BENEFIT GUIDE



JANUARY 1-DECEMBER 31 | 2025 VARIABLE











WELCOME

Stratosphere Quality would not be the success it is today without the dedication of our hard-working employees. We are proud to offer a comprehensive benefits package to support your physical, mental, and financial wellness.

This guide highlights the options available to you as a benefits-eligible employee.

Please take time to review this guide so you can make informed decisions and get the most from your benefits.



TIPS FOR USING THIS GUIDE

- ✓ View this guide on your computer, tablet, or smartphone. It's designed to let you easily navigate through your benefits!
- ✓ Use the icons at the top-left to jump to these sections:
 - Table of Contents

- Benefit Contacts
- Provider Search Instructions
- Benefit Glossary
- ✓ When you see the CURSOR ICON

 click or tap for more info.
- ✓ Open the SEARCH BAR to type in a key word you want to find:
 - On your computer: Type Ctrl + F.
 - On your smartphone: In the bottom menu, tap the three dots for more options, tap "Find in page." Then, tap on the top search bar to type in your search term.

TIPS FOR SAVING THIS GUIDE

- **☑ On your computer:** Save the link as a bookmark on your browser.
- **✓** Add on your smartphone home screen:

On Android, tap the options menu.

On iPhone, tap the share icon.

- Select Add to Home Screen (you may need to scroll to find it).
- Give the guide a name you'll remember, then click **Add**.
- The icon will appear as a Red "A" on your home screen.









WHAT'S NEW FOR 2025

This year, we are excited to introduce some new benefits and enhancements effective Jan. 1, 2025.



BRAND NEW BENEFITS!

HEALTHJOY HEALTH CONCIERGE

HealthJoy makes healthcare simple! It's your first stop for all your healthcare needs with a concierge, healthcare wallet and more. Access virtual visits, chronic care management and exercise therapy at no cost through the HealthJoy app.

Learn more on page 12. **▼**

ONLINE ENROLLMENT NOW AVAILABLE

ENROLL USING ADP

You can now sign into the ADP platform and elect your benefit options online. Sign in at work, at home, or on the go with any device!

Learn more on page 7. **▼**

ENROLL BY NOV. 15

OPEN ENROLLMENT IS NOV. 5–15

This is your annual opportunity to review and update your benefits. Don't miss out!







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NEW HIRE

Enroll within your new-hire enrollment window.

Use ADP or call Steele Benefit Services

Closely review your options as a new hire

- The benefits you select become effective on the first of the month following 60 days of full-time employment
- You must make your elections within 30 days of eligibility
- The elections you make during your initial eligibility are binding until the next open enrollment

OPEN ENROLLMENT

Enroll during the annual benefits open enrollment period.

Use ADP or call Steele Benefit Services

Your annual opportunity to review & change your benefits

- Typically held in the fall
- The benefits you select become effective on Jan. 1



OUALIFYING LIFE EVENT

Enroll within 30 days of a qualifying life event.

Use ADP or call Steele Benefit Services

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

Examples include:

- Marriage or divorce
- Birth or adoption of child
- You and/or your dependents become eligible or lose coverage with another group health plan
- Spouse's open enrollment
- Change in work status (part-time to full-time)
- You must provide documentation to support your qualifying event.











NEW FOR 2025! SELF-SERVE ENROLLMENT

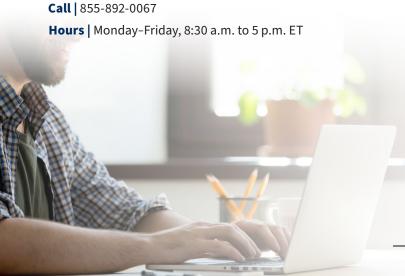
ENROLL USING ADP

You can sign into the ADP platform and elect your benefit options online. Sign in at work, at home, or on the go with any device!

See the next pages for Self-Serve Enrollment Instructions.

LOOKING FOR A HELPING HAND?

Use Steele Benefit Services for assistance.





