2026

EMPLOYEE BENEFITS GUIDE

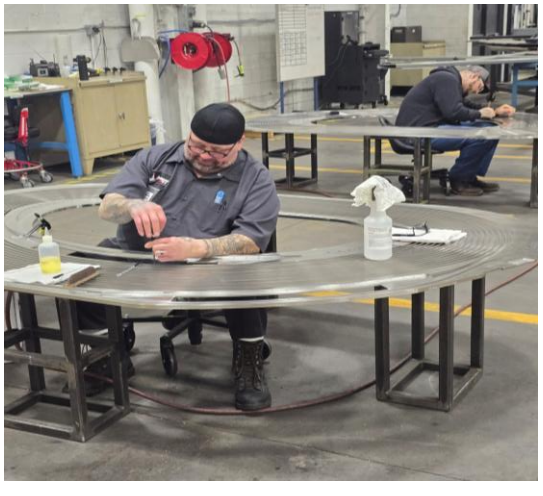
May 1, 2026 – April 30, 2027













Paragon D&E

HUMAN RESOURCES / SHORT-TERM DISABILITY	Paragon D&E	**Paragon Die & Engineering** 616-949-2220 HR@paragonde.com
ON-SITE NURSE CONCIERGE	Paragon D&E	**Chris Frederick Kerkstra** 616-949-2220 ext. 105 Cell 616-274-9609 nurse@paragonde.com Wellness@paragonde.com
MEDICAL ***Group #: 368***	healthgram	**Healthgram** Network: Cofinity PPO 980-201-3020 www.healthgram.com Members.healthgram.com
VOLUNTARY WAIVER PROGRAM	ebm	**EBM (Formerly Reimbursement Specialists Inc.)** 844-918-3606 claims@getebm.com
PRESCRIPTION	RxBenefits CVS caremark	**RxBenefits - Member Services** Pharmacy Benefit Manager - CVS Caremark 800-334-8134 customercare@rxbenefits.com
VIRTUAL VISITS	TELADOC	**Teladoc** 800-835-2362 www.Teladoc.com
DENTAL ***Group #: 6051-0001***	DELTA DENTAL	**Delta Dental** 800-524-0149 www.deltadentalmi.com
VISION ***Group #: 40150722***	vsp vision care	**VSP through Michigan Chamber** 800.877.7195 www.vsp.com
LIFE & LONG-TERM DISABILITY ***Group #: 999088 Basic Life & LTD*** ***Voluntary Life 999089***	unum	**UNUM** 866-679-3054 www.unum.com
PET INSURANCE	petpartners	**PetPartners Insurance** 800-956-2495 mypolicy@petpartners.com
ACCIDENT & CRITICAL ILLNESS ***Group #: AGC000774114***	Aflac	**Aflac** 800-433-3036 www.aflacgroupinsurance.com groupclaimfiling@aflac.com
IDENTITY THEFT PROTECTION ***Client ID: 9351***	Allstate IDENTITY PROTECTION	**Allstate** 800-789-2720 www.myaip.com
EMPLOYEE ASSISTANCE PROGRAM ***Username: ParagonEAP***	PINE REST Christian Mental Health Services	**Pine Rest** 800-442-0809 616-455-6210 www.pinerest.org/eap
INSURANCE AGENCY	ALERAGROUP	**Michelle Shuart, Sr. Account Mgr.** 616.281.5035 Michelle.shuart@aleragroup.com

Welcome

To our Valued Employees of Paragon Die & Engineering

We are pleased to present this overview of your employee benefits! Paragon D&E offers a variety of benefits to help you protect your health, your family, and your way of life. As a valued employee, we want you to have the best benefits possible which is why we've carefully reviewed our benefits to ensure affordability, quality, and ease of use for 2026.

Some of the benefits we offer are paid for in full by Paragon D&E. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates. Your benefits are an important part of your total compensation at Paragon D&E. Please take the time to review and evaluate all the options available to you and your family.

We're here to answer any questions you may have so please feel free to reach out to your Nurse Concierge or HR team anytime.

Kind Regards,

Paragon D&E Human Resources

Eligibility

Who is Eligible?

- An active full-time employee working 30 or more hours per week

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)†** up to age 26 and your disabled children up to any age (pursuant to plan documents and state law, please see Human Resources for more information)

† Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

**May include non-children dependents required to be covered under state law

Making Benefit Changes During the Plan Year

The benefit elections you make during your enrollment period will be in effect through the end of the plan year. If you have a "qualifying life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **31 days** of the event. Proof of life events is subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Medical Plan Eligibility for Spouses

If a working spouse enrolls in their employer's medical plan offering, they are not eligible to enroll in Paragon's medical plan as a spouse. Dual coverage is not allowed in this scenario.

Working Spouse Surcharge

An employee's spouse who is eligible for coverage under his or her own employer's group medical plan as a full-time employee but instead enrolls in the PDE medical plan will have a spousal surcharge per pay period. A participant's spouse who is eligible for coverage under his or her own employer's group medical plan as a part-time employee will not be subject to this provision.

Qualifying Life Event		
Change in Marital Status	Change in Dependents	Change in Employment
• Marriage • Divorce • Death of your spouse	• Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event) • Death of your covered dependent • Gain or loss of Medicare or Medicaid during the year	• Change in you or your spouse's work status that affects benefits eligibility • Your spouse's Open Enrollment differs from yours • Relocation if the move impacts eligibility for the plan

Your Coverage

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Paragon D&E's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at www.healthcare.gov.

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective following a 30-day waiting period. Coverage will begin on the 31st day of full-time employment except for the AFLAC and PetPartners plans which will begin on the 1st of the month following 30 days. Benefits for open enrollment will be effective on May 1st. If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

Termination of Coverage

If you no longer meet the eligibility requirements or if your employment ceases, your benefits will end at midnight of your last day of employment except for AFLAC & PetPartners which will terminate at end of month. Life Insurance may be convertible or portable.

Dependent children who no longer meet the eligibility requirements will have their medical and vision coverage terminate at end of month of 26th birthday. Dental coverage will terminate at end of month of 19th birthday or end of month of 23rd birthday if a full-time student. Voluntary life/AD&D will terminate on their 26th birthday.

You are responsible for informing Human Resources within 31 days if any of your dependents become ineligible for benefits.

Benefits can be canceled due to:

Open Enrollment, Termination (voluntary or involuntary), Retirement or Qualified Life Event

Automobile Exclusion

Michigan Residents: Benefits are not covered under this Plan for Injuries sustained by Michigan residents in an automobile or motorcycle accident . It is your responsibility to maintain Automobile or Motorcycle insurance that provides full medical and personal injury protection coverage. You should contact your Automobile insurance carrier to confirm that you have appropriate automobile or motorcycle insurance coverage.

Non-Michigan Residents: When coverage of medical expenses is available under an automobile insurance policy, coverage under this plan is limited to covered expenses in excess of those available under the automobile insurance policy, without reimbursement for any deductibles under the automobile insurance policy. This plan will always be the secondary plan regardless of the individual's election under PIP (personal injury protection) coverage with the automobile insurance carrier.

Enrollment

When Can I Enroll in Benefits?

You can enroll in benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event



How Do I Enroll?

To enroll (or make changes) to your benefits, log onto the www.employeenavigator.com .

Company Identifier = Paragon Die

For new user registration, you will need:

- Your legal first & last name
- Last 4 of your SSN
- Birth Date

Create your username and password and save them for future reference.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect May 1st.

How to Enroll

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all Company paid benefits.

Employee Navigator

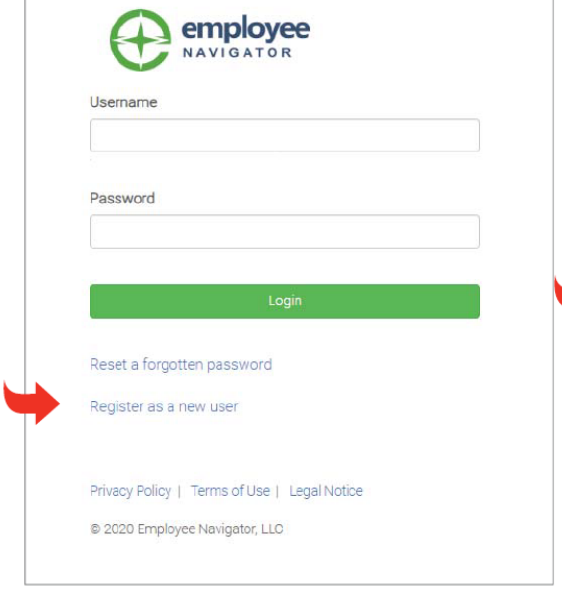
Each employee will need to use Employee Navigator to make their enrollment elections. Below you will find instructions on how to register in Employee Navigator, choose your benefits and verify what family members will be covered under each benefit. You will be able to verify the choices you've made along with your total payroll deduction amount.

