



BENEFIT GUIDE

JANUARY 1–DECEMBER 31 | 2026
QUALITY INSPECTOR FTE





WELCOME

THANKS FOR BEING ON OUR TEAM

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

REVIEW YOUR OPTIONS

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

YOU MUST ACTIVELY ENROLL BY NOV. 14!

OPEN ENROLLMENT IS OCT. 28–NOV. 14

This is your annual opportunity to review and update your benefits. You won't get another chance to enroll this year unless you experience a qualifying life event—like getting married or divorced, changing jobs, or adding a child to your family.

YOU MUST TAKE ACTION

You **MUST** enroll to continue coverage or decline benefits for 2026. Your current benefit enrollment options will end on Dec. 31, 2025.

If you do not enroll by Nov. 14, you will not have coverage in 2026.

DIGITAL GUIDE TIPS

- ✓ Click the icons in the top left corner to jump to these sections:



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Find an In-Network Provider



Benefit Glossary

- ✓ Bookmark the link or save it to your phone's home screen.
- ✓ To search by key word on mobile, tap the three dots in the bottom menu, then tap "Find in page."





WHAT'S NEW FOR 2026

We evaluate our benefits each year to ensure we are offering the best coverage and service for our valued employees.

This year, we are excited to introduce some new benefits and enhancements.

NEW MEDICAL CARRIERS

PLAN OPTION 1 AND PLAN OPTION 2

We will now offer medical benefits for Plan Option 1 and Plan Option 2 through Anthem.

[Learn more on page 10.](#) ↩

PLAN OPTION 3

Plan Option 3 will use Tres Health to easily manage medical benefits.

[Learn more on page 12.](#) ↩

FINANCIAL BENEFITS

LIFE AND AD&D AND DISABILITY INSURANCE

Life and AD&D insurance as well as disability insurance will now be offered through The Standard.

[Learn more on page 30.](#) ↩

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program will also be offered through The Standard.

[Learn more on page 26.](#) ↩



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**Only available if enrolled in Anthem medical plans*



WHEN CAN YOU ENROLL?

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**



QUALIFYING 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
- Loss of coverage
- Spouse’s open enrollment
- Change in work status (part-time to full-time)
- **You must provide documentation to support your qualifying event.**



ENROLLMENT OPTIONS



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.

Call | 855-892-0067

Hours | Monday–Friday, 8:30 a.m. to 5 p.m. ET

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 tobacco users. This is a recorded statement.
- **Any false statements can jeopardize eligibility.** SQ reserves the right to perform random tobacco and nicotine testing.

2. TAKE ACTION

You **MUST** enroll to continue coverage or decline benefits for 2026. Your current benefit enrollment options will end on Dec. 31, 2025.

If you do not enroll, you will not have coverage for 2026.

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.



SELF-SERVE ENROLLMENT INSTRUCTIONS



1. 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**”



SELF-SERVE ENROLLMENT INSTRUCTIONS CONTINUED



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 31.](#) ↩
- 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!



HEALTH BENEFITS





[Click here to find an in-network provider!](#)

MEDICAL BENEFITS



PLAN BASICS	PLAN OPTION 1 IN-NETWORK*	PLAN OPTION 2 IN-NETWORK*
NETWORK	Blue Access PPO	Blue Access PPO
Deductible Individual Family**	\$2,000 \$4,000	\$5,000 \$10,000
Coinsurance Member Pays Plan Pays	20% 80%	0% 100%
Out-of-Pocket Maximum Individual Family	\$5,500 \$11,000	\$5,000 \$10,000
WHAT YOU PAY WHEN YOU NEED CARE		
Preventive Care 	No charge	No charge
Doctor Visits Primary Care Specialist	\$25 copay \$50 copay	0% after deductible
Urgent Care	\$50 copay	0% after deductible
Emergency Room	\$300 copay (waived if admitted)	0% after deductible
Inpatient & Outpatient Services	20% after deductible	0% after deductible
Diagnostic Imaging (ex: MRI, CT, PET scans)	20% after deductible	0% after deductible
WHAT YOU PAY FOR PRESCRIPTION DRUGS		
Prescription Out-of-Pocket Maximum Individual Family	\$2,350 \$4,700	\$2,350 \$4,700
Retail Pharmacy (30-day supply) Tier 1 2 3	\$10 \$30 \$50	\$15 \$45 \$75
Specialty Prescriptions	<i>This plan gives you access to TrueScripts' specialty formulary. Learn more on page 15.</i>	<i>This plan gives you access to TrueScripts' specialty formulary. Learn more on page 15.</i>

***Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.

****These are embedded deductibles.** If you have family coverage, all covered members help reach the family deductible. No individual will exceed the individual deductible.



[Click here to find an in-network provider!](#)

MEDICAL BENEFITS CONTINUED



PLAN BASICS

	PLAN OPTION 1		PLAN OPTION 2	
	NO TOBACCO	STANDARD	NO TOBACCO	STANDARD
YOUR COST PER PAY	Weekly	Weekly	Weekly	Weekly
Employee	\$45.14	\$56.68	\$34.76	\$46.30
Employee + Spouse	\$160.52	\$172.06	\$160.65	\$172.19
Employee + Child(ren)	\$118.79	\$130.33	\$127.02	\$138.57
Employee + Family	\$200.23	\$211.77	\$208.86	\$220.40

FLEXIBLE SPENDING ACCOUNTS

SQ's FSA Contribution	\$400 \$800	N/A
Individual Family	Learn more on page 28.	

Contact Human Resources to request an alternative standard for achieving the full wellness incentive. Recommendations of your personal physician will be accommodated.

HELPFUL TIPS

Not sure what a word means?
[See the benefit glossary.](#)

Visit with a doctor any day, any time.
[See your telehealth options.](#)

Be savvy with your healthcare costs.
[See tips to save money.](#)



[Click here to find an in-network provider!](#)

MEDICAL BENEFITS

CONTINUED

TRES

PLAN BASICS

PLAN OPTION 3 LIMITED MEDICAL PLAN

PPO NETWORK SERVICES

Doctor Visit Primary Care | Specialist

In-network discount

Urgent Care Visit

In-network discount

Diagnostic X-rays and labs

In-network discount

CT Scan or MRI (outpatient only)

In-network discount

PRESCRIPTION BENEFITS

Tier 1 Low Cost

Discount card (up to 75% off)

Tier 2 Generics

Discount card (up to 75% off)

Tier 3 Preferred

Discount card (up to 75% off)

LIMITED INDEMNITY BENEFITS

Hospital Confinement

\$100 per day, up to 365 days ppy

Hospital ICU

\$200 per day, up to 30 days ppy

SURGERY/ANESTHESIA BENEFITS

Inpatient surgery

\$500 per day, 1 day ppy

Outpatient major surgery

\$400 per day, 1 day ppy

Outpatient minor surgery

\$50 per day, 1 day ppy

Anesthesia

\$15 per day, 2 days ppy

ppy means per plan year

PREVENTIVE BENEFITS

Your plan covers 100% of the cost of certain preventive services when you see an in-network provider.

FIND IN-NETWORK PROVIDERS

Visit | [Claritev.com](https://www.claritev.com)

PREVENTIVE SERVICES

See the full list of preventive services for all adults, women and children.

