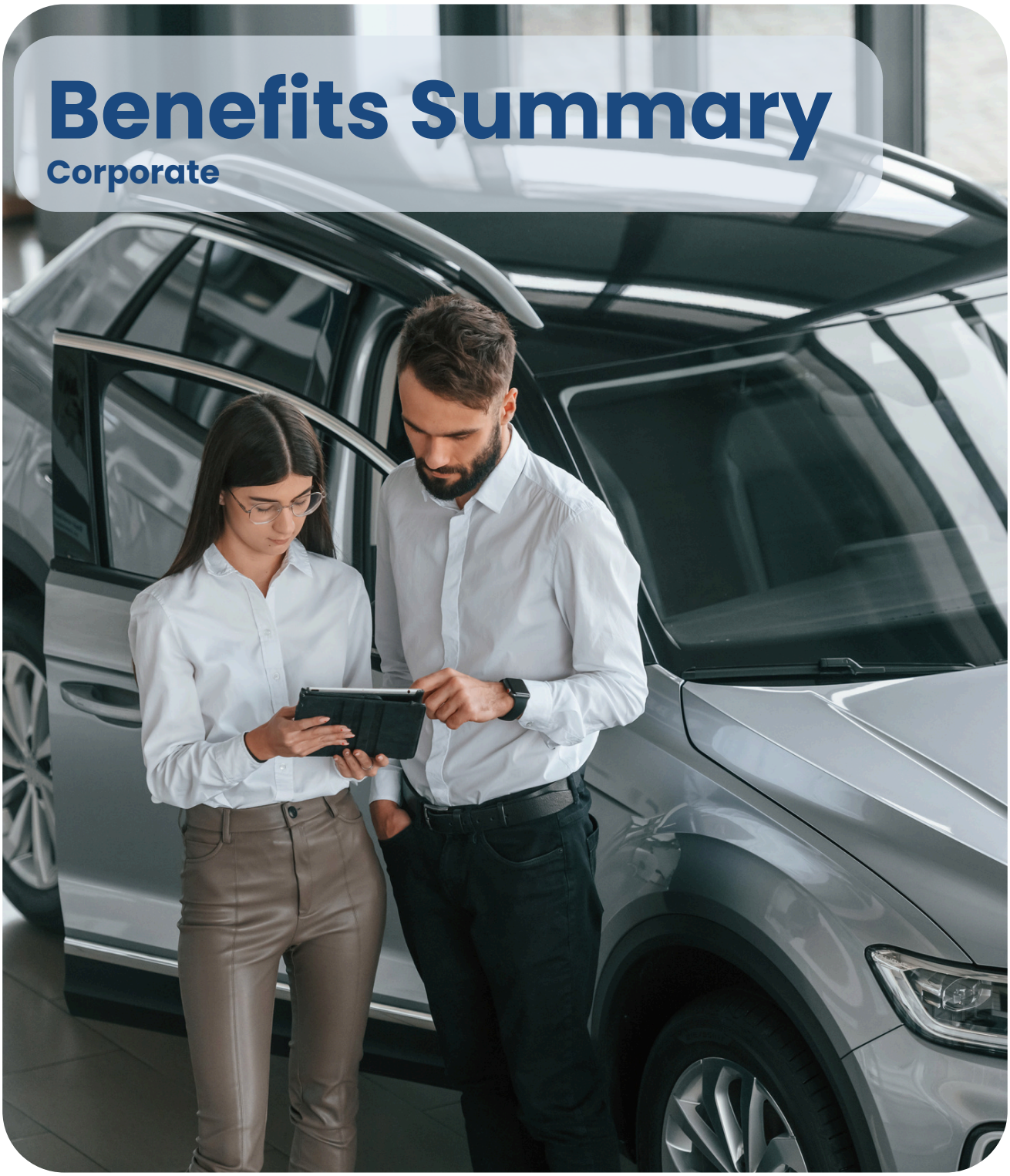
Napleton Automotive Group

2026–2027

Benefits Summary

Corporate



You must visit the following microsite for detailed plan information:

NapletonCorp.MyBenefitsLibrary.com

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Eligibility

Eligibility Requirements

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your legal spouse*
- Your child(ren) up to age 26
- Your incapacitated child(ren) whom are unmarried, incapable of self-support due to a mental or physical disability, and is a federal tax dependent.