You will have access to view all the benefit details available anytime throughout the year, including the Summary of Benefits Coverage for our Medical, Dental, Vision, Life, and Disability Insurance plans, and your designated beneficiary. If you have logged into Navigator in previous years, you will use the same login that you created.

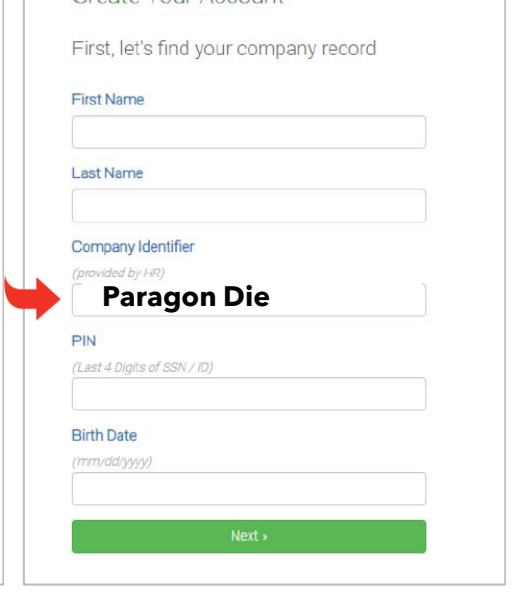
How to Enroll

1. Visit www.employeenavigator.com Click **LOGIN** to get started.
2. **New users**: Click **REGISTER AS NEW USER**. You will need to create your account. In order for the system to find your record, provide your name, Company Identifier (**Paragon Die**), your PIN (last 4 of your SSN) and your birth date. Then create your username and password.
3. Once logged in, click on **START ENROLLMENT** to begin your open enrollment elections. Then click **GET STARTED**.
4. Confirm your personal information, including your address. Edit any information that needs updating. Click **SAVE & CONTINUE** on the bottom of each page to move to the next page.
5. Confirm your dependent information. You can add or edit a dependent. This does not indicate enrollment, this section houses information only. There's no need to delete dependents.
6. Walk through each of your benefit elections and make your Open Enrollment Elections.
7. Complete any necessary forms, including beneficiaries and Evidence of Insurability if needed.
8. Review your benefit elections, costs, plans, and dependents on your Enrollment Summary. Click **SIGN** when complete.

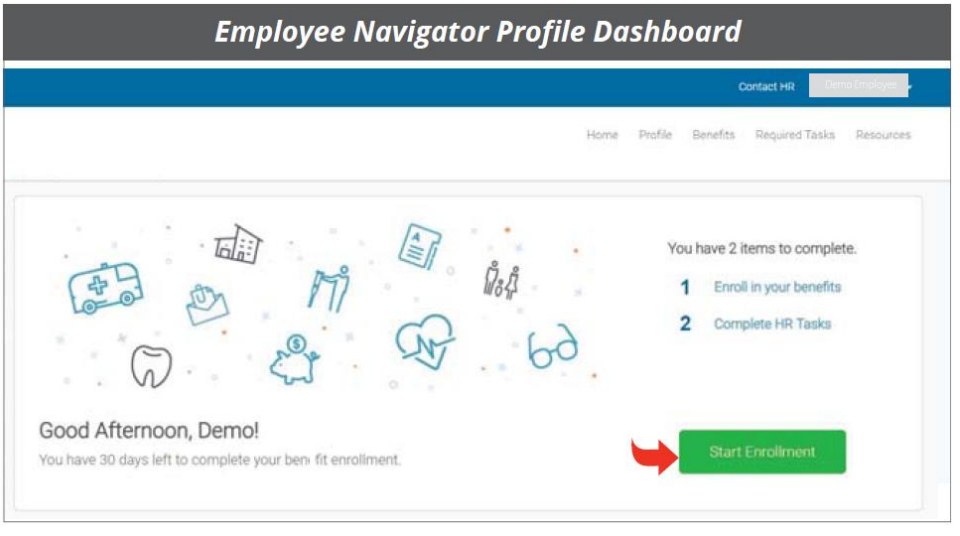
Login Screen



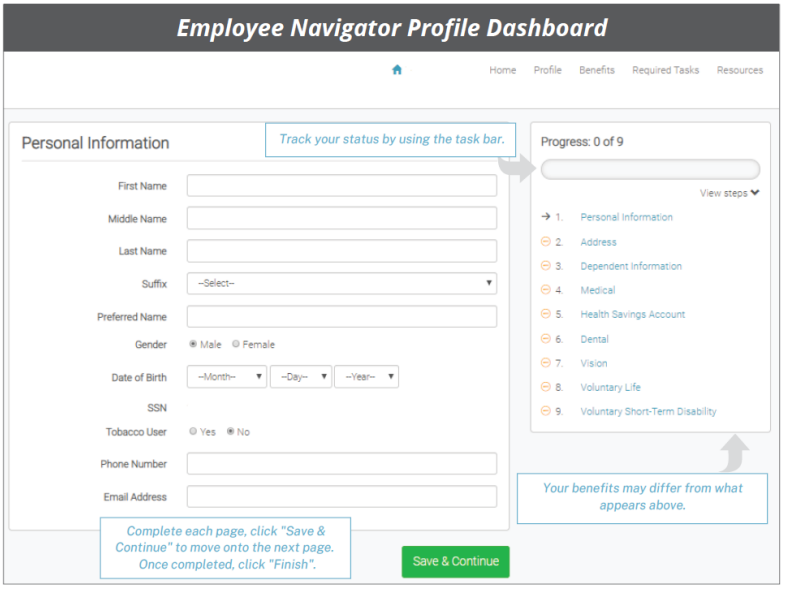
Register as a New User



Employee Navigator Profile Dashboard



Employee Navigator Profile Dashboard





How a Health Plan Works

Scan to view Glossary of Health Coverage and Medical Terms

Balance Billing

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible.)

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medical Overview

We offer 1 medical plan through Healthgram with the following features:

- Deductibles and out-of-pocket maximums accumulate May 1st through April 30th .
- The plan offered to you is a Preferred Provider Organization (PPO). With a PPO, you have the option to receive care from in-network or out-of-network providers; higher benefits are paid when using in-network **Cofinity** providers.
- Cofinity is the network we use through Healthgram and is who determines the provider fee structure.
- Includes prescription drug coverage through CVS Caremark.
- If you enroll in the HDHP Medical plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA section for more information).
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies.
- For information regarding insurance coverage, in-network providers, prior authorization, cost estimate, etc. reach out to your on-site Nurse Concierge at 616.274.9609 or nurse@paragonde.com.

Medical Provider Finder

To search for in-network medical providers, log onto:

https://www.myfirsthealth.com/LocateProvider/SelectNetworkType

Network: Cofinity network

Access care from your home through Telehealth Services.
Log onto **www.Teladoc.com**

Access to Your Healthcare Billing Information

After you are enrolled in a Paragon Die and Engineering medical plan, log onto members.healthgram.com and register to access self-service tools and resources to help manage your medical benefits.



Medical

Only In-Network benefits are shown as a summary of your medical plan benefits offered to you.