Visit | [Healthcare.gov](https://www.healthcare.gov)





MEDICAL BENEFITS CONTINUED

TRES

PLAN BASICS

PLAN OPTION 3

EMERGENCY ROOM BENEFITS

Emergency Room For Sickness or Injury	\$100 per day, 2 days ppy
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OUTPATIENT BENEFITS

Physician Office Visit	\$60 per day, 8 days ppy
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Outpatient Diagnostic Lab	\$75 per day, 3 days ppy
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Outpatient Diagnostic X-ray	\$75 per day, 4 days ppy
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Mental or Nervous Disorders Confinement <i>1 confinement per year</i>	\$50 per day, 30 days ppy
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Substance Use Disorder Confinement <i>1 confinement per year</i>	\$100 per day, 30 days ppy
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Skilled Nursing Care Facility	\$50 per day, 60 days ppy
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TERM LIFE INSURANCE RIDER

Employee	\$5,000
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Spouse	\$2,500
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Child	\$1,250
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YOUR COST PER WEEK

Employee	\$3.92
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Employee + Spouse	\$19.62
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Employee + Child(ren)	\$17.77
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Employee + Family	\$23.77
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ppy means per plan year

LIMITED PLAN PERKS

Your coverage includes benefits for:

- multilingual telemedicine
- prescription drugs
- multilingual mental health support

Learn more on the next page.





LIMITED PLAN PERKS

TRES

24/7 MULTILINGUAL TELEMEDICINE

FREE & UNLIMITED FOR MEMBERS

Board-certified physicians have expertise in primary care, pediatrics and family medicine.

They can help right away with cold and flu symptoms, allergies, respiratory infections, skin problems and other non-emergency medical issues—all from the comfort of your home.

Visit | [Member.Tres.Health](#)

Call | 888-812-3712

PRESCRIPTION DRUG BENEFITS

NATIONAL, LOCAL AND ONLINE PHARMACIES AVAILABLE

Cigna Rx is a full-service prescription benefit manager with a retail network of thousands of pharmacies nationwide.

Cigna Rx manages your pharmacy benefits, enabling you to receive discounts on your prescriptions.

Visit | [MyCigna.com](#)

Call | 800-325-1404

MULTILINGUAL BEHAVIORAL HEALTH

FREE & UNLIMITED FOR MEMBERS

Connect with licensed therapists and board-certified psychiatrists. Get reliable care for needs like anxiety, stress, grief, and depression.

Visit | [MDLive.com/treshealth](#)

Call | 888-863-5292

MEMBER ADVOCACY

MedWatch provides solutions that deliver superior member advocacy while maximizing the clinical and financial outcomes for the plan and plan members.

Visit | [URMedWatch.com](#)

IDENTITY THEFT PROTECTION

Consumer ID theft program

Visit | [NorthPointIDTheft.com/apex](#)

Call | 800-562-3918



PRESCRIPTION BENEFITS



AMAZING CARE

If you enroll in Plan Option 1 or Plan Option 2, TrueScripts provides personalized support to manage and save on your prescription drug costs.

You can contact TrueScripts whenever you have questions or need help navigating your pharmacy benefits. If you find that you're paying a lot for your medications, they can often find ways for you to save!

PRICEPROTECTOR+

POWERED BY GOODRX

TrueScripts ensures you get the greatest savings possible while getting credit toward your deductible and out-of-pocket maximum.

With PriceProtector+, TrueScripts automatically applies GoodRx discount pricing to your generic prescriptions if it's lower than the cost through your medical plan. No shopping around, no forms to send in, no headaches!

Visit | [PriceProtector+](#) ↗

QUESTIONS?

Call | 844-257-1955

MEMBER PORTAL

Visit | [MemberPortal.TrueScripts.com](#)

PORTAL FEATURES

- Recent claim history
- Network pharmacy locator
- Drug price lookup—check in real-time!
- Live chat weekdays 8 a.m. to 6 p.m. ET



[Back to your medical plan options](#) ↗



FREE PRESCRIPTIONS



INTERNATIONAL MAIL-ORDER PHARMACY

With ElectRx, you could get prescription drugs for free!

ElectRx allows you access to order eligible brand-name medications from brick-and-mortar pharmacies in Canada, Great Britain, Australia, and New Zealand. For some medications, you can receive a 90-day supply!

BEFORE USING ELECTRX:

1. You must fill your prescription at a U.S. retail pharmacy using your SQ prescription coverage through TrueScripts.
2. If your medication requires a prior authorization, you must have that approved prior authorization on file.

