

Benefits At-A-Glance

WELCOME At Breg, Inc., we give our employees the tools to succeed both on and off the job. We are pleased to offer a generous benefits package which provides comprehensive coverage to help you protect your health and earning power and prepare for the future. We are providing this overview to help you understand the benefits that are available and how to best use them.

ELIGIBILITY AND ENROLLMENT

Coverage for new hires begins on the 1st of the month following date of hire. New employees who do not make an election within 30 days of their hire date will have to wait until the next open enrollment period. As a new hire, you may also choose to enroll eligible family members which include your legally married spouse, including same-sex spouse and children (age restrictions may apply). Spouses are eligible for benefits ONLY if they are not eligible for ANY other insurance such as coverage though their employer, military, Medicare, etc.

MEDICAL

Breg, Inc. is focused on creating a health benefit plan that keeps you healthy through preventive care screenings and that provides important financial protection if you have a serious medical condition. We offer 3 medical plans through Blue Shield of California. The HSA 3000, HSA 1500 and the PPO 750. Review the network provider information and out-of-pocket costs such as deductible, coinsurance and prescription drugs so you can choose the best fit for your health concerns and budget.

With an **Aggregate Deductible**, your family must pay the entire family deductible before the plan copays and coinsurance are applied. An **Embedded Deductible** combines an individual and family deductible in a family plan. When a family member has a health care expense, the money he/she pays towards his/her individual deductible will also be credited towards the family deductible, but they won't have to pay more than the individual deductible amount.

After you've met your applicable deductible, your insurance pays most of the cost and you pay your share through either a copayment or coinsurance. **Coinsurance** is a percentage of the total cost for which you are responsible when you receive a medical service like a doctor's office visit. You pay your coinsurance after your doctor submits the bill to your health plan and your claim has been processed. A **Copayment** or "copay" is a fixed dollar amount you pay for a covered health care service after you have paid your deductible.

Remember: you will pay a much lower amount if you see an in-network provider. If you go to an out-of-network provider, you may be billed for any amounts that are greater than Blue Shield of California's maximum allowed amount. You will be responsible for this amount. Be sure to communicate with your doctor and ask why a test or service is ordered. When scheduling a preventative care visit, make sure to confirm with the provider that you are there for preventative care only. Request to be notified if any additional services will be added to your claim.

Each of these plans provide preventive care services that are covered at no charge and not subject to a deductible. Please refer to Blue Shield of California's website for a complete listing of preventive services. All Preventive Drugs, at Retail and Home Delivery, are covered at no cost to you. The Preventive Drug List can be found under the **Reference Center** at <u>bregbenefits.com</u>.

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. The chart on the following page shows the highlights of what you pay for your medical plan and prescription plan benefits.



Medical Plan Comparison

	HSA 3000		HSA 1500		PPO 750	
	In-Network	Out-of-network	In-Network	Out-of- network	In-Network	Out-of- network
Annual Deductible Individual / Family	Embedded \$3,000 / \$6,000		Aggregate \$1,500 / \$3,000		Embedded \$750 / \$1,500	
Out-of-Pocket Max Individual / Family	Embedded \$5,000 / \$10,000		Embedded \$3,000 / \$9,000		Embedded \$3,000 / \$6,000	
Office Visit – Primary/ Specialist	20%	30%	10%	20%	\$20 copay / \$40 copay	20%
Preventive Services	Plan pays 100%	30%	Plan pays 100%	20%	Plan pays 100%	20%
Urgent Care	20%	30%	10%	20%	\$35 copay	20%
Emergency Room	20%			0% \$150 copay		
Inpatient / Outpatient Hospital	20%	30%	10%	20%	10%	20%
PRESCRIPTION DRUGS	OptumRx Pharmacy					
Deductible	Prescription coverage subject to Annual Deductible*			Deductible does not apply to Rx		
Retail 30 Day Supply	In-Network	Out-of-Network	In-Network	Out-of- Network	In-Network	Out-of- Network
Generic Preferred Brand Non-Preferred Brand	\$10 \$30 \$50	20% 20% 20%	\$10 \$30 \$50	20% 20% 20%	\$10 \$30 \$50	20% 20% 20%
Mail Order 90 Day Supply	Home Delivery or Network Retail Pharmacies					
Generic Preferred Brand Non-Preferred Brand	\$25 \$75 \$125	Not Covered Not Covered Not covered	\$25 \$75 \$125	Not Covered Not Covered Not covered	\$25 \$75 \$125	Not Covered Not Covered Not covered

*In-network generic and preferred brand preventive drugs and products will not be subject to deductible or cost share. In addition, federally required preventive drugs will also not be subject to the deductible and will be provided at no charge. This applies to drugs for conditions such as hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke and prenatal nutrient deficiency.

IMPORTANT COMPONENTS OF THE HSA

Both the HSA 3000 and HSA 1500 plans allow you to open a Health Savings Account. A Health Savings Account (HSA) is a tax-advantaged, portable (you own it!) savings account that allows you and your employer to set aside your pre-tax earnings held specifically for your health expenses. Any money that you don't spend grows year after year and can be used in the future, even after you retire.

The IRS has set limits on the total amount you can contribute to a Health Savings Account each calendar year and contributions made by your employer count. In 2023, the limit is \$3,850 for an individual and \$7,750 for a family. If you're over 55 (or turning 55 in 2023), the IRS allows you to contribute an additional \$1,000—this is called a "catch-up contribution."

Breg contributions will be paid in semi-monthly increments (prorated based on benefit effective date).