STEELE BENEFIT ASSISTANCE

1. BE PREPARED BEFORE YOU SIGN IN/CALL

- You'll need dates of birth and Social Security Numbers for any dependents you will be adding to your benefits. If you don't have this information ready, you may need to call back.
- You will be asked if you or your spouse (if enrolled in the medical plan) are to bacco users. This is a recorded statement. Any false statements can jeopardize eligibility. SQ reserves the right to perform random to bacco and nicotine testing.

2. TAKE ACTION

If you are making changes to your current benefits, you will need to sign into the ADP platform and elect your benefits or call Steele Benefits Services during your location's designated Open Enrollment dates.

3. ASK QUESTIONS

Steele Benefit Services Counselors are here to assist you. They can help you understand your options, educate you about your benefit coverage, and enroll you and your family in your selected benefits in one simple call.













DOWNLOAD THE APP

 Search "ADP Mobile Solutions" in the App Store or Google Play, or use the buttons to get started.





2. LOG IN

- Enter your User ID and password, then click "Sign In"
- First time logging in? Tap "New? Get Started"
- If you don't know your registration code, contact HR.

3. START YOUR BENEFIT ENROLLMENT

- Under the "Recommended" section, tap "Benefits"
- You can also tap "More" in the bottom-right corner to select "Benefits"
- Tap "Start enrollment"

4. REVIEW YOUR INFORMATION

- Review the Welcome Note for benefit updates
- Tap "Next" to manage your dependents
- Add or update your dependents and beneficiaries

5. SELECT YOUR BENEFITS

- You have three sections: Action Required, Selected Plans and Eligible Plans
- Action required | Items that need action to move on
- **Selected Plans** | These are your current elections
- Eligible Plans | Your available options for enrollment
- If you select a plan under "Eligible Plans," it will move to "Selected Plans"

6. REVIEW AND CHANGE AS NEEDED

- You cannot complete enrollment unless you take action on items listed under Action Required
- As you make selections, check the box under "Covered Individuals" for applicable dependents
- Tap "Manage dependents" to add or edit dependents and beneficiaries as you enroll

7. CONFIRM YOUR DETAILS

- After you make selections, see the confirmation screen
- Your coverage level is determined by which dependents you enroll
- Once you confirm enrollment, your benefits will show under "Selected Plans"













8. WAIVING A BENEFIT

 If you waive a benefit, you will be required to select a "Waive Reason"

9. SUPPLEMENTAL LIFE ELECTIONS

- Tap "View Available Plans" and choose the amount of coverage you want to elect
- If the amount is over the guarantee issue, you will be required to complete the Evidence of Insurability and submit it to SQ
- Your full election will not be approved until the EOI is received and reviewed
- Learn more on page 23.
- When you elect supplemental life coverage, you will need to select beneficiaries
- Select a primary beneficiary
- You can also select a secondary beneficiary
- All beneficiary delegation percentages must equal 100%

* * * * * * * * * * * * * * * * * * *

Tap "Confirm Details"

10. CONTINUE YOUR ENROLLMENT

- You can tap "Finish Later" at any time to save your enrollment information
- If you tap "Finish Later," you must come back to review and submit for your selections to be final
- If you start the process on mobile and move to desktop, your selections will sync
- Continue through all steps and address all tasks under "Action Required"
- Once you address all items and make all selections, proceed to review and submit

11. REVIEW AND SUBMIT

 Once you see the green box that says "You have completed your enrollment," you are finished!