AVAILABLE MEDICATIONS INCLUDE:

- | | | |
|------------|-------------|--------------------|
| • Basaglar | • Januvia | • Toujeo Solostar |
| • Eliquis | • Jardiance | • Trulicity |
| • Farxiga | • Ozempic | • Victoza |
| • Humira | • Rybelsus | • Xigduo XR |
| • Janumet | • Symbicort | • And dozens more! |

SEE IF YOU CAN SAVE

After you've filled your prescription at a retail pharmacy,

1. Contact ElectRx Customer Service

Call | 855-353-2879

Email | Info@ElectRx.com

2. Have your doctor prescribe three refills and fax it directly to ElectRx.

Fax | 833-353-2879

3. Your medications will typically ship straight to you in 5–15 days.

QUESTIONS

Contact TrueScripts for amazing care.

Visit | MemberPortal.TrueScripts.com

Call | 844-257-1955





HEALTHCARE CONCIERGE



HEALTHJOY MAKES HEALTHCARE SIMPLE

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

HealthJoy is where your benefits come to life. Access these services at **no cost** through the app. Learn what HealthJoy offers on the next page.

GET STARTED

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

1. Download HealthJoy to your smart phone and register as a member.
2. Provide HealthJoy with the list of doctors, pharmacies and labs that you want to see.

DOWNLOAD THE APP

Click the buttons below to download.





HEALTHCARE CONCIERGE CONTINUED



FREE GENERAL TELEHEALTH VISITS

Connect with a medical provider online. Through HealthJoy, Teladoc providers can diagnose and treat many issues and even prescribe common medications.

General health visits are no cost for you. Additionally, HealthJoy offers dermatology consultations for only \$85 and nutrition consultations for only \$59!

GENERAL VISIT SYMPTOM EXAMPLES

Rash | Sinus Problems | Stomach Ache | Fever



EXERCISE THERAPY FOR JOINT PAIN

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.



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





ORTHOPEDIC SURGERY ALTERNATIVE

Regenexx

HOW DOES REGENEXX WORK?

Regenexx uses your body's natural healing agents to replace the need for up to 70% of elective orthopedic surgeries by using your stem cells and blood platelets to repair and regrow damaged bone, cartilage, muscle, tendon, and ligament tissues.

Regenexx procedures treat a broad range of chronic and acute orthopedic injuries. Whether you suffer from the lingering aches and pains often associated with aging or a tear or sprain due to activity, Regenexx may be able to help return you to full function without invasive surgery.

REGENEXX CAN TREAT

Spine | Ruptured or torn disc, disc extrusion, etc.

Hand/Wrist/Elbow | Arthritis, tennis elbow, carpal tunnel, etc.

Knee | Meniscus tear, ACL/PCL sprain or tear, etc.

Shoulder | Rotator cuff tears, labral tear, etc.

Hip | Osteonecrosis, bursitis, etc.

Ankle/Foot | Instability, bunions, etc.

LEARN MORE

Visit | RegenexxBenefits.com/StratosphereQuality

Call | 866-450-6682

A NATIONAL NETWORK

Regenexx has the only national network of interventional orthopedics clinics.

Each physician receives hundreds of hours of hands-on training in our proprietary procedures to make sure that every patient receives the highest quality of care.

99+
LOCATIONS
ACROSS THE U.S.





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

Confirm which preventive services are covered under your medical plan with your insurance company.

[Back to your medical plan options](#) ↩



TIPS TO SAVE MONEY

OUR #1 TIP?

Use your healthcare concierge! HealthJoy should be your first stop for all healthcare and employee benefits needs so you have the lowest possible medical costs and the best access to care.



✓ SAVE THE ER FOR TRUE EMERGENCIES

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

✓ USE IN-NETWORK PROVIDERS

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

✓ 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 brand-name. Generic drugs are cheaper and are just as effective.

✓ SHOP AROUND FOR PRESCRIPTIONS

It can pay to be a savvy shopper! Comparison tools like [GoodRx.com](#) and [SingleCare.com](#) can help you find the lowest cost near you.