Breg Contribution	HSA 3000	HSA 1500	
Employee Only	\$750	\$500	
Family	\$1,500	\$1,000	

24/7 VIRTUAL CARE BENEFIT

98point6 is on-demand, text-based care from the convenience of an app. Board-certified physicians cover the full spectrum of primary care—from medical questions, to diagnosis and treatment, to prescriptions and labs. Whether you have a health question while cooking dinner or your child is spiking a fever at 2 am, we're here for you. With no appointments, no travel and no waiting rooms, 98point6 can address a wide variety of conditions including: Itchy or sore throat, rashes, seasonal allergies, muscles sprains and strains, stomach flu/ gastroenteritis, urinary tract infections (UTIs). Learn more at <u>98point6.com/members-homebase</u>

DENTAL

You and your eligible dependents have the option to enroll in a dental plan through Cigna. You can select between a Dental HMO (DHMO) and two Dental PPO (DPPO) plans.

The DHMO plan provides comprehensive dental services with low, predictable co-pays. When you enroll in the plan, you (and each enrolled family member) will select a primary care dentist from Cigna's DHMO network to coordinate your care. Out-ofnetwork treatment is not an option. For a complete list of benefits/copays, please call Breg's Benefits Call Center.

The DPPO plans allow you to use any dentist of your choice. Your out-of-pocket costs are determined by the plan you are enrolled in. With the Cigna DPPO Value plan, your annual deductible is \$50 per individual and \$150 for family, and your annual plan maximum is \$1,500 per individual. With the Cigna DPPO Premium plan, your annual deductible is \$25 per individual and \$75 per family, and your annual plan maximum is \$2,000 per individual. Both plans pay 80% for Basic Services and 50% for Major Services, and all plans include Orthodontia benefits. Preventive services are covered at 100% by Cigna for both DPPO plans.

Note: It is recommended that your dentist submit a predetermination review to Cigna for dental treatment in excess of \$200 before treatment begins.

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VISION

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions. Breg, Inc. offers you a vision plan through Vision Service Plan (VSP). Breg offers vision coverage through Vision Service Plan (VSP) Signature Network. VSP has been voted consumer's #1 choice in vision care for five years in a row and offers over 22,400 member doctor locations throughout the United States. Comprehensive eye exams and lenses are covered in full once every 12 months and frames are covered once every 24 months, with a frame allowance of up to \$120 for standard frames. Contact lenses are covered in lieu of eyeglasses with the same \$120 allowance.

EMPLOYER-PAID BENEFITS

Basic Life Insurance

Your benefit amount under the life insurance plan is equal to 1 time your annual earnings, up to a maximum benefit of \$300,000.

Basic AD&D Insurance

Accidental Death & Dismemberment (AD&D) provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or death by an accident.

Employee Assistance Program (EAP)

The New York Life EAP puts convenient and confidential resources within reach to help you and your loved ones resolve life's challenges. Through New York Life's Employee Assistance and Work/Life Support Program, you have unlimited access to consultants by telephone, resources, and tools online, and up to three (3) face-to-face visits with counselors for help with a short-term problem.

401(k) Retirement Savings Plan

Our 401(k) Retirement Savings Plan is administered through Fidelity Investments. If you decide to contribute to your 401(k) plan, Breg will match 50% of your contributions, up to the first 3% of eligible income. Note: To participate in the Breg 401(k) plan you must have completed one month of service to enroll.

Alliant Medicare Solutions

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That's why we are offering Alliant Medicare Solutions to help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

100% EMPLOYEE-PAID BENEFITS

These cost-effective benefits are available to help protect your income and savings, while complementing your existing benefits.

- Supplemental Life and AD&D insurance
- Short Term Disability
- Long Term Disability
- Flexible Spending Account (FSA)
- Dependent Care FSA
- Transit and Parking FSA
- Critical Illness insurance
- Accident Insurance
- Hospital Indemnity Insurance

FOR ASSISTANCE

Benefits Call Center & Benefits Portal

Breg's Benefits Call Center provides you with access to an experienced customer care team that can help you with benefits questions/issues during open enrollment or throughout the plan year. Contact the **Benefits Call Center** at **(844) 408-2576** for assistance with claims inquiries, benefit questions, COBRA, life event changes, eligibility and enrollment, and more! Call Center hours are Monday – Friday, 5:00 am to 5:00 pm. You also have 24/7 online access to our Benefits Portal by visiting <u>www.bregbenefits.com</u>. You can view your eligibility and benefits, enroll online, and make most qualifying event changes to your coverage.

HELPFUL CONTACTS

Provider	Group Number	Phone/Website	
Blue Shield Medical	W8002396	(855) 599-2650	
		www.blueshieldca.com	
OptumRx	CT1BREG20	(855) 524-0381	
		www.optumrx.com	
98point6	N/A	www.98point6.com/breg or	
Sopoliito	N/A	Download the app!	
		(800) 244-6224	
Cigna Dental	3339394	Mycigna.com	
	20025405	(800) 877-7195	
VSP Vision	30035195	www.vsp.com	
New York Life Basic Life	FLX967497	(888) 842-4462 <u>www.myNYLGBS.com</u>	
New York Life AD&D	OK969007		
New York Life Vol. Life	FLX967498		
New York Life Vol. AD&D	OK969008		
New York Life Vol. STD	VDT963426		
New York Life Vol. LTD	VDT963427		
Cigna Vol. Accident,	AI961285	(900) 754 2207	
Critical Illness &	CI960542	(800) 754-3207 www.mycigna.com	
Hospital Indemnity	HC960610		
New York Life (Compsych) EAP	LK96513	(800) 344-9752 guidanceresources.com Organization ID: NYLGBS Company name: Breg	
Businessolver FSA, DCFSA and transit/parking FSA	Breg	(844) 408-2576 www.bregbenefits.com	
Fidelity 401(k) Retirement Savings Plan	N/A	(800) 835-5097 <u>www.netbenefits.com</u>	
Alliant Medicare Solutions	N/A	(888) 835-2588	