New Hire Waiting Period

All benefit eligible employees electing coverage will be effective on the ninetieth (90th) day after date of hire.

Qualifying Life Events

Outside of open enrollment you would need to have a qualifying event to add, drop, or make changes to your benefits. Employees are responsible for notifying Human Resources within 30 days of the qualifying life event to make a change to benefit elections. Qualifying event changes are effective on the date in which the event occurred.

Some examples of qualifying events are:

- Losing existing health coverage
- Losing eligibility for Medicare, Medicaid, or Children's Health Insurance Program (CHIP)
- Turning 26 and losing coverage through parent's plan
- Getting married or divorced
- Having a baby or adopting a child
- Death in the family

**Includes civil union partners for dental and vision plans in Illinois only*

Insurance Benefits

Medical Insurance

Carrier: UMR
Website: www.umr.com
Phone: 800-826-9781
Network: UnitedHealthcare Choice Plus
Policy Number: 7670-00-411822

Preferred Provider Organization (PPO) Plan

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). Generally, if you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

HDHP with HSA Plan

The plan is comprised of two components:
1. High Deductible Health Plan (HDHP)
2. Health Savings Account (HSA)

The HDHP is a high deductible health plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them.

If you enroll in the **Silver HDHP** plan, the company will make a contribution to your HSA to help pay towards any qualified medical expenses you may incur throughout the year. This will be distributed in quarterly segments (9/1/2026, 12/1/2026, 3/1/2027, and 6/1/2027). You too can put your own pre-tax dollars into this account for future medical expenses.

Health Savings Account (HSA)

HSA Vendor: Optum
Website: www.optum.com
Phone: 866-234-8913

You're eligible for a health savings account if:

- You are covered by a qualified high deductible health plan (HDHP)
- You are not covered by any other medical coverage that is not considered a qualified HDHP
- You are not enrolled in Medicare (Part A included)
- You are not claimed as a dependent on someone's tax return
- You are not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

Advantages to having an HSA

- There's a triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they're taken out for a qualified medical expense.
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time.
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

- Go to the doctor and present your carrier ID
- Your doctor submits your medical services to the carrier to be discounted
- Your carrier adjusts the pricing to reflect the network discounted amount for your services
- The carrier generates an Explanation of Benefits (EOB) and sends it to you
- By now you've received an invoice from your doctor - make sure the EOB and invoice match
- Pay your doctor directly with pre-tax dollars from your HSA or post-tax dollars from your pocket if funds are not available

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law.

2026 HSA Contributions

	HDHP PPO - Silver		HDHP PPO - Bronze	
Tax-free Contribution	Employee Only	Family	Employee Only	Family
Company Contribution	$1,000	$2,000	$0	$0
Potential Employee Contribution	$3,400	$6,750	$4,400	$8,750
Catch-Up (Age 55+)	Employee Only		Family	
Max HSA Contribution	$4,400		$8,750	
Catch-up Contribution (Age 55 and Older)	$1,000			

The tax-preferred status of your HSA contributions depend on a number of factors. Residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state.