Good news! TrueScripts automatically applies GoodRx discounts to your generic prescriptions. The amounts you pay will be automatically credited to your deductible and out-of-pocket maximum where appropriate. [Learn more on page 15.](#)

✓ TAKE ADVANTAGE OF ELECTRX

You could save even further with ElectRx. [Learn more on page 16.](#)

[Back to your medical plan options](#)



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.

INDEPENDENT
SENIOR
INSURANCE

A FREE MEDICARE RESOURCE

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 can 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

Visit | 317Medicare.com

Email | Team@ISIMedicare.com

Call | 317-222-8891



[Click here to find an in-network provider!](#)

DENTAL BENEFITS



PLAN BASICS	CORE PLAN	PREMIUM PLAN	
	IN- AND OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
NETWORK	DentalGuard Preferred	DentalGuard 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 <i>Learn more on the next page</i>	
WHAT YOU PAY FOR SERVICES			
Preventive Cleanings, exams, x-rays	No charge (deductible waived)	No charge (deductible waived)	
Basic Fillings, extractions, root canals	50% after deductible	0% after deductible	20% after deductible*
Major 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	Weekly	
Employee	\$3.82	\$6.85	
Employee + Spouse	\$8.08	\$14.47	
Employee + Child(ren)	\$10.69	\$19.17	
Employee + Family	\$14.94	\$26.79	



***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 39 for more details.



DENTAL MAXIMUM ROLLOVER



EARMARK FUNDS FOR THE FUTURE

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

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

HOW THE ROLLOVER WORKS



1. PREVENTIVE CARE

Make preventive visits to minimize major issues.



2. SUBMIT CLAIMS

Submit claims for dental work throughout the year.



3. ROLL OVER FUNDS AT END OF YEAR

If you make a claim **and** do not exceed your plan threshold, Guardian will add funds to your Maximum Rollover Account.

AT THE END OF THE YEAR

If you submit at least one paid claim **and** do not exceed your plan threshold (**\$500**), any unused amount up to your maximum benefit per year 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 dentists in the network, you can roll over more money!

Maximum rollover per year with in-network dentists | \$350

Maximum rollover per year with out-of-network dentists | \$250

MANAGE YOUR MRA

See your annual MRA statement detailing your and your dependents' accounts online.

MRA balance limit | \$1,000

Visit | GuardianAnytime.com



VISION BENEFITS



PLAN BASICS	VSP PLAN IN-NETWORK*	DAVIS PLAN IN-NETWORK*
NETWORK	VSP Choice	Davis Vision
Eye Exam <i>Once every 12 months</i>	\$10 copay	\$10 copay
Materials Copay	\$25	\$25
Eyeglass Lenses Single Bifocal Trifocal Lenticular <i>Once every 12 months</i>	\$0 after materials copay	\$0 after materials copay
Frames <i>Once every 12 months</i>	\$130 allowance + 20% discount on remainder after materials copay	\$130 allowance + 20% discount on remainder after materials copay
Elective Contact Lenses Instead of glasses <i>Once every 12 months</i>	\$130 allowance	\$130 allowance + 15% discount on remainder
Medically Necessary Contact Lenses <i>Once every 12 months</i>	\$0 after materials copay	\$0 after materials copay
YOUR COST PER PAY	Weekly	Weekly
Employee	\$1.68	\$1.54
Employee + Spouse	\$2.82	\$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.**



EMPLOYEE ASSISTANCE PROGRAM

MENTAL HEALTH SUPPORT, REFERRALS AND MORE

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 | 888-293-6948

Visit | WorkHealthLife.com/Standard3



AN EAP CAN ADDRESS:



EMOTIONAL WELL-BEING



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



LEGAL ASSISTANCE



SUBSTANCE ABUSE



WORK & CAREER



FINANCIAL BENEFITS





FLEXIBLE SPENDING ACCOUNTS



REDUCE YOUR TAXABLE INCOME

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

HOW IT WORKS



1. ESTIMATE

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



2. CONTRIBUTE

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



3. SPEND YOUR FUNDS!

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



4. FILE ANY CLAIMS

The final deadline to file for any reimbursement from your FSA is March 31, 2027.