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

	PPO HDHP/HSA
You Pay In-Network	In-Network (Individual / Family)
Deductible	$2,000 / $4,000
Coinsurance	Members pay 20%
Coinsurance Maximum	$4,000 / $8,000
Out-of-Pocket Maximums	$7,000 / $14,000
Coinsurance/Copays	
Preventive Care	No Charge
Primary Care Office Visit	20%, after deductible
Virtual Visits	$0 through Teladoc, All other virtual visits are 20% after deductible
Specialist Care	20%, after deductible
Urgent Care	20%, after deductible
Emergency Room Care	20%, after deductible
Outpatient Surgery	20%, after deductible
Inpatient Hospitalization	20%, after deductible
Advanced Radiology (MRI, MRA, CAT, PET Scan)	20%, after deductible
Pharmacy Retail Rx (only 30-day supply shown)	
Generic (Tier 1)	20% up to $125 after deductible
Preferred Formulary Brand (Tier 2)	30% up to $250 after deductible
Non-Preferred Formulary Brand (Tier 3)	50% up to $1,000 after deductible
Specialty (Tier 4)	50% up to $1,000 after deductible

- When enrolling in the medical plan as Double or Family coverage, the true out of pocket maximum (TROOP) for anyone person within family will not exceed $10,600.
- See the Nurse Concierge prior to accessing care for any questions, cost estimates, options for care, etc.

Voluntary Waiver Program

Paragon Die and Engineering has arranged for EBM (formerly Reimbursement Specialists Inc) to administer our Voluntary Waiver Program. This program is designed to provide financial support to those that choose to disenroll from the Paragon group medical plan and choose to enroll into another employer's group medical plan.

To qualify:

- An employee must be currently enrolled in Paragon's medical insurance.
- Must have access to alternative group sponsored coverage (Individual policy, Medicare, Medicaid or any other government sponsored plan is not eligible coverage).

Choosing to waive Paragon's medical insurance plan, in exchange for enrollment into another employer's group sponsored medical coverage, will entitle the enrollee/dependents to access an expense reimbursement account, funded by Paragon. This account can be used to pay for out-of-pocket deductible and coinsurance expenses incurred when utilizing the other employer's insurance plan. This program is available to the employee and family members that are on Paragon's medical plan and choose to disenroll to pursue other outside group insurance coverage.

To seek reimbursement for out-of-pocket deductible or coinsurance expenses, please submit the appropriate claims information via the EBM member portal at https://getebm.com/spending-accounts/ or email claims@getebm.com. To support the reimbursement request, please provide proof of the covered expense, which includes: An insurance carrier statement or explanation of benefits (EOB) illustrating the member's portion of the deductible or coinsurance expense. Member has 90 days after the end of the plan year to submit eligible expenses for reimbursement.

This plan coordinates with your outside medical coverage in one of two ways. If you enroll in a:

1. **Qualified High Deductible Health Plan (QHDHP) – To preserve the members rights to contribute to HSA, the member must first pay $2,000 single/$4,000 family in HDHP deductible expenses before the Paragon $4,000 reimbursement is available. All claims should be submitted to prove HDHP deductible satisfaction. All family members who left PDE medical coverage are eligible for reimbursement.**

2. **Traditional Plan - $4,000 will be provided for Medical Deductible and Coinsurance expenses for this benefit year. All family members who left PDE medical coverage are eligible for reimbursement.**
   unused balances are forfeited at the close of the program year.

The funds provided by the Voluntary Waiver Program are in no way a substitute for health insurance coverage. You are responsible for seeking out and successfully enrolling in alternate health plan coverage available to you outside of the plan offered by Paragon Die and Engineering. Please consult with your spouse or parent's employer or alternate source of insurance to determine eligibility requirements and open enrollment periods available to enroll in the alternate plan coverage. EBM is not liable to provide insurance coverage or additional guidance in seeking alternate healthcare coverage.

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Health Savings Account (HSA)

If you elect to enroll in the medical HDHP (a qualified high-deductible plan) and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through vendor/bank of your choice. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

How does an HSA work?

Notify HR with amount to be deducted from each paycheck by submitting HSA Authorization Form. Activate your account through your vendor/bank. Use your HSA debit card to pay for qualifying expenses.

To view eligible purchases with your HSA account, please visit https://www.irs.gov/publications/p502.

Limitations

- Can not be enrolled in any part of Medicare or Tricare
- Can not be claimed as a dependent on someone's tax return
- Can not be receiving Veterans Affairs (VA) benefits, or within the past 3 months (unless for a service-related disability)
- Can not be contributing towards a Healthcare FSA, nor can you be covered under a spouse's FSA

Advantages †

- **Tax-free contributions**-Money you put into an HSA is deposited before taxes are taken out of your paycheck.
- **Tax-free growth**-Any interest or investment earnings in the account grow without being taxed.
- **Tax-free withdrawals for qualified medical expenses**-when you use the funds for eligible healthcare costs, you don't pay taxes on withdrawals.
- Account belongs to you; any money in the account is yours.

Distributions

- Money must be in the account to spend
- Funds can be used for you and your tax dependents' eligible expenses
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
  - You can also pay for Medicare Part B premiums with your HSA funds

Enrollment Tiers	2026 Maximum Contribution Allowed	Paragon D&E will make one time contribution in May (pro-rated for new hires)
Employee Only	$4,400	$250
Employee + Dependent(s)	$8,750	$250
Employee 55+ Over	Additional $1,000 per year as catch-up	

Cost of Coverage

Contributions are made Bi-Weekly from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

For employees who elect medical coverage elsewhere and are not on the PDE plan, there is a bi-weekly opt-out credit of $25 per pay period. Evidence of Insurability must be provided. Employees who are covered as dependents under another employee's coverage WILL NOT be eligible for this opt-out credit.

Please Note: You are not eligible to waive medical coverage unless you can provide supporting documentation that you have active medical coverage elsewhere (i.e. ID card, policy document).

Medical: PPO HDHP/HSA PLAN (Includes Dental)

	Bi-Weekly Payroll Deductions (No Discounts)	Bi-Weekly Discounts	Bi-Weekly Payroll Deduction (After Health Concierge Discount)	HSA Employer Contributions	Employee Annual Net Cost with Discount
Coverage Type			**Payroll Deductions (Both adults if enrolled)**		
Employee Only	$60	-$60	$0	$250	-$250
Employee + Child(ren)	$75	-$60	$15	$250	$140
Employee + Spouse	$165	-$120	$45	$250	$920
Employee + Family	$180	-$120	$60	$250	$1,310
Employee + Spouse – Includes Spousal Surcharge if Spouse has own coverage available	$265	-$120	$145	$250	$3,520
Employee + Family – Includes Spousal Surcharge if Spouse has own coverage available	$280	-$120	$160	$250	$3,910

Cost of Coverage Cont.

Dental (If waiving Medical)	
Coverage Type	Bi-Weekly (26)
Employee Only	$16.29
Employee + Spouse	$31.22
Employee + 1 Child	$31.22
Employee + Family (2 or more Dependents)	$60.16

Vision	
Coverage Type	Bi-Weekly (26)
Employee Only	$3.20
Employee + Spouse	$6.00
Employee + 1 Child	$6.00
Employee + Family (2 or more Dependents)	$8.56

Identity Theft	
Coverage Type	Bi-Weekly (26)
Employee Only	$6.44
Employee + Family	$11.52

Please see Employee Navigator for cost of AFLAC, PetPartners and Voluntary Life/AD&D plans

Summary of Health Concierge Program

2026-2027

Program Description: This voluntary program focuses on improving health outcomes, reducing cost, and returning the employee quickly to work and life by having a Nurse Concierge (NC) come alongside them and their family to provide support, guidance, and advocacy as they engage with the healthcare system.

Program Aims:

- The NC will provide recommendations on preventive care to lower health risk
- The NC will educate the member on health benefits, healthcare quality & cost, and how the healthcare system works
- The member will seek out the NC to assist in making an informed healthcare decision
- The member will obtain cost estimate prior to receiving health services
- The member will choose the appropriate level of care for their healthcare needs
- The member will maintain a relationship with a primary care provider
- The member will engage in chronic condition health coaching with the nurse concierge

Active Member Participation: This is key to member success and includes the following: engagement in the annual enrollment process, seeking out the NC prior to accessing unexpected/unplanned healthcare, staying connected with the NC during the benefit year as health care needs change, and being open to considering cost and quality when making healthcare decisions.