DI AN ODTION	SYMETRA LIMITED MEDICAL PLAN PAYS			
PLAN OPTION				
PPO NETWORK	Multiplan Multiplan.us ĸ			
Outpatient Doctor Visit Benefit	\$60 per day; \$420 pp/pcy1 max			
Doctor's Office Visit, Urgent Care, Outpatient Hospital Benefit	\$60 per day; \$420 pp/pcy1 max			
Outpatient Diagnostic Benefit	\$75 per visit			
X-Ray and Lab Benefit	\$75 per day; \$450 pp/pcy maximum			
Emergency Room Benefit	\$100 per visit, \$200 pp/pcy1 max.			
Hospital Stay Benefit	\$100 per day, 30 days pp/pcy1			
Intensive Care Unit Stay Benefit	\$200 per day, 30 days pp/pcy1			
Substance Abuse Facility	\$100 per day, 30 days pp/pcy1			
Mental Health Facility	\$50 per day, 30 days pp/pcy1			
Nursing Facility	\$50 per day			
Surgical Benefit Residents outside Michigan and Ohio	Surgical Benefit \$500 pp/pcy1 max.			
Surgical Benefit Michigan and Ohio Residents	\$40–500 per day			
Outpatient Surgical Facility Benefit	\$250 per surgery, 1 surg. pp/pcy1 max.			
Surgical Anesthesia Benefit Residents outside Michigan and Ohio	30% of surgical procedure benefit \$150 pp/pcy1 max.			
Surgical Anesthesia Benefit Michigan and Ohio Residents	\$10–125 per day			
Employee Life AD&D Insurance Benefit	\$5,000 \$5,000 (except Missouri)			
Dependent Life Insurance Benefit	\$2,500 \$1,250 \$200			
Key pp/pcy = per person, per calendar year				













DI AN ODTION	SYMETRA LIMITED MEDICAL MINIMUM ESSENTIAL COVERAGE PAYS 100% IN NETWORK				
PLAN OPTION					
PPO NETWORK	Multiplan /	Multiplan.us ĸ			
Preventive Services for Adults	Some of the services include: Blood Pressure screening; Cholesterol screening for high risk adults; Colorectal Cancer screening for adults over 50; Immunizations; and various other screenings				
Preventive Services for Women	Some services include: Breast Cancer screening for women over 40; Cervical Cancer screening; Contraception including sterilization; Osteoporosis screening for some women over 60; and other health screenings				
Preventive Services for Children	Some services include: Fluoride Supplements if water is not fluoridated; Immunizations from birth to age 18 at recommended ages; Medical History Screening and Height/Weight/BMI measurements at various intervals; as well as a variety of health screenings				
YOUR COST PER PAY	Limited Medical Plan	Minimum Essential Coverage			
Employee	\$17.14	\$8.85			
Employee + Spouse	\$34.88	\$15.03			
Employee + Child(ren)	\$27.16 \$12.46				
Employee + Family	\$47.99 \$19.49				

These rates include the hospital indemnity plan. Learn more on page 25. K









HEALTHCARE CONCIERGE



HEALTHJOY MAKES HEALTHCARE SIMPLE

HealthJoy is the first stop for all your healthcare and employee benefits needs.

Engage with HealthJoy to ensure that you have the lowest possible medical costs all year and the best access to care.

- HealthJoy is provided free by SQ and personalized for you
- Get instant access to an up-to-date benefits wallet with all your benefit cards
- Ask a healthcare concierge for help with healthcare questions
- Save time, money, and a ton of aggravation

ELIGIBILITY

HealthJoy is available to all full-time employees.

MAKE THE MOST OF HEALTHJOY

Learn more about what HealthJoy offers on the next page.

HOW TO REGISTER

HealthJoy can reach out to each of your providers and make sure that your next appointment is easy and the lowest possible cost.

- You will receive a unique activation link within a welcome email or SMS text the first week of January
- Create your password
- Download the HealthJoy app and log in
- 4. You can invite family members and send them their own unique activation link

DOWNLOAD THE APP

Click the buttons below to download.















HEALTHCARE CONCIERGE CONTINUED



WHAT'S INCLUDED

HealthJoy is where your benefits come to life. Access these services at **no cost** through the HealthJoy app.



VIRTUAL VISITS

You and your family can connect with a medical provider online through the HealthJoy app. HealthJoy's providers can diagnose and treat many issues and even prescribe common medications.