Medical Plan

Choice of Plan Options:	PPO - Platinum		PPO - Gold		HDHP PPO - Silver HSA Qualified		HDHP PPO - Bronze HSA Qualified	
Network	UnitedHealthcare Choice Plus		UnitedHealthcare Choice Plus		UnitedHealthcare Choice Plus		UnitedHealthcare Choice Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Please note: Deductible resets January 1st)								
Individual	$1,000	$10,000	$2,000	$10,000	$2,500	$7,500	$6,000	$18,000
Family	$3,000	$30,000	$6,000	$30,000	$5,000	$22,500	$12,000	$36,000
Coinsurance								
	80%	60%	80%	60%	80%	60%	100%	60%
Out-of-Pocket Max (Includes Deductible)								
Individual	$3,000	$18,000	$6,000	$20,000	$5,000	$15,000	$6,450	$36,000
Family	$9,000	$54,000	$13,200	$60,000	$10,000	$45,000	$12,900	$72,000
Physician Services					**Deductible must be met before copays apply**			
Well Adult/Child	No Charge	60%*	No Charge	60%*	No Charge	60%*	No Charge	60%*
Physician Office Visit	$30 copay	60%*	$30 copay	60%*	$30 copay*	60%*	$30 copay*	60%*
Specialist Visit	$50 copay	60%*	$50 copay	60%*	$50 copay*	60%*	$50 copay*	60%*
Teladoc (virtual)	$20 copay		$20 copay		$20 copay**	N/A	$20 copay**	N/A
X-rays/Lab Diagnostics	Based on type of service		Based on type of service		Based on type of service		Based on type of service	
Hospital Services					**Deductible must be met before copays apply**			
Inpatient	80%*	60%*	80%*	60%*	80%*	60%*	100%*	60%*
Outpatient	80%*	60%*	80%*	60%*	80%*	60%*	100%*	60%*
X-rays/Lab Diagnostics (outpatient setting)	80%*	60%*	80%*	60%*	80%*	60%*	100%*	60%*
Additional Services					**Deductible must be met before copays apply**			
Emergency Room	$500 copay		$500 copay		$500 copay*		$500 copay*	
Urgent Care	$75 copay	60%*	$75 copay	60%*	$75 copay*	60%*	$75 copay*	60%*
Pharmacy Generic/Preferred/Non-Preferred/Specialty					**Deductible must be met before copays apply**			
30-Day Retail	$10/$40/$60/$100		$10/$40/$60/$100		$10*/$40*/$60*/$100*		$10*/$40*/$60*/$100*	
90-Day Retail at CVS	$20/$80/$120/NC		$20/$80/$120/NC		$20*/$80*/$120*/NC		$20*/$80*/$120*/NC	
90-Day Mail Order with CVS	$20/$80/$120/NC		$20/$80/$120/NC		$20*/$80*/$120*/NC		$20*/$80*/$120*/NC	
Monthly Contributions	**You Pay**		**You Pay**		**You Pay**		**You Pay**	
Employee Only	$401.96		$323.78		$275.88		$129.90	
Employee + Spouse	$929.94		$724.81		$675.57		$561.76	
Employee + Child(ren)	$806.11		$685.73		$595.69		$472.07	
Family	$1,406.76		$1,118.89		$1,043.89		$843.15	

***After Deductible**
****Deductible Waived**

Medical Insurance

Important Information Regarding Your Medical/Rx Benefits

Napleton Dealership Group's Medical Administration is managed by UMR and utilizes the UnitedHealthcare Choice Plus PPO network. CVS Caremark is the Prescription Benefit Vendor.

Who is UMR?

UMR is a Third party Administrator (TPA) owned by UnitedHealthcare that provides employers and health benefit plan members with services to help them get the most from their benefit plan.

What is a PPO Network?

Most TPAs work with a preferred provider organization (PPO). A PPO is a network of health care providers who have agreed to discount (reduce) what they charge for services when treating members of a benefit plan. When you choose to see an in-network PPO health care provider, your will pay less for their services than if you had chosen an out-of-network (non-PPO) health care provider. Your UMR ID card contains important information regarding: UnitedHealthcare Choice Plus PPO network for the Medical Plan.

How do I find an in-network provider?

UnitedHealthcare Choice Plus PPO is the Medical Plan Network

- Visit www.umr.com
- Click "Find a Provider"
- Click "Medical"
- Click "UnitedHealthcare Choice Plus Network" and follow the prompts

How do I access my pharmacy benefits?