Benefits of Participation in the Health Concierge Program:

- Personalized Care: Moves beyond generic models to focus on the whole person.
- Empowerment: Gives individuals more control over their healthcare choices.
- Improved Outcomes: Better aligns healthcare with personal goals and promotes quality of care.
- Cost Savings: Knowledge about cost and quality gives individuals control over their healthcare decisions.

How is participation Measured: Based on completion of required and optional activities. Each activity is given a numerical weight (a point). To obtain/maintain the medical premium discount, each member (insured employee and/or spouse) is required to obtain a total of 10-activity points each 6-month period. There are 4 required activity points. The other 6-points can be obtained through various other activities.

Total Points needed each Period to maintain the medical premium discount: Each activity will be assigned a point and there is a frequency with which each point can be counted per period.

Activity Points available each period: 40
Required Points: 4
Total Points Needed: 10

Periods:

May 1-October 31 and November 1-April 30

Points are tracked through the Healthgram Member Portal: https://members.healthgram.com

<u>Summary of Required Activities:</u>

- Meet with the Nurse Concierge annually to update health history and develop an individualized health plan
- Sign a HIPAA Release annually
- Complete the online annual Health Risk Assessment (HRA)
- Submit Program Agreement (Online) each period
- Engaged w/NC (touchpoint)
- Earn 10-activity points each period

Stay connected with your Healthgram Member Portal



Your one-stop resource for:

- Viewing claims and online EOBs
- Tracking program compliance
- Finding an in-network doctor
- Comparing healthcare costs
- Your Personal Health Record
- Helpful wellness resources

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Why Did I Get a Bill for My Annual Physical?

Learn more about what is and what is not covered by insurance at a preventive care visit.

Preventive care, such as annual physicals, is important to maintaining a healthy lifestyle. These visits are usually covered by your insurance plan, but if you ask your doctor about a specific health concern, some services might be billed as diagnostic care, **which is not covered 100%**.

What Is and Is Not Covered by Insurance at an Annual Physical

COVERED 100%

as part of preventative care

- Check your weight, height, temperature, blood pressure, and pulse
- Listen to your heart and lungs
- Check your ears, eyes, throat, skin, and abdomen
- Various immunizations
- Preventative cancer screenings, such as for breast, colorectal, cervical, and prostate cancer
- Certain blood tests to check such things as cholesterol or blood sugar

NOT AUTOMATICALLY COVERED 100%

as part of any diagnostic care

- Discussing or getting treatment for a specific health concern, condition, or injury
- Lab work, X-rays, or additional tests related to a specific health concern, condition or injury

Preventative vs. Diagnostic Care

Preventive care is any care you receive when you're symptom-free, including annual physicals, screening tests, and immunizations.

Diagnostic care is any care you receive when you have on-going symptoms, an injury, or are being followed for a chronic condition, including office visits, tests, or treatments.

These fall under different categories in your insurance plan but can happen at the same visit. If you want to know about costs, we recommend asking your doctor for an estimate of fees before you visit.

Topics to Discuss at a Preventive Visit that are Covered

During a visit, your doctor will assess your overall health and will talk with you about:

- Your current health
- Your family history
- Past illnesses and surgeries
- Risks you may have for specific conditions
- How to maintain a healthy lifestyle

Asking questions outside of this scope or any additional diagnostic testing would not be 100% covered.

IS THIS COVERED?

A healthy 40-year old has an annual physical, where the doctor orders many routine screenings, including lab tests to check my cholesterol.

This entire visit is most likely 100% covered. Most health plans cover preventive care at no cost.

An adult previously diagnosed with high cholesterol goes in for a routine physical where they discuss diet, medication, including possible side-effects from the medicine, and do lab work to monitor the condition.

As long as your plan covers preventive care at no cost, there will be no charge for the physical. However, there may be a charge for your doctor's time assessing your condition and for any additional testing.

An adult is wheezing at their annual checkup. After completing the physical, the doctor diagnoses the wheezing as asthma and writes a prescription.

As long as your plan covers preventive care at no cost, there will be no charge for the physical. However, there may be a charge for your doctor's time assessing your condition and for any additional testing.

If you have any questions about what is covered at your physical or a bill you received, please visit members.healthgram.com to chat with a Healthgram representative or give us a call at 980-201-3020.

Understanding the Information on Your Insurance Card

BE PREPARED AND CARRY YOUR CARD AT ALL TIMES

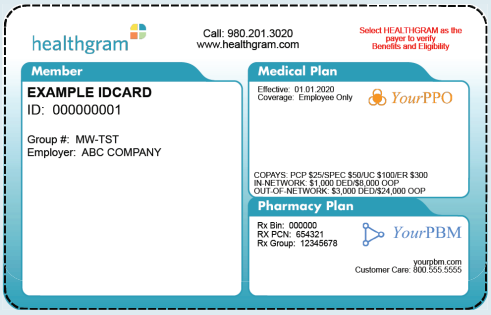
As your insurance provider, Healthgram works with your employer to offer you top-notch healthcare benefits. Taking the time to understand the information on your new identification card will help you **save time and avoid confusion**.

MEMBER SECTION

ID Number – unique to you and ensures you receive coverage and care

Group # – identifies the plan you are on

Ancillary Plans – medical services that are not provided by acute care hospitals, doctors, or healthcare professionals



MEDICAL PLAN SECTION

Find information about how much you will pay upfront at the following places:

PCP: Primary Care Provider
SPEC: Specialist
UC: Urgent Care
DED: Deductible
OOP: Out-of-Pocket
ER: Emergency Room

PHARMACY PLAN SECTION

When filling a prescription, the pharmacy will require the following information:

RX BIN: the Back Identification Number to route a claim to the right insurance
RX PCN: the Processor Control number that further narrows the claim to the specific insurance
RX GRP: the Prescription Group Number indicates which group plan you fall under

ELIGIBILITY SECTION

The Cigna logo is on your card because you have access to their medical network, but *Healthgram provides all benefits and eligibility determinations*.

Contact Healthgram by calling **980-201-3020** or chat with a representative at **members.healthgram.com**.

ADDITIONAL INFORMATION ON YOUR CARD

EDI number and mailing address for submitting claims can be found under the "Claims Submission" section.

Information regarding precertification is under the "Utilization" section. If you have to be admitted to the hospital, call Healthgram right away.

FAQS

Who do I contact if my provider says I am not covered or ineligible for benefits?

Confirm they are verifying with Healthgram. If issues continue, please call 980-201-3020 or chat with a Healthgram representative at members.healthgram.com. We will do our best to assist while you are at your provider's office.

How do I find an in-network provider?

Use the "Provider Search" tab at members.healthgram.com, login to your member portal to chat with a representative, or call 980-201-3020. We would be happy to help you find a provider that is in-network.

Who should I tell my provider to contact if they have a question about benefits and eligibility?

Direct them to visit providers.healthgram.com for chat support or online coverage verification. Providers can also search "HEALTHGRAM" within their EHR systems or call our phone number for support.

If you need further assistance, please visit members.healthgram.com to chat with a Healthgram representative or give us a call at 980-201-3020.

Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

800.334.8134 or
CustomerCare@rxbenefits.com
7:00 AM to 8:00 PM CT
Monday – Friday

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.



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CVS caremark™

RxBenefits®



Rx Delivery by Mail

Convenience, savings and safety

Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you'll probably save money, too.

Want more convenience?

With delivery, you have one less thing to worry about. Your 90-day supplies will arrive at your door from CVS Caremark® Mail Service Pharmacy.

Like to save?

Filling your Rx in 90-day supplies usually comes with savings. Plus, there's no extra cost for shipping.

Looking to stay safe?

Contactless delivery keeps you and your loved ones safe. And our secure, nondescript packaging protects your privacy.



90-day supplies typically cost less than 30-day supplies.

Start Rx Delivery by Mail at Caremark.com/RxDelivery (after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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CVS caremark™

RxBenefits®

Mobile app



Manage your Rx on your own time

We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. You'll find easy-to-use tools that help you save time, get organized and stay on your path to better health. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.

Keep an eye on drug costs and check for lower-cost alternatives that may save you money.

Order and track refills – even get timely refill reminders – so you never miss a dose.

Stay on top of order status so you know when to pick up your medication or watch for delivery by mail.

Access your Rx list, member ID cards and Rx history at your doctor's office or anytime you need them.