Examples of minor medical needs

Rash | Sinus Problems | Stomach Ache | Fever



CHRONIC CARE MANAGEMENT

Managing chronic conditions can be stressful and expensive. HealthJoy's engaging digital programs and personalized coaching can help improve your overall wellness and minimize your healthcare costs.

Get assistance with:

Pre-diabetes | Diabetes | Hypertension



EXERCISE THERAPY

You have access to HealthJoy's coach-guided virtual exercise therapy for individuals with back and joint pain.

Once you complete a survey, you will be assigned a personal coach. Your coach will provide up to 12 weeks of exercises to be done at home—no equipment needed.









THE IMPORTANCE OF PREVENTIVE CARE



Your medical plan covers in-network preventive care services at no cost to you! Preventive care can help keep you healthy and identify minor issues early, when they're easier—and less costly—to treat.

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 you receive are not preventive.

Your medical plan still provides coverage for these services, but they are not covered at 100%.

Note: Your medical plan may charge a fee if you receive services from an out-of-network provider or if the preventive service is not the primary purpose of your office visit.

SEE PREVENTIVE TESTS AND SCREENINGS RECOMMENDED FOR YOUR AGE

Visit | Health.gov/myhealthfinder

Confirm which preventive services are covered under your plan.

Back to your medical plan options **K**









TIPS TO SAVE MONEY



✓ SAVE THE EMERGENCY ROOM 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, check your area for an urgent care location or use virtual care instead.

✓ USE IN-NETWORK PROVIDERS

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

M GET YOUR ANNUAL CHECKUP

You and your dependents should visit the doctor annually for health screenings and tests. Your plan covers preventive services at 100%.

✓ CHOOSE GENERIC PRESCRIPTIONS

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

▼ SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES

It can pay to be a savvy shopper. Look up your prescription on your TrueScripts member portal to find the lowest cost pharmacy.

Note: GoodRx and SingleCare also offer discount cards and coupons, which can provide additional savings. However, you will not receive credit toward your plan deductible or out-of-pocket maximum if you use them. Talk with your doctor and pharmacist to determine the best option for you.

▼ TAKE ADVANTAGE OF THE MAIL-ORDER PHARMACY PROGRAM

Save time and money by using the mail-order prescription drug program for your maintenance prescriptions. Check with your insurance company for more details.

Back to your medical plan options **K**









MEDICARE FOR THE FUTURE

Start considering your post-retirement financial protection today and connect with an advocate to help you find the perfect path for you.

SENIOR INSURANCE



MEDICARE CONSULTATION AND EDUCATION

SQ offers associates a **free resource** for Medicare consultation and education.

We've partnered with Independent Senior Insurance to provide you and your families a resource to better prepare yourself financially for life after retirement. Insurance is complicated. Medicare can be even more complicated.

With this partnership with ISI, you have an opportunity to learn from the experts.

YOU'RE ABLE TO:

- ☑ Consult one-on-one with a Medicare Expert
- ✓ View, download and share education content regarding Medicare and Medicaid
- ✓ Attend in-person info sessions with your family

CONTACT

Call Andrew | 317-717-1085

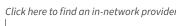
Email | Help@ISImedicare.com











DENTAL BENEFITS



DI AN ODTIONS	CORE PLAN	PREMIUM PLAN			
PLAN OPTIONS	IN- AND OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*		
NETWORK	Dental Guard Preferred	Dental Guard Preferred			
Calendar-Year Deductible Individual Family	\$0 \$0	Waived	\$50 \$150		
Maximum Benefit for Basic & Major Services Per Person Per Year	\$500	\$1,000			
Maximum Orthodontia Benefit Per Child Per Lifetime	Not covered	\$1,000			
Maximum Rollover	Not available	\$350 Learn more on the next page			
WHAT YOU PAY FOR SERVICES					
Preventive Services (cleanings, exams, x-rays)	No charge (deductible waived)	No charge (dec	luctible waived)		
Basic Services (fillings, extractions, root canals)	50% after deductible	0% after deductible	20% after deductible		
Major Services (crowns, bridgework)	Not covered	40% after deductible	50% after deductible		
Orthodontia (for children up to age 19)	Not covered	50% after	deductible		
YOUR COST PER PAY	Weekly	We	ekly		
Employee	\$3.48	\$6.23			
Employee + Spouse	\$7.34	\$13.15			
Employee + Child(ren)	\$9.72	\$17.42			
Employee + Family	\$13.58	\$24.35			