MANAGE YOUR ACCOUNT

FIND IT ALL ONLINE

Manage your FSAs, file claims for reimbursement, see your account activity and more.

Visit | PBAClaims.com

SEE WHAT'S ELIGIBLE

See the list and even filter eligible items by type of FSA.

Visit | FSASore.com/fsa-eligibility-list

KEY TO KNOW

ESTIMATE CAREFULLY!

FSAs ARE USE-IT-OR-LOSE-IT ACCOUNTS

You forfeit any unused money at the end of the year, so only contribute what you know you will spend in the year.

Additionally, you cannot change your contributions after open enrollment unless you have a qualifying life event.



FLEXIBLE SPENDING ACCOUNTS CONTINUED



HEALTHCARE FSA	DEPENDENT CARE FSA
USE FOR	
Medical, dental and vision expenses for yourself, your spouse and your dependents	Dependent care expenses for a dependent elder or a child under age 13 that allow you to go to work
IRS ANNUAL CONTRIBUTION LIMITS	
\$3,400 per year <i>This includes SQ's contribution, so don't over contribute!</i>	\$7,500 per year*
ELIGIBILITY	
Anthem plan enrollees	All employees eligible
FUND AVAILABILITY	
All funds immediately available to you at the beginning of the plan year	Funds available as they are contributed each pay period
AT THE END OF THE YEAR	
You have until March 15, 2027, to incur eligible expenses	You have until March 15, 2027, to incur eligible expenses

**The Dependent Care FSA contribution limit is \$3,750 if you're married and filing a separate tax return.*

SQ CONTRIBUTES!

SQ contributes to your FSA if you are enrolled in the Anthem PPO plan (Plan Option 1). If you are not enrolled in the plan on Jan. 1, SQ's contribution amount is prorated based on your date of enrollment.

SQ'S ANNUAL CONTRIBUTION

Employee-only coverage | \$400

Family coverage | \$800





BASIC LIFE AND AD&D



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

Benefit Reduction Schedule

Benefits reduce to:

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.*



KEEP YOUR BENEFICIARY INFO UP TO DATE!

Life and AD&D benefits are paid to the beneficiary on file, so make sure you keep your beneficiary information up to date!

Change your beneficiary information any time by contacting the SQ Service Center.





SUPPLEMENTAL LIFE AND AD&D

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 100% of employee’s election Guarantee Issue: \$50,000
Child Benefit	Guarantee Issue: \$10,000
Benefit Reduction	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 INSURANCE



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

DETAILS	COVERAGE
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	\$1.196 per \$10 coverage <i>Your total rate will be calculated when you enroll.</i>

There are no pre-existing condition exclusions on the short-term policy!

LONG-TERM DISABILITY

DETAILS	COVERAGE
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 your Social Security Normal Retirement Age
Rate	\$0.98 per \$100 of weekly benefit <i>Your total rate will be calculated when you enroll.</i>

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.



SUPPLEMENTAL BENEFIT OPTIONS

PROTECT YOUR PAYCHECK

You can supplement your benefits with these additional coverages through The Standard. 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 <i>one stay per year</i>	\$1,000
Hospital Stay per day <i>up to 90 days per year</i>	\$200
Critical Care Unit Stay per day <i>up to 30 days per year</i>	\$100
YOUR COST PER PAY	Monthly
Employee Only	\$14.59
Employee + Spouse	\$24.61
Employee + Child(ren)	\$20.79
Employee + Family	\$36.94

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	
Ambulance (ground)	\$600
Burns (second and third degree)	\$750–\$15,000
Concussion	\$225
Urgent Care Visit	\$250
X-ray	\$75
YOUR COST PER PAY	Monthly
Employee Only	\$8.13
Employee + Spouse	\$14.95
Employee + Child(ren)	\$20.80
Employee + Family	\$31.57



SUPPLEMENTAL BENEFIT OPTIONS CONTINUED



CRITICAL ILLNESS INSURANCE

Critical illness insurance provides a cash benefit when you or a covered family member is diagnosed with a covered condition.