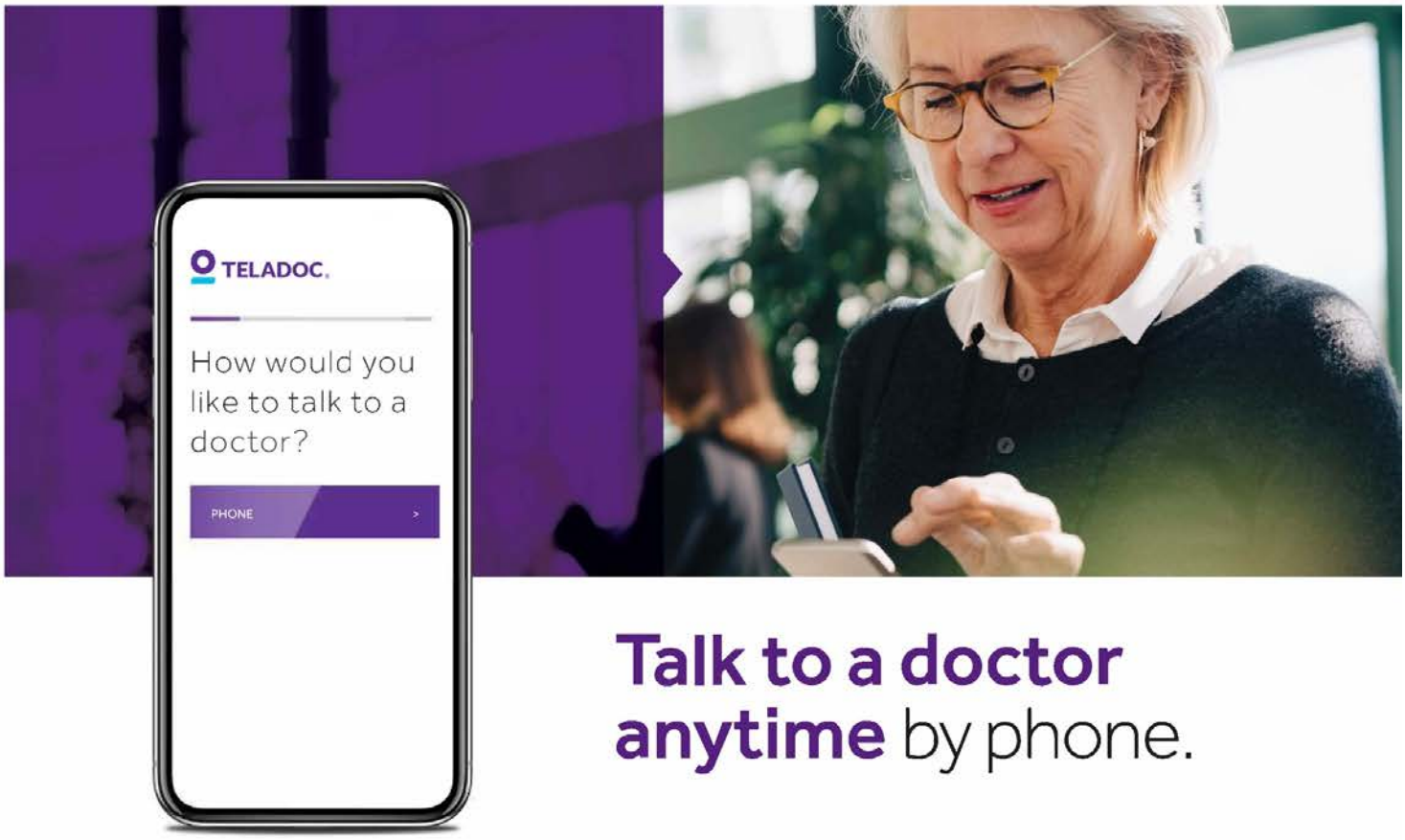
For savings opportunities and personalized support, visit Caremark.com (after your benefits begin).

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TELADOC.

PDE is paying 100% cost for Teladoc, a $59 value each time you use it

Paragon D&E



Talk to a doctor anytime by phone.

Download the Teladoc app for an easy way to feel better, faster.

Talk to a doctor anytime
Talk to a U.S. board-certified physician by phone from anywhere

Treatment for non-emergency conditions
Our doctors treat conditions like the flu, bronchitis, and much more

Avoid the waiting room
Talk to a doctor without waiting hours or weeks for care

Visit Teladoc.com
Call 1-800-TELADOC (835-2362) | Download the app

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Group ID: 186216

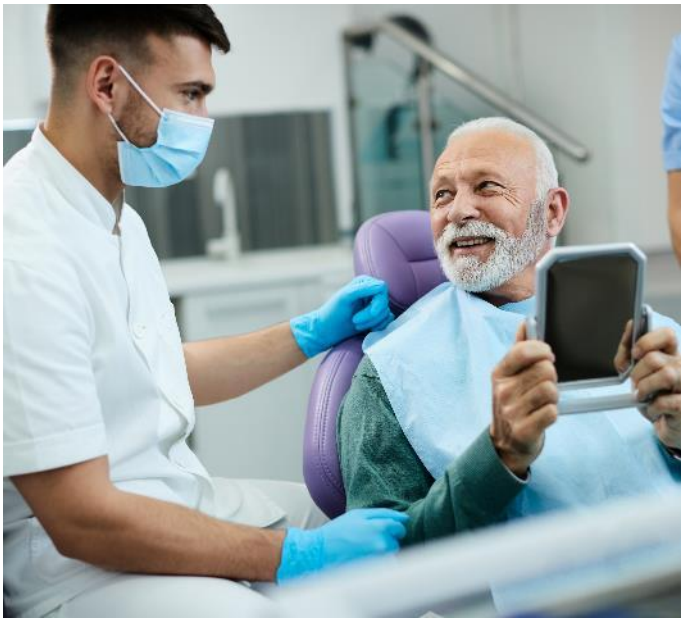
Dental (PPO)

Dental insurance is offered through Delta Dental. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, Delta Dental will pay claims based on Delta's fee schedule. You are responsible for paying the balance of the bill.

Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.

If you enroll in the PDE medical plan, you will be automatically enrolled in dental. No ID card will be provided; give the group number 6051 and the employee SSN to your dental provider when obtaining services.



	In-Network
Benefit Maximum Per Person	
Plan Year Annual Max	$1,500
Orthodontia Lifetime Max	$1,200 (up to age 19)
Deductible (applies only to Basic & Major Services)	
Individual	$50
Family	$150
Benefit	**You Pay**
Preventive Services	0 %
Basic Services	20 %
Major Services	50 %
Orthodontia (to age 19)	50 %

Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The VSP vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use VSP Choice Network providers. Refer to plan summary for out-of-network benefits and limitations.

No ID card will be provided; give the employee SSN to your vision provider when obtaining services. Your group number is 40150722.

Here is what you'll pay in-network:

VSP	Choice Network
Based on 2026 Vision Plan	In-Network
Eye Exam *Once every 12 months*	$10 Copay
Lenses *Once every 12 months*	Single, bifocal & trifocal Standard Progressive: $0 copay Premium Progressive: $95-$105 copay Custom Progressive: $150-$175 copay Average savings of 30% on other lens enhancements
Frames *Once every 24 months*	Allowance up to $130 after $25 copay; $180 allowance on featured frames then 20% off amount over balance
Contacts *Elective, in lieu of glasses,* *Once every 12 months*	Up to $60 copay for fitting; $130 allowance

In addition to discounts on contacts, and frames, additional discounts through participating providers may include:

- Glasses and Sunglasses Extra $50 to spend on featured frame brands
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
- Routine Retinal Screening - No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam
- LASIK Surgery – Discounts averaging 15% off full price and 5% off promotional pricing