- Visit www.caremark.com and register for member access, so that you can:
- Estimate drug costs
- Find network pharmacies
- Request Mail Order refills
- View your medication history
- Sign up for prescription alerts
- Download the CVS Caremark app for your digital ID card

Login to your Online Benefits Service Portal

- Check your eligibility information and the status of your claims
- Access information about your benefit plan
- Look up participating PPO provider using the site's "Find a Provider" feature
- Check the status of a Medical Claim
- Check the status of your Deductible or Out of Pocket amount year to date
- View your Prescription drug claims
- Obtain claim forms for Medical

How do I access my Online Benefit information?

- After you receive your UMR ID card in the mail, visit www.umr.com
- Click "Members"
- Enter the "Member ID" from your ID card and follow the prompts

Customer Service

You may call UMR Customer Service: 800-826-9781 with any benefit questions after you receive your ID card. Please complete and submit the Other Insurance form you receive with your ID card as soon as possible. Claims will not be processed until the Other Insurance form is received by UMR.

Dental Insurance

Carrier: MetLife
Website: www.metlife.com
Phone: 800-438-6388
Network: PDP Plus
Policy Number: 279204

Dental Preferred Provider Organization (DPPO)
This dental plan allows the flexibility to select any dentist in-network or out-of-network, but if you stay within the network, you'll pay less. Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount the carrier will cover for each visit. Each type of service fits into a class of services according to complexity and cost.

	Dental PPO	
	In-Network	Out-of-Network
Network	PDP Plus	
Individual Deductible (Family = 3x)	$50	$50
Preventive Coinsurance (deductible does not apply)	100%	80%
Basic Coinsurance	80%	70%
Major Coinsurance	50%	50%
Annual Maximum	$2,750	$2,750
Orthodontia Coinsurance (Child Only)	50%	50%
Orthodontia Lifetime Maximum (Child Only)	$1,500	$1,500
Monthly Contributions	**You Pay**	
Employee	$30.46	
Employee + Spouse	$57.14	
Employee + Child(ren)	$66.77	
Family	$92.71	

Viewing Your Dental Plan Just Got Easier
MetLife's mobile app puts convenience in the palm of your hands. You can quickly access and manage your dental benefit information - anytime, anywhere. Search "MetLife" in the App Store or Google Play and download the MetLife US Mobile App. Search the network of thousands of dentists and specialists to find a provider near you. Or log-in to MyBenefits to access your plan information.

Dental Insurance

Carrier: MetLife
Website: www.metlife.com
Phone: 800-438-6388
Network: PDP Plus
Policy Number: 279204

Find a Dental PPO Provider
With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.

Step 1: Go to metlife.com

Step 2: Select "Find a Dentist" next to "How can we help you?"

Step 3: Select "PDP Plus" next to "Choose your network." Enter your Zip, City or State and select the "Find a Dentist" button.

MetLife SpotLite on Oral Health℠
Finding the right dentist is important. MetLife SpotLite on Oral Health℠ is a recognition awarded to dentists for a focus on preventive oral care and improved oral health outcomes. Look for the MetLife SpotLite badge when selecting a dentist.

MetLife Mobile App
The MetLife Mobile App makes it simple for you to access and manage your Dental ID Card.

Step 1: Download the MetLife Mobile App for your Apple device from the App Store

Step 2: Register directly within the app in a few short steps. Once registered, log in easily with Face or Touch ID recognition

Step 3: Access and save your Dental ID card to your Apple Wallet

- Select "View ID Card"
- Tap "Add to Apple Wallet"
- Select "OK"
- Tap "Add"

Vision Insurance

Carrier: VSP through MetLife
Website: www.metlife.com
Phone: 855-638-3931
Network: VSP Network Choice Plan
Policy Number: 279204

Vision insurance helps offset the cost of routine eye exams and helps pay for vision correction eyewear like eyeglasses and contacts by an eye-care provider. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will only offer you an allowance towards your vision services.