^{*}Be aware of balance billing if you use an out-of-network dentist. If your dentist is out-of-network and they charge more than what the plan allows, you are responsible for the extra charges. Save money by staying in-network! See Benefit Glossary on page 34 for more details.













Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Max in future years, you can use money from your MRA!

To qualify for an MRA, you must have a paid claim and must not have exceeded the paid claims threshold (**\$500**) during the benefit year. Your MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing your and your dependents' accounts online.

Visit | GuardianAnytime.com



HOW THE ROLLOVER WORKS



STEP 1

Make preventive visits to minimize **major issues**.



STEP 2

Submit dental claims throughout the plan year.

AT THE END OF THE YEAR

For members who submit at least one paid claim and do not exceed their plan threshold (\$500), a portion of any unused amount in the annual dental maximum will be added to the Maximum Rollover Account.

These funds are available to pay for future dental care.

MAXIMIZE YOUR ROLLOVER

If care is provided by in-network dentists, you can roll over more money!

- Max rollover with out-of-network dentists: \$250
- Max rollover with in-network dentists: \$350
- The maximum balance of your MRA is \$1,000











YSP. VISION S Guardian

DI AN OPTIONS	VSP PLAN	DAVIS PLAN			
PLAN OPTIONS	IN-NETWORK*	IN-NETWORK*			
NETWORK	VSP Choice	Davis Vision			
PLAN BASICS					
Eye Exam (once every 12 months)	\$10 copay	\$10 copay			
Materials Copay	\$25	\$25			
Eyeglass Lenses Single Bifocal Trifocal Lenticular (once every 12 months)	\$0 after materials copay	\$0 after materials copay			
Frames (once every 12 months)	\$130 allowance + 20% discount on remainder after materials copay	\$130 allowance + 20% discount on remainder after materials copay			
Elective Contact Lenses Instead of glasses (once every 12 months)	\$130 allowance	\$130 allowance + 15% discount on remainder			
Medically Necessary Contact Lenses (once every 12 months)	\$0 after materials copay	\$0 after materials copay			
YOUR COST PER PAY	Weekly	Weekly			
Employee	\$1.68	\$1.55			
Employee + Spouse	\$2.83	\$2.60			
Employee + Child(ren)	\$2.88	\$2.65			
Employee + Family	\$4.55	\$4.19			

^{*}Out-of-network coverage is available on this plan. Refer to the benefit summary for more information.

DISCOUNTS & SAVINGS

Just for being a Guardian member, you are eligible for extra discounts and savings when you visit in-network providers!

LEARN MORE

Find discounts specific to the VSP and Davis plans online.

VSP | VSP.com

Davis | GuardianLife.com











EMPLOYEE ASSISTANCE PROGRAM

You and your family have access to ComPsych's Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

The EAP is completely confidential and available at no cost for all SQ employees, even if you are not on an SQ medical plan.

You have access to consultants by telephone for **up to three counseling sessions** per year, per person, per issue.

FOR 24/7 ASSISTANCE

Call | 800-460-4374

Visit | GuidanceResources.com

Web ID | EAPEssential



AN EAP CAN ADDRESS:



SUBSTANCE ABUSE & ADDICTION



LEGAL ASSISTANCE



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



EMOTIONAL WELL-BEING



WORK & CAREER















To help provide financial security for your family in the event of death or dismemberment, we provide basic term life and accidental death & dismemberment (AD&D) coverage at no cost to you.