Life and AD&D Insurance

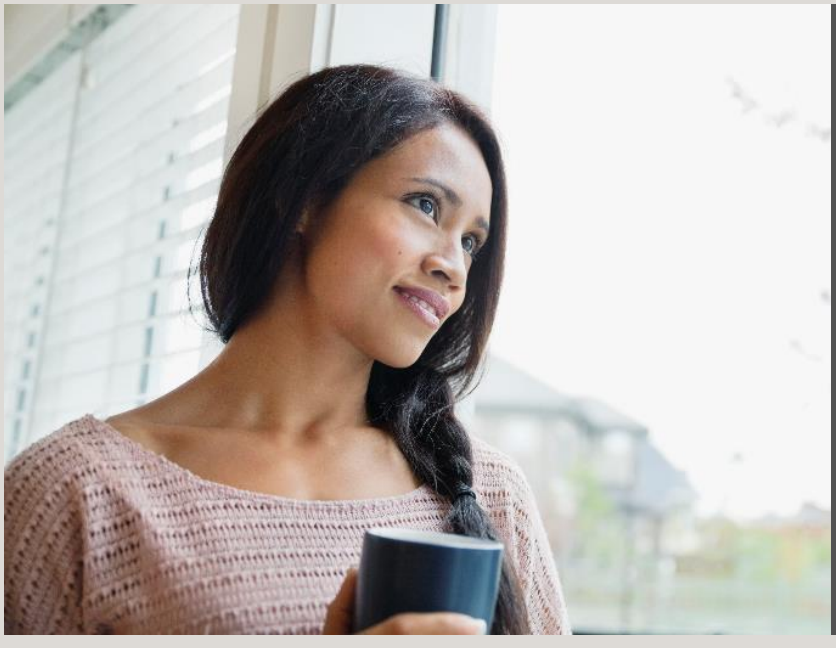
Basic Life/AD&D

Paragon Die and Engineering provides Basic Life/AD&D insurance at no cost through UNUM. You are automatically enrolled in this benefit. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Please refer to the benefit summary for details.

Employer Issue Amounts	
> 3 years of service	$10,000
3-5 years of service	$25,000
5-8 years of service	$40,000
8+ years of service	$50,000
Age Reduction Schedule	Benefits reduce to 65% at age 65 Benefits reduce to 50% at age 70

What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly
- Ability to assist with funeral costs – the average funeral cost is over $10,000



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year. You can update any time during the year.

Voluntary Life/AD&D Insurance

You can purchase Voluntary Life/AD&D insurance through UNUM for you, your legal spouse and dependent children. Please refer to the benefit summary for details.

Employee	$10,000 increments up to the lesser of 5 times your annual earnings or $500,000 Guaranteed issue†: $100,000
Spouse (rate based on employee age)	$5,000 increments to a maximum of $100,000 or 100% of employee amount Guaranteed issue†: $50,000
Child (up to age 26)	Live birth to 6 months: $1,000 6 months to age 26: $1,000 increments to maximum of $10,000 Guaranteed issue†: $10,000
Age Reduction	35% at age 70; 50% at age 75

This Open Enrollment only, you can purchase Voluntary Life and Accidental Death and Dismemberment insurance for you, your legal spouse or and dependent children without providing medical information up to the guaranteed issue (GI) amounts. All values over the guaranteed issue amount will be subject to Evidence of Insurability (EOI). Prior approved amounts that exceeded the guaranteed issue amount will be grandfathered into coverage at time of new carrier installation with UNUM. If you don't elect coverage during this initial open enrollment with UNUM all future values will be subject to EOI. Cost of coverage is paid by employee post-tax.

Medical review (often referred to as evidence of insurability or EOI) is completed via the enrollment site.

† *Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees.*



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Disability

Paragon D&E offers Disability STD and LTD insurance benefit plans for any full-time employee at no cost to you. Disability insurance is essentially "paycheck" insurance, ensuring you will receive a portion of your income if you are not able to work. STD provides a weekly benefit and LTD provides a monthly benefit. STD is administered by PDE and LTD is administered by UNUM**.**

Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness unrelated to work.

When do the benefits start?
You will first have a 7-calendar day waiting period where PTO will be used (if available) up to 40 hours. Wage benefits will begin on the 8th day following the waiting period.

(Benefit duration is reduced by the initial disability waiting period (before benefits begin)

How much would the benefit pay?
66.67% of your average salary

How long will the benefit pay?
Up to 11 weeks

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

When do the benefits start?
After 90 days of qualified disability

*(*This plan will begin to pay after the Short-Term Disability benefits end, if elected*)*

How much would the benefit pay?
66.67% of basic monthly earnings up to $10,000 per month

How long will the benefit pay?
Up to Social Security Normal Retirement Age (SSNRA)

Pre-Existing Condition Clause Definition: Long-term disability claims are subject to a pre-existing condition clause which means claims will be denied for any accident or illness for which you received advice or treatment in the 3 months prior to your coverage effective date and the disability began in the first 12 months after your effective date of coverage. You will receive credit for the time you were covered under the prior MetLife policy.

Optional Protection Benefits

Paragon D&E offers additional voluntary benefit plans through Aflac. These plans are not medical insurance and do not replace your medical coverage but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Accident Insurance

Pays a cash benefit when you or your covered family members suffer injuries sustained in an accident.

- Accidental Death Benefit
- Hospital Admission, Emergency Care and Ambulance
- Fractures, tears, concussion
- Burns

Critical Illness

Helps protect you from financial loss by providing a lump-sum benefit upon diagnosis of a covered condition, including Heart Attack, Stroke, Kidney Failure, Major Organ Transplant, Bone Marrow Transplant, Sudden Cardiac Arrest, Coronary Artery Bypass Surgery, Cancer, Non-Invasive Cancer or Skin Cancer.

Allstate Identity Theft

Identity theft can happen to anyone. That's why PDE is offering you Allstate Identity Theft Protection as a benefit. Identity theft occurs when thieves steal your personal information to take over or open new accounts, file fake tax returns, rent or buy properties or commit other crimes in your name. By having identity theft protection, you can help avoid this issue and, in the worst-case scenario, get your life back after a breach of your secure personal information. See the contribution page in this guide for bi-weekly rates as well as Employee Navigator for more information.

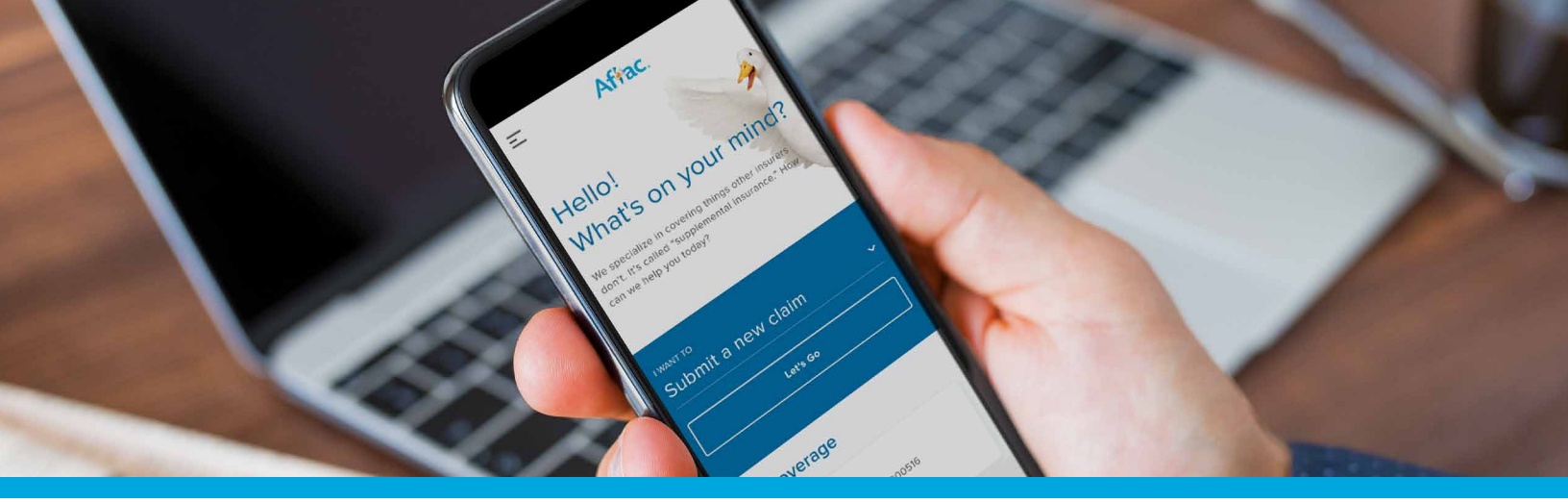
What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

PetPartners Pet Insurance

Take the stress out of unexpected vet bills. Pet insurance reimburses you for the cost of accidents and illnesses. Coverage includes medication, laboratory services, treatment and more. Plus, you can visit any licensed veterinarian or specialist. You can choose between two plans for your dog and/or cat which is accident & illness or accident & illness with wellness. Note: pets age 11 years and older are not eligible to enroll but this doesn't apply to renewal enrollments so if your pet is already enrolled and turns 11+ they will continue to have coverage assuming no gap in coverage. See Employee Navigator for cost and details.