	Frequency	In-Network	Out-of-Network
Network Name	**VSP Network Choice Plan**		
Eye Exam	Every 12 months	$10 copay	$45 max allowance
Lenses	Every 12 months	$25 copay	Allowance varies
Frames	Every 24 months	Up to $130 allowance**	$70 max allowance
Elective Contacts	Every 12 months*	Up to $130 allowance	$105 max allowance
Necessary Contacts	Every 12 months*	$0 copay	$210 max allowance

*Contact lens benefit is available every 12 months, however you may not utilize the contact lens benefit in addition to lenses for frames/glasses within the same 12 months.
**Receive an additional 20% off the remaining balance for in-network frames.

Value Added Features

Additional Savings on Glasses and Sunglasses - Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser Vision correction - Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

Find a Vision provider at www.metlife.com/vision

Monthly Contributions	You Pay
Employee	$4.67
Employee + Spouse	$7.86
Employee + Child(ren)	$8.01
Family	$12.68

Dental and Vision Insurance

A Step-by-Step Guide to MyBenefits Registration with MetLife

Pre-Registration

1) Upon navigation to www.metlife.com/mybenefits, you'll see the screen on the right. Enter the name of your employer or organization into the field in the upper-right corner. A drop-down menu of organizations may appear with options to choose from (if more than one match is found, select the organization you want to register and click "Next").

2) You'll be taken to a screen that asks you to select whether you would like to login or register. The interface may vary.

3) Regardless of interface fee, select "Create a New Account" or "Register Now." If you believe you have selected the wrong organization, click on the link that reads "Looking for a different Employer or association. This link will take you back to the screen where you can choose a different organization.

Registration

1) Enter your personal information: first name, last name, email address. Select the type of phone number you have (mobile or landline) and enter your US based phone number, DOB, zip code and state.

2) After entering all this information, you may be prompted to enter information specific to your employer or organization, depending on how your organization has set up its registration process. For example, you may be asked to enter your Employee ID or SSN. Upon entering the information, click "Next".

3) If your identifying information does not match publicly available information about your identity, you may be prevented from creating an account.
Next, you'll be asked to verify your identity via a verification code on the screen below. Select whether you'd like to receive the code via text message or voice message, and sometimes an email if that information is already available to MetLife.

4) You'll be taken to the 2nd screen on the right. Retrieve the code, then enter it in the text field. The code will expire after 15 minutes, in which case you will need to generate another code. Click "Next".

5) Your email address will be a suggested username in the first text field. We recommend using this as your username, but you may change it. Enter and confirm your desired password in the next two text fields.
If you'd like MetLife to remember your device, so that you don't have to verify your identity every time you login to your online account, select the "Remember this Device" checkbox. Your device will be remembered for a maximum of six months.

6) Decide whether you'd like to receive documents electronically by selecting one of the radio buttons at the bottom of the page.You may view the relevant links. Click "Submit". Upon successful submission, you should receive a congratulatory confirmation message.

7) Finally, select "Go to Dashboard" and you will be taken to your Dashboard.

Basic Life and AD&D Insurance

Carrier: Voya Financial
Website: www.voya.com
Phone: 800-955-7736

Life insurance provides a financial benefit to your designated beneficiaries if you pass away, helping to cover expenses like funeral costs and living expenses. Accidental Death & Dismemberment (AD&D) insurance pays benefits if you die or lose a limb or sight due to an accident.

Benefits reduce by 35% at age 65 and to 50% of the original amount at age 70. See your plan documents for more detail.

This benefit is 100% company paid.

Basic Life / Accidental Death & Dismemberment
$30,000 per employee - Life 100% of life amount per employee - AD&D

Voluntary Life and AD&D Insurance

Carrier: Voya Financial
Website: www.voya.com
Phone: 800-955-7736

Voluntary term life/AD&D allows you to purchase additional life and AD&D coverage for yourself and your dependents. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will increase as you age, and benefits may be reduced. See your plan documents for more detail and to determine if Evidence of Insurability applies.

The cost of the benefit is 100% paid for by you. An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 100% of what the employee takes out on themselves.