COVERED CONDITIONS INCLUDE:

- Advanced Alzheimer's
- Cancer
- Coma
- End-stage kidney disease
- Heart attack
- HIV
- Loss of hearing
- Major organ failure
- Paralysis
- Stroke

COVERAGE RATES

BENEFIT AMOUNTS

EMPLOYEE/SPOUSE COVERAGE

\$10,000 increments up to \$30,000

Spousal coverage cannot exceed employee coverage.

CHILD COVERAGE

50% of the employee amount at no additional charge

COVERAGE RATES

Coverage rates are based on age.

AGE	\$10,000	\$20,000	\$30,000
18-24	\$2.76	\$5.53	\$8.29
25-29	\$3.43	\$6.85	\$10.28
30-34	\$4.20	\$8.40	\$12.60
35-39	\$5.64	\$11.27	\$16.91
40-44	\$8.21	\$16.41	\$24.62
45-49	\$12.01	\$24.03	\$36.04
50-54	\$17.76	\$35.53	\$53.29
55-59	\$24.83	\$49.66	\$74.49
60-64	\$35.71	\$71.41	\$107.12
65-69	\$50.04	\$100.07	\$150.11
70+	\$99.20	\$198.40	\$297.60



TRAVEL EMERGENCY ASSISTANCE



With your coverage from The Standard, 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 | 1-609-986-1234

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





BENEFIT RESOURCES





BENEFIT CONTACTS



BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Benefit Enrollment Assistance	SQ Service Center	855-892-0067	—
Healthcare Concierge	HealthJoy	877-500-3212	HealthJoy.com/download
Medical Benefits	Anthem	833-578-4441	Anthem.com
Medical Benefits	Tres Health	888-341-5606	Tres.Health
Prescription Benefits	TrueScripts	844-257-1955	MemberPortal.TrueScripts.com
Free Prescriptions	ElectRx	855-353-2879	Info@ElectRx.com
Orthopedic Surgery Alternative	Regenexx	866-450-6682	RegenexxBenefits.com/StratosphereQuality
Dental	Guardian	888-600-1600	GuardianLife.com
Vision	Guardian	888-600-1600	VSP Plan VSP.com Davis Plan GuardianLife.com
Employee Assistance Program	The Standard	888-293-6948	WorkHealthLife.com/Standard3
Flexible Spending Accounts	PBA	800-435-5694	PBAClaims.com
Life and AD&D; Disability Insurance	The Standard	800-628-8600	Standard.com
Supplemental Accident Critical Illness Hospital Indemnity	The Standard	800-634-1743	Standard.com
Travel Emergency Assistance	Assist America	U.S. 800-872-1414 International 1-609-986-1234	MedServices@AssistAmerica.com
SQ Benefits Team	Stratosphere Quality	—	Benefits@StratosphereQuality.com



FIND AN IN-NETWORK PROVIDER



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.

MEDICAL	MEDICAL	DENTAL	VISION	VISION
Anthem	Tres Health	Guardian	Guardian VSP plan	Guardian Davis plan
Network Blue Access PPO	Network Claritev Network	DentalGuard Preferred	VSP Choice	Davis Vision
Anthem Provider Search	Claritev Provider Search	Guardian Dentist Search	VSP Provider Search	Davis Provider Search

USE YOUR HEALTHCARE CONCIERGE!

You can also find in-network providers on the [HealthJoy app](#)



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 in-network providers. Some plans will not cover the care you get outside of the network.

OUT-OF-POCKET MAXIMUM (OOPM)

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

PLAN YEAR

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

USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES

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

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



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.