Aflac petpartners Allstate IDENTITY PROTECTION



MyAflac® digital claims experience

Aflac's products are designed to help cover the expected – and unexpected – that's sure to come life's way. They represent our promise to be there for our customers when they need us most. When customers file eligible claims through our MyAflac mobile app or on our website, they'll experience the easiest way to get benefits paid fast.

Customers who use MyAflac can:*

- Enjoy an end-to-end digital, self-service experience.
- Enable biometric login for convenient access.
- Access their account anytime, from anywhere.
- View coverage details and claims history.
- Download or print an ID card.
- Follow a guided, step-by-step claims submission process.
- Submit documents directly by phone.
- Sign forms electronically.
- Enroll in direct deposit.
- Be confident they're getting paid all eligible benefits because we cross-adjudicate across all coverages based on a single claim.

If you have additional questions please contact Aflac Customer Service at 800-433-3036

Scan here for a short video that shows how MyAflac makes our claims process easy.

* This flyer describes the user experience for Aflac Group certificate holders. MyAflac functionality may vary depending on type of coverage.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands. For groups situsted in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situsted in New York, coverage is underwritten by Aflac of New York.

Continental American Insurance Company | Columbia, SC



are you protected from identity fraud? are they?

Identity theft and cybercrime can happen to anyone — 1 in 4 Americans have experienced cybercrime.[1] — even someone who knows how to minimize their risk. That's why your company offers **Allstate Identity Protection Pro+ Cyber** as a benefit.

Allstate Identity Protection is proud to have a broad, inclusive definition of "family" that covers everyone under your roof (or under your wallet) — no matter their age.[Δ]

Get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today's digital threats, plus cybersecurity features designed to identify and address vulnerabilities before they can be exploited.

For over 90 years, Allstate has been protecting what matters most. Prepare for what's next with:

- Identity, financial account, and credit monitoring
- Cyber protection for mobile devices
- 24/7 support, plus up to $1 million in fraud expense reimbursement[†] — or up to $2 million for families[Δ]

Get identity protection for real life. Sign up during open enrollment.

Questions?
1.800.789.2720

PLANS AND PRICING

Allstate Identity Protection Pro+ Cyber

$13.95 per person/month
$24.95 per family/month

Allstate SM
IDENTITY PROTECTION

1: 2021 Identity Fraud Study, Javelin Strategy & Research

With Allstate Identity Protection Pro+ Cyber, get identity and cyber protection features designed to help you defend yourself from today's risks

- See and control your personal data with our unique tool, Allstate Digital Footprint℠
- Catch fraud at its earliest sign with comprehensive identity and financial monitoring
- Keep tabs on your risk potential by checking your Identity Health Status
- Get personalized threat insights to help you protect yourself against the latest fraud trends with Allstate Security Pro®
- Rely on cyber protection tools designed to protect against online threats such as viruses, phishing attacks, and malware on up to 5 mobile devices
  - Mobile device and app security
  - Missing and stolen device tools†††
  - Safety VPN with safe browsing and phishing protection
  - Wi-Fi security
- Level up personal computer security with VPN, network security, and features designed to protect against online threats such as viruses, phishing attacks, and malware
- Get network security and a password manager
- Monitor social media accounts for signs of account takeover
- Fend off scams with our robocall blocker and ad blocker
- Access family digital safety tools with a family plan
- Rely on tri-bureau credit monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- See if your personal data has been compromised with dark web monitoring
- Receive alerts for financial transactions like cash withdrawals and large purchases, to help you detect potential fraud
- Eliminate worry about unraveling complex and costly fraud incidents with access to full-service remediation and resolution support
- Count on up to $1 million in expense reimbursement for stolen funds and out-of-pocket costs due identity theft†, plus up to $1 million ransomware†† expense reimbursement†

Opt for a family plan and get generous protection for loved ones including:

- Coverage for your whole household, plus senior family coverage for parents, in-laws, and grandparents age 65+Δ
- Family mobile device protection for up to 10 devices with Allstate Identity Protection Pro+ CyberΔ
- Up to $2 million in expanded identity theft and ransomware†† expense reimbursementΔ



It's easy to get started

1. **Choose your plan**
   You're protected from your effective date.
2. **Activate key features**
   Explore additional features in our easy-to-use portal and apps.
3. **Live your best life online**
   We've got you covered with 24/7 alerts.

†† Does not cover cyber ransom payments to hackers.

††† Android devices only

Δ Only available with a family plan. Ability to enroll in family plans is dependent on enrollment method. Allstate Identity Protection's coverage definition can be aligned with client's benefits eligibility. Contact your Allstate Identity Protection representative for more details.

† Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Product may be updated or modified prior to availability. Certain features require additional activation.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

OnePack Plan™ by petpartners

Now You Can Play More and Worry Less

Protect your furry family members with plans available exclusively through your company!



We've Got You Covered

- Common Illnesses
- Broken Bones
- Diagnostics
- Prescription Medication
- Surgery
- Alternative Treatments[1]
- Toxin Ingestion
- Digestive Issues
- Behavioral Issues[1]
- Cancer
- Hospitalization
- And more!

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Here's how it works:

1. Visit any licensed vet or clinic
2. Pay your vet and submit a claim
3. Get reimbursed for eligible expenses

Employee Plan

- Visit any vet
- Enjoy great perks such as 24/7 live vet and more
- Pre-existing condition coverage[2]
- Prior Coverage Credit
- Simple, straightforward pricing
- Premiums paid through payroll deduction

Don't wait! Visit your benefits platform to enroll now!

mypolicy@PetPartners.com | 800.956.2495

[1] Eligible with optional Alternative & Behavioral Care rider. [2] Pre-Existing condition coverage may require a 365-day waiting period. Waiting period may be waived for groups over 200 employees or with prior coverage for Accident & Illness plans. Participation in this plan is voluntary and not subject to ERISA. Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company (rated A- "Excellent" by A.M. Best), with offices at 11333 N. Scottsdale Rd, Suite 160, Scottsdale, AZ 85254. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. Eligibility restrictions apply. Terms and conditions may apply. See policy/certificate for details on coverage, terms, limitations and conditions.

PINE REST

Employee Assistance Program

A Guide to Your Benefits



800.442.0809

(press 1 and follow the prompts)

Please remember to say, "I have an EAP with... (name of employer)"

Your EAP Benefits Include

- 3 sessions of free, confidential counseling per episode of care
- In-the-moment support available 24/7
- Free consultations
- Personal Advantage online library
- Wallet Wisdom online financial wellness
- All benefits available to every member of the household

Benefit Line
800.442.0809

What if I Need Immediate Support?

If you or a loved one are in crisis or experiencing suicidal thoughts, please visit a hospital ER or Pine Rest Psychiatric Urgent Care Center.*

Access in-the-moment support by calling 800.442.0809 (press 1 and follow the prompts).

**ER and Psychiatric Urgent Care are not included in the EAP benefits.*

Online Scheduling
pinerest.org/scheduling

EAP Contact Info

800.442.0809 (press 1 and follow the prompts)
eap@pinerest.org

PINE REST

Employee Assistance Program
A Guide to Your Benefits

Confidential Counseling Services

How do I schedule my free counseling sessions?

Call 800.442.0809, press 1 and follow the prompts or schedule online at pinerest.org/scheduling.

What is an episode of care?

An episode of care begins with your first visit and doesn't end until you have left treatment and your case is closed. An episode of care may include addressing multiple issues.

Will my employer be notified?

All EAP services are 100% confidential.

Are my family members eligible for EAP benefits?

Every member of your household is eligible including dependents who are away at school.