	Employee	Spouse	Children
Coverage Increments	$10,000	$5,000	Options: $1K, $2K, $4K, $5K, or $10K
Maximum Benefit Amount	$500,000	$100,000	$10,000
Guaranteed Issue Amount (New Hires Only)	$200,000	$50,000	$10,000

Voluntary Life Rates

	Employee monthly per $1,000 of coverage	Spouse monthly per $1,000 of coverage
Age <30	$0.06	$0.06
30-34	$0.06	$0.06
35-39	$0.08	$0.08
40-44	$0.12	$0.12
45-49	$0.20	$0.20
50-54	$0.31	$0.31
55-59	$0.49	$0.49
60-64	$0.72	$0.72
65-69	$1.34	$1.34
70+	$2.14	$2.14
Child	$0.214	

Voluntary AD&D Rates

	Employee	Spouse	Child(ren)
Rates	$0.03	$0.03	$0.03

To calculate your monthly premium, find the appropriate age bracket for life and for AD&D. Add those two rates together. Multiple by the amount of coverage being elected and divide by 1,000. Spouse rates are based on the spouse's age at plan anniversary.

Disability Insurance

Carrier: Voya Financial
Website: www.voya.com
Phone: 800-955-7736

Voluntary Short-Term Disability
If you become ill or suffer a non-work related injury that prevents you from working, short-term disability insurance provides income replacement.

Voluntary Long-Term Disability
Long-term disability insurance is a type of income protection that is designed to cover serious injuries and illnesses that keep you out of work for an extended amount of time.

Disability Rates

	Voluntary STD monthly rate per $10	Voluntary LTD monthly rate per $100
Age < 25	$0.660	$0.080
25-29	$0.660	$0.120
30-34	$0.660	$0.190
35-39	$0.660	$0.310
40-44	$0.917	$0.500
45-49	$0.917	$0.710
50-54	$1.050	$0.920
55-59	$1.050	$1.120
60-64	$1.188	$1.110
65-69	$0.594	$0.920
70+	$0.594	$0.750

	Voluntary Short-Term	Voluntary Long-Term
Waiting Period	Begins on the 8th day of continuous injury or illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	60% of weekly earnings (Elections in increments of $10, beginning at $25)	60% of monthly earnings
Maximum Benefits	$1,000 per week (Cannot exceed 60% of weekly earnings)	$5,000 per month
Length of Payment Period	12 weeks	SSNRA
Premium Contribution	Employee pays 100% of the premium	Employee pays 100% of the premium
Additional Notes*	Pre-existing condition exclusions apply	Evidence of Insurability required for late entrants or anyone who has previously declined coverage

***PLEASE NOTE: You may first be required to use your accrued PTO**

Voluntary Benefits

Sometimes unexpected occurrences happen and medical insurance isn't enough to cover the unforeseen out-of-pocket expense associated with the incident(s). Voluntary benefits can help.

Accident Coverage

Carrier: Voya Financial
Website: www.voya.com
Phone: 800-955-7736

Accident can happen to anyone at any time. Accident insurance pays a cash benefit for injuries, treatments, and loss due to a covered accident. You can use the benefit however you see fit - to help pay for out-of-pocket medical costs or everyday expenses.

- Provides coverage for on-and-off the job accidents
- Benefits are payable directly to the employee
- Pays in addition to any other coverage you may have
- Coverage is available to employees and their eligible dependents
- Includes $50 wellness benefit
- Employee pays 100% of the insurance premium

Critical Illness

Carrier: Voya Financial
Website: www.voya.com
Phone: 800-955-7736

Critical illness coverage offers the protection you need when a critical illness is diagnosed. A lump sum benefit of $10,000, $20,000, or $30,000 is available for employees to help with treatment and recovery; the benefit is 100% of the employee amount for spouses and 50% of the employee amount for children if electing to cover them.

