
| Specialty Care Concierge                                    | Lantern                                   | 855-358-1381 | <a href="https://www.lanterncare.com/for-members">LanternCare.com/for-members</a>                         |
| Oncology Nurse Navigator                                    | Lantern                                   | 855-204-3923 | <a href="https://www.lanterncare.com/for-members">LanternCare.com/for-members</a>                         |
| Wellness Program                                            | GO Wellbeing                              | —            | <a href="https://www.bcbhil.com">BCBSIL.com</a>                                                           |
| Dental                                                      | Delta Dental of Illinois                  | 800-323-1743 | <a href="https://www.deltadentalil.com">DeltaDentalIL.com</a>                                             |
| Vision                                                      | VSP                                       | 800-877-7195 | <a href="https://www.vsp.com">VSP.com</a>                                                                 |
| Health Savings Account                                      | Fidelity                                  | 800-544-3716 | <a href="https://www.netbenefits.com">NetBenefits.com</a>                                                 |
| Flexible Spending Accounts                                  | Fidelity                                  | 800-835-5095 | <a href="https://www.netbenefits.com">NetBenefits.com</a>                                                 |
| Life Insurance                                              | Lincoln Financial Group                   | 800-423-2765 | <a href="#">AGRILAND FS Benefit Portal</a> ➤                                                              |
| Disability Insurance                                        | Lincoln Financial Group                   | 800-423-2765 | <a href="#">AGRILAND FS Benefit Portal</a> ➤                                                              |
| Accident, Critical Illness and Hospital Indemnity Insurance | Lincoln Financial Group                   | 800-423-2765 | <a href="#">AGRILAND FS Benefit Portal</a> ➤                                                              |
| 401(k) Retirement Plan                                      | Fidelity                                  | 800-835-5095 | <a href="https://www.netbenefits.com">NetBenefits.com</a>                                                 |
| Employer-Sponsored Pension                                  | Aon                                       | 844-382-1691 | <a href="https://www.ypr.aon.com/GROWMARK">YPR.Aon.com/GROWMARK</a>                                       |
| Employee Assistance Program                                 | ComPsych                                  | 888-628-4824 | <a href="https://www.guidanceresources.com">GuidanceResources.com</a><br>Organization Web ID   LFGsupport |
| Fitness Program Option                                      | Active&Fit Direct                         | —            | Reach out to your HR contact for an active code.                                                          |
| Pet Insurance                                               | Spot                                      | 800-905-1595 | <a href="https://www.spotpets.com/growmark">SpotPet.link/growmark</a><br>Partner ID   EB_GROWMARK         |
| Identity Protection                                         | Allstate Identity Protection              | 800-789-2720 | <a href="https://www.myaip.com">MyAIP.com</a>                                                             |
| Personalized Financial Tool                                 | WellnessPATH from Lincoln Financial Group | —            | <a href="https://www.lincolnfinancial.com">LincolnFinancial.com</a>                                       |
| AGRILAND FS Human Resources                                 | Nicole Mitchell                           | 515-462-5366 | <a href="mailto:nmitchell@agrilandfs.com">nmitchell@agrilandfs.com</a>                                    |
| AGRILAND FS Human Resources                                 | Lauren Robins                             | 515-474-5303 | <a href="mailto:lauren_robins@agrilandfs.com">lauren_robins@agrilandfs.com</a>                            |

# REQUIRED NOTIFICATIONS

## Where to Find These Notices

View these required notifications on the enrollment portal or request paper copies. Contact AGRILAND FS Human Resources.

### Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. This notice describes our privacy practices and legal duties, your rights concerning your Protected Health Information and how you can get access to this information.

### Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact your benefits administrator for more information.

### Children's Health Insurance Program Notice

Special enrollment opportunities for employees and/or dependents that are eligible for, but not enrolled in, a group health plan are available. These employees and/or dependents are eligible to enroll in the plan upon:

- Losing eligibility for coverage under a State Medicaid or CHIP program, or
- Becoming eligible for State premium assistance under Medicaid or CHIP.

### Creditable Coverage Disclosure Notice

The Creditable Coverage Disclosure Notice provides information about your current prescription drug coverage through a GROWMARK System group health plan and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

### COBRA General Notice

If you have elected to participate in one of our group health plans, please note that you are eligible for continuation of coverage through COBRA. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

### HCR Marketplace Notice

The Health Insurance Marketplace is to assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based coverage offered by GROWMARK.

### Summary of Benefits and Coverage (SBC)

As of September 23, 2012, group health plans were required to provide participants with an easy-to-understand summary about the group health plan's benefits and coverage. To ensure uniformity of these summaries, all group health plans are required to use the same standard SBC form to help participants compare health plans.

### MEWA Wrap Summary Plan Description

Plan Administrators are legally obligated upon request, under the Employee Retirement Income Security Act (ERISA), to provide health care plan participants a summary of the plan called a summary plan description or SPD. The SPD provides participants with a layman's version of the plan design and features.

### Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage).

However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Nicole Mitchell at [nmitchell@agrilandfs.com](mailto:nmitchell@agrilandfs.com).



*The information in this enrollment guide is based on information provided by the employer and various benefit documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.*

*Guide prepared by The MJ Companies.*