Free Online Resources

Personal Advantage is an online library with thousands of resources related to health and wellness, financial and legal issues and more. This library includes articles, videos, webinars, calculators, locators, assessments and trainings.

pinerest.org/PAL
My Company Username is:

_____

Wallet Wisdom is a financial resource library of webinars, calculators and articles to help you with complex financial issues such as debt consolidation, student loans, retirement saving, mortgage lending and more.

Wallet Wisdom
go.lmcu.org/pine-rest

Free Consultations

Elder Care Consultation with an elder care specialist from Pine Rest for a free consultation including assessment of needs, education and resources for housing, care and support groups.

Legal Consultation with an attorney from law firm, Rhoades McKee, for a free 30-minute consultation on any legal matter. Additional services receive a 20% discount.

Financial Consultation with a finance expert from Lake Michigan Credit Union to discuss any financial matter via telephone, video call or in-person at a LMCU location.

Infant Feeding Support Consultation with a board-certified lactation consultant from baby beloved, inc. to discuss prenatal, postnatal, return-to-work, breastfeeding, or bottle feeding concerns. Free webinars and 25% discount on additional online educational courses.

Real Estate Consultation with a licensed realtor from Cripe Real Estate to discuss any real estate related questions, receive a home valuation, and property availability search. Free 1-year home warranty with purchase or sale of a home.

How to Access Your Free Consultations

Option 1: Call 800.442.0809, press 1 and follow the prompts to select your free consultation.

Option 2: Scan the QR code to email your request. Please identify the type of consultation requested.

Remember to say, "I have an EAP with... (name of employer)".

Scan the QR code to email your request for a free consultation.

PARAGON DIE AND ENGINEERING COMPANY

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Employee Assistance Program (EAP)

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

A Licensed Professional Counselor can help you with:

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

Work/Life Balance

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

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions**
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access

Online and Phone support:
Unlimited, confidential, 24/7

In-person: You can get up to 3 visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support. Secure, HIPAA-compliant video EAP sessions for those who may prefer the use of technology to receive the service; video counseling services are in lieu of face-to-face sessions.

Employee Assistance Program – Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446
- www.unum.com/lifebalance

Turn to us when you don't know where to turn.

Not available in all states
*The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.
**State-mandated limitations for legal services in WA apply.

The Work-life balance employee assistance program, provided by HealthAdvocate, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Better benefits at work.™

unum.com

Insurance products are underwritten by the subsidiaries of Unum Group.
© 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.
EN-2055 FOR EMPLOYEES (12-23)

Don’t forget this travel essential!

Pack your worldwide emergency travel assistance phone number or download the Assist America Travel app and leave your worries at home.



If you experienced a medical emergency while traveling, would you know whom to call?

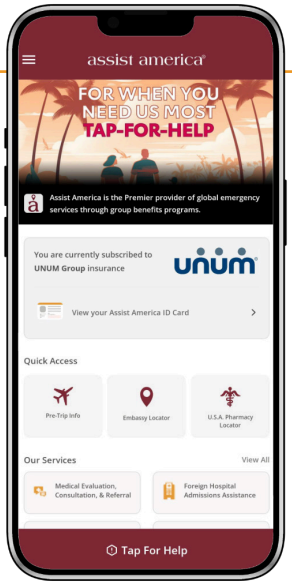
Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it’s always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use your travel assistance phone number to access:

- Referrals to Western-trained, English-speaking medical providers
- Passport/prescription replacement assistance
- Care and transport of unattended minor children
- Lost luggage assistance
- Emergency medical evacuation
- Transportation for a friend or family member to join a hospitalized patient traveling alone

With the Assist America Mobile App, you can:

- Call Assist America’s Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



Download and activate the app today from the Apple® App Store or Google Play™.

Reference Number: 01-AA-UN-762490

24/7 services anywhere in the world

Unum travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

You can access travel assistance services through the phone number on your travel assistance wallet card. If you have misplaced your card, contact your human resources department and ask for a replacement.

If you need travel assistance anywhere in the world, contact us day or night.

Within the U.S.
1-800-872-1414

Outside the U.S.
(U.S. access code) +1 609-986-1234

Via e-mail:
medservices@assistamerica.com

Travel assistance FAQs

Which countries can I travel to?

Assist America's services have no geographical exclusions. Its worldwide network stands ready to help wherever your travels take you.

Is my family covered?

Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered.*

Are pre-existing conditions excluded?

No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

What about sports-related injuries?

Whether you've been involved in recreational or extreme sporting, worldwide emergency travel assistance will provide support for all your medical needs.

Who pays for the services I use if I have a travel emergency?

Assist America arranges and pays for 100% of the services the company provides, with no caps or charge-backs to either you or your employer. But you must call Assist America first — you can't be reimbursed for services you arrange on your own.*

Better benefits at work.™

unum.com

Apple is a registered trademark of Apple Inc. Google Play is a trademark of Google LLC.
*Spouses traveling on business for their employers are not eligible to access these services during those trips.
Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-1567920 FOR EMPLOYEES (1-26)

Additional Paragon D&E Benefits

Boot Program –

You may purchase safety boots/shoes and charge them to Paragon. Employees repayment will be collected as a tool bill, which will be spread over 5 pay periods.

PDE partners with Liberty footwear, Mieras Shoes, and Action Supply. To use this benefit, please get in contact with HR and receive a form prior to your boot purchase.

Safety Glasses Program -

One eye exam at RxOptical is covered 100% by Paragon annually.

Paragon will also cover up to $150 annually towards safety glasses. Anything over $150 will be applied to your tool bill, and you will repay through payroll deduction. This credit will renew each year.

Your Enrollment To-Do List

Paragon Die & Engineering Company Retirement Savings Plan

☑ WATCH A VIDEO TO REVIEW OF YOUR RETIREMENT PLAN

- Scan the QR Code above or click on the link below: https://vimeo.com/922155754/6ed6cd356a

☑ ENROLL NOW AT GREENLEAFTRUST.COM

- Select Retirement Plan Login under Account Access
- Select +NEW USER to get started
- Enter the one-time plan password of PARAGON
- Enrollment is complete once you see: Congratulations! Your Enrollment is Complete

CUSTOMIZE YOUR USERNAME AND PASSWORD – STORE SAFELY

- Username
  Must contain one number (0-9), one letter (A-Z) and be 6-30 characters in length; this is case sensitive
- Password
  Must contain one number (0-9), one letter (A-Z) and be 12-30 characters in length; this is case sensitive

☑ DESIGNATE YOUR BENEFICIARY

- SSN not required; date of birth and home address are recommended but not required

☑ SET UP YOUR CONTRIBUTION AMOUNT AND TYPE

- In general, saving 10-20% of your income establishes a strong foundation to reaching your goals

☑ PICK YOUR INVESTMENT STRATEGY

- Up-to-date performance and other fund specifics available online under the Performance tab
- For a diversified, professionally managed strategy, select a T. Rowe Price Retirement Date Fund closest to the year you plan to retire (commonly age 65)

☑ NEED ASSISTANCE?

- For enrollment, reference the How-To Enroll Online instructions near the end of this booklet
- Review the online How-To tab and Show Me How videos for additional instructions on many topics
- Contact the Greenleaf Trust Participant Help Center

The Alera Group Resource Center

Effortless insurance – all your needs, all in one place.

The Resource Center offers you access to the industry's leading experts in life insurance, Medicare & individual health insurance, and personal insurance including home, auto, and umbrella - all in one place.

As an independent insurance agency, we compare plans from a variety of competitive carriers to find the best policy, so you can get the best coverage at a rate you can afford.

The Resource Center Offers:

Auto Insurance

Home Insurance

Umbrella Policies

Life Insurance

Medicare & Individual

And More

Contact the resource center:

- If you are newly hired with a benefits waiting period or are ever between jobs
- In the event of termination, separation of employment, or reduced hours to discuss alternatives to COBRA
- If you have dependents turning 26
- If you plan to retire before 65
- If you'd like a free personal insurance consultation
- For Medicare education and enrollment support
- Contact our individual benefits team at 616-455-9456.



Home, Auto, or Umbrella Insurance:

Scan or click here

Medicare & Individual Insurance:

Scan or click here

ALERAGROUP





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