COVERAGE DETAILS

Life and AD&D Coverage Amount*

\$10,000 once eligibility is met

Benefits reduce to:

Benefit Reduction Schedule

65% at age 65 40% at age 70 25% at age 75 15% at age 80



^{*}The AD&D benefit is paid in addition to the life benefit if your death is due to an accident. A partial AD&D benefit may be paid in some instances such as loss of sight or paralysis. See plan summary for details.













Supplemental life and AD&D insurance provides an extra layer of financial security for your family.

You can give your loved ones greater peace of mind in the face of unforeseen circumstances by purchasing voluntary coverage at competitive group rates. You must elect employee coverage in order to purchase coverage for your family.

SUPPLEMENTAL COVERAGE OPTIONS

Employee Benefit

\$25,000 increments up to the lesser of \$500,000 or 5× your annual earnings

Guarantee Issue: \$250,000

Spouse Benefit

\$5,000 increments up to the lesser of \$50,000 or 50% of employee's election

Guarantee Issue: \$50,000

Child Benefit

Guarantee Issue: \$10,000

Benefit Reduction Schedule

Benefits reduce to: 65% at age 65 40% at age 70 25% at age 75 15% at age 80

Note: Your cost for voluntary life and AD&D varies by age and coverage amount (Spousal rates are based on the age of the employee). You can see your cost when you enroll online.

GUARANTEE ISSUE

A "guarantee issue" amount is the dollar amount of coverage you can be approved for without completing a health questionnaire—also commonly referred to as Evidence of Insurability (EOI).

Guarantee issue amounts only apply during the 31 days following your initial enrollment period when hired.



NEW EMPLOYEES

Don't miss out on your guaranteed issue opportunity!

If you wish to enroll in the Supplemental Life and AD&D plan or increase your coverage after your initial eligibility period, you will be required to complete the EOI health questionnaire.

If your initial election when you were first eligible was \$25,000 or more, you can increase your amount up to the Guaranteed Issue in subsequent years without the EOI.













Disability benefits replace a portion of your income if you're unable to work due to a non-work-related injury or sickness. Because premiums for disability are deducted post-tax, disability payments are non-taxable income.

You have the option to purchase short-term and long-term disability. These benefits work together so you don't have a gap in coverage before your long-term benefits kick in.

SHORT-TERM DISABILITY

Benefit amount	60% of your salary up to \$500 per week			
When are benefits payable?	8th day of disability due to an accident, illness or pregnancy			
Maximum benefit duration	12 weeks			
Rate	\$1.00 per \$10 coverage Your total rate will be calculated when you enroll.			

Pre-existing condition exclusion (3/12): If you have been diagnosed or treated for a condition **3** months prior to your benefit effective date, that condition will not be covered until you have been enrolled on the plan for **12** months.

LONG-TERM DISABILITY

Benefit amount	60% of your salary up to \$5,000 per month			
When are benefits payable?	After 90 consecutive days of disability due to an accident or illness			
Maximum benefit duration	Until you recover or age 65			
Rate	\$0.937 per \$100 of weekly benefit Your total rate will be calculated when you enroll.			

Pre-existing condition exclusion (12/12): If you have been diagnosed or treated for a condition **12** months prior to your benefit effective date, that condition will not be covered until you have been enrolled on the plan for **12** months.









REQUIRED HOSPITAL INDEMNITY NOTICE

ABOUT HOSPITAL INDEMNITY

IMPORTANT: The hospital indemnity policy is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

LOOKING FOR COMPREHENSIVE HEALTH INSURANCE?

To find health coverage options:

Visit | HealthCare.gov or

Call | 800-318-2596 (TTY: 855-889-4325)

To find out if you can get health insurance through your job, or a family member's job, contact the employer.

QUESTIONS ABOUT THIS POLICY?

For questions or complaints about this policy, contact your State Department of Insurance.

Find their number on the National Association of Insurance Commissioners' website under "Insurance Departments."

Visit | NAIC.org

If you have this policy through your job, or a family member's job, contact the employer.