- Provides coverage upon diagnoses for many conditions
- Benefits are payable directly to the employee
- Pays in addition to any other coverage you may have
- Coverage is available to employees and their eligible dependents
- Includes $50 wellness benefit
- Employee pays 100% of the insurance premium

Voluntary Benefits

Hospital Indemnity

Carrier: Voya Financial
Website: www.voya.com
Phone: 800-955-7736

Hospital Indemnity coverage offers a customizable and flexible plan design that will help supplement your major medical plan offering. This coverage provides benefits that employees can use to offset deductibles, co-pays, and out-of-pocket medical and non-medical expenses related to covered events that cause financial exposure, such as hospital confinement.

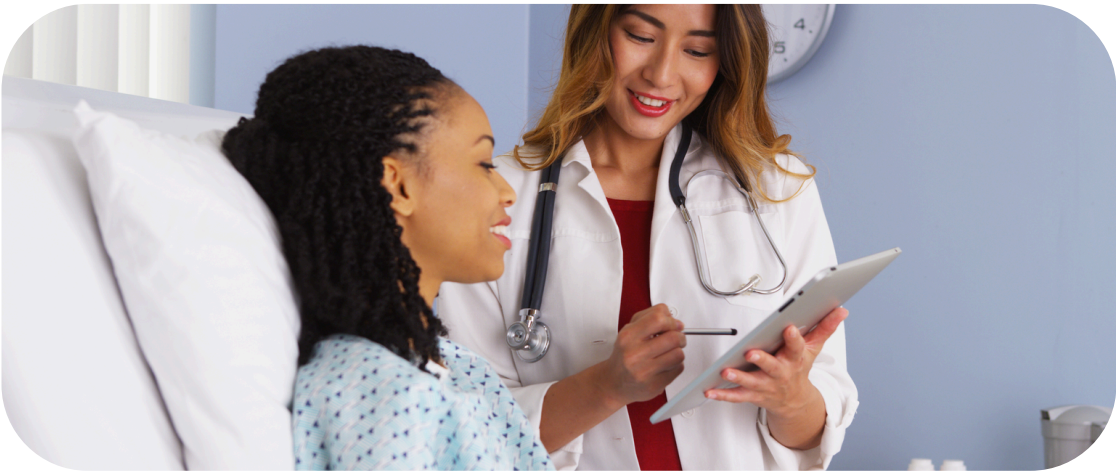
- Provides coverage for hospital-related instances
- Benefits are payable directly to the employee
- Pays in addition to any other coverage you may have
- Coverage is available to employees and their eligible dependents
- Employee pays 100% of the insurance premium

Whole Life

Carrier: The Standard (formerly Allstate)
Website: www.standard.com
Phone: 800-521-3535

Whole Life insurance offers protection beyond an individual's working years, potentially for your lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options. Whole Life goes beyond typical term life insurance.

- You can choose a fully-guaranteed death benefit (premiums payable to age 95) to leave behind, or if you live to age 121, a lump-sum maturity benefit is paid
- Coverage for your spouse and children is available through a separate certificate or rider (limits may apply)
- Guaranteed issue, without medical exam or health questions asked, for those initially eligible
- Employee pays 100% of the insurance premium



Wellness and Additional Benefits

Employee Assistance Program

Carrier: Voya Financial (TELUS Health)
Website: www.one.telushealth.com
Phone: 833.303.3750 or 919.341.7440
Username: Voya
Password: eap

Who is TELUS Health
TELUS Health is a global leader in integrated health and wellness solutions. Through Voya Employee Benefits, TELUS Health offers you and your loved ones confidential, comprehensive support for mental, emotional, financial, and physical well-being. TELUS Health licensed clinicians and care managers help you navigate life's challenges, providing personalized solutions and connecting you to optimal resources anytime, anywhere.

Who is eligible for TELUS Health EAP?
EAP services are available to you and your household dependents, including spouses, domestic partners, and immediate family members. Eligibility begins immediately upon hire, with no enrollment needed.

What type of support will you receive?
You will receive professional, live support for a wide range of personal and work-related challenges. All clinicians are