PROTECT YOUR PAYCHECK

You can supplement your benefits with these additional coverages through Sun Life. These benefits offer additional protection from surprise expenses. **The benefits are paid directly to you, so you can use the money however you need it.**

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance helps you pay your bills due to a hospitalization.

Coverage pays a lump-sum benefit if you are **admitted** to the hospital overnight. Benefits are based on the amount of coverage listed for the service (not the cost of treatment).

HOSPITAL INDEMNITY BENEFIT AMOUNTS							
Hospital Admission	\$1,	\$1,000					
Hospital Stay per day up to 180 days per year	\$200						
ICU Stay per day up to 30 days per year	\$100						
YOUR COST PER PAY	Weekly Bi-Weekly						
Employee Only	\$4.01	\$8.02					
Employee + Spouse	\$8.46	\$16.92					
Employee + Child(ren)	\$6.02	\$12.03					
Employee + Family	¢10.46	ຽວດ ດວ					

ACCIDENT INSURANCE

When you, your spouse or child has a covered accident, you can receive cash benefits to help cover the unexpected costs. On-the-job coverage is included for the employee.

Covered accidents include events like dislocations, fractures, burns, physical therapy, ER treatment and more.

ACCIDENT INSURANCE BENEFIT AMOUNTS								
Hospital Admission	\$500							
Physician Office Visit	\$150							
Urgent Care Visit	\$150							
YOUR COST PER PAY	Weekly Bi-Weekly							
Employee Only	\$2.85	\$5.70						
Employee + Spouse	\$4.48 \$8.97							
Employee + Child(ren)	\$6.28 \$12.55							
Employee + Family	\$7.91 \$15.83							













CRITICAL ILLNESS INSURANCE

Critical illness insurance provides a cash benefit when you or a covered family member is diagnosed with a covered condition, like a heart attack, stroke, cancer, coma, severe burns, and end-stage kidney disease.

FAMILY COVERAGE

You can purchase critical illness insurance for yourself and your dependents.

- You must elect employee coverage in order to purchase coverage for your family.
- Spousal election must equal employee election.

COVERAGE RATES

BENEFIT AMOUNTS

Employee/Spouse coverage available:

\$5,000 increments up to \$40,000 Coverage election must be a minimum of \$10,000

Child coverage available:

\$2,500 increments up to \$20,000 *Cannot exceed employee election*

COVERAGE RATES

Coverage rates are based on age. Rates below are shown per \$10,000 of coverage.

Weekly Rate
Bi-weekly Rate

•	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$	0.32	\$0.58	\$0.97	\$1.68	\$2.84	\$4.73	\$7.36	\$11.17	\$17.19	\$25.41	\$29.38	\$39.72
\$	0.65	\$1.15	\$1.94	\$3.37	\$5.68	\$9.46	\$14.72	\$22.34	\$34.38	\$50.82	\$58.75	\$79.43











UNIVERSAL LIFE INSURANCE



ABOUT UNIVERSAL LIFE INSURANCE

Universal Life Insurance policies are employee-owned and pay a higher death benefit during working years when expenses are typically higher.

Premiums vary based on several factors including age, tobacco use status, and coverage amount elected.

Your SQ Service Center Counselor will give you the cost for the amount of insurance you would like to enroll in.

PORTABILITY

Because these policies are owned by the employee, you can easily continue coverage if you leave Stratosphere Quality. You would make premium payments directly to Sun Life.











TRAVEL EMERGENCY ASSISTANCE





With your Sun Life coverage, you receive an emergency travel assistance program provided by Assist America.

Travel emergency assistance immediately connects you to doctors, hospitals, pharmacies and more if you experience an emergency while traveling **100 miles away from your permanent residence, or in another country.**

JUST ONE CALL AWAY

One simple phone call to Assist America will connect you to:

- A state-of-the-art 24/7 Operations Center
- Multilingual crisis management professionals
- Worldwide emergency response capabilities
- Air and ground ambulance service providers

GET IN TOUCH

Call in the U.S. | 800-872-1414

Call internationally | 609-986-1234

Email | MedServices@AssistAmerica.com

App | Download the Assist America Travel App Complete the set-up process by entering your Assist America reference number 01-AA-SUL-100101.





TRAVEL ASSISTANCE SERVICES

MEDICAL EMERGENCY SERVICES INCLUDE:

- Medical Consultation, Evaluation & Referral
- · Foreign Hospital Assistance
- Emergency Medical Evacuation
- Medical Monitoring

- Medical Repatriation
- Prescription Assistance
- Care of Minor Children | Compassionate Visit
- · Return of Mortal Remains

NON-MEDICAL EMERGENCY SERVICES INCLUDE:

- · Return of Vehicle
- Lost Luggage
- Document Assistance
- · Legal & Interpreter Referrals
- Emergency Message Transmission

- · Bail Bond Coordination
- Emergency Cash Coordination
- Emergency Trauma Counseling
- · Pre-trip Information













assist america



PROTECT WHAT MATTERS

With your Sun Life coverage, you receive ID-theft protection services provided by Assist America. Assist America offers prevention and resolution tools to safeguard your data and restore its integrity in case of fraud. These services include:

24/7 ACCESS TO IDENTITY PROTECTION EXPERTS

You have 24/7 direct emergency access to ID theft protection experts who can provide guidance in dealing with identity fraud issues.

CREDIT CARD AND DOCUMENT REGISTRATION

Register using our secure website to store information from credit cards, banks and important documents in a single, secure location.

INTERNET FRAUD MONITORING

Upon registration, we use a real-time web-crawling technology to monitor any sign of your registered personal data on suspicious sites. You will receive automatic warning notifications if it is discovered that your data is being used fraudulently.

24/7 IDENTITY FRAUD SUPPORT

If you are a victim of identity fraud, a dedicated ID theft protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

ACTIVATE YOUR PROTECTION

Activate your account and get started with your identity protection services online.

Visit | *AssistAmerica.com/sunlife*

Call | 877-409-9597













BENEFIT CONTACTS



BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL	
Benefit Enrollment Assistance	SQ Service Center	855-892-0067	Service@SteeleBenefits.com	
Healthcare Concierge	HealthJoy	877-500-3212	HealthJoy.com/download	
Medical & Pharmacy	Symetra	800-497-3699	Symetra.com	
Dental	Guardian	888-600-1600	GuardianLife.com	
Vision	Guardian	888-600-1600	VSP Plan <i>VSP.com</i> Davis Plan <i>GuardianLife.com</i>	
Employee Assistance Program	ComPsych	800-460-4374	GuidanceResources.com	
Life and AD&D Disability Insurance	Sun Life	800-786-5433	SunLife.com	
Supplemental Accident, Critical Illness, Hospital Indemnity and Universal Life Insurance	Sun Life	800-786-5433	SunLife.com	
Travel Emergency Assistance	Assist America	U.S. 800-872-1414 International 609-986- 1234	MedServices@AssistAmerica.com	
ID Theft Protection	Assist America	877-409-9597	AssistAmerica.com/sunlife	
SQ Benefits Team	Stratosphere Quality	_	Benefits@StratosphereQuality.com	











SEARCH FOR AN IN-NETWORK PROVIDER



SAVE MONEY BY STAYING IN NETWORK

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

USE YOUR HEALTHCARE CONCIERGE!

You can also find in-network providers on the HealthJoy app **r**

	MEDICAL	DENTAL	VISION	VISION
Carrier	Symetra	Guardian	Guardian VSP plan	Guardian Davis plan
Network	Multiplan PPO Network	DentalGuard Preferred	VSP Choice	Davis Vision
Website	Multiplan Provider Search	Guardian Dentist Search	VSP Provider Search	Davis Vision Provider Search









BENEFIT 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 (ALSO CALLED 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.

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 innetwork 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.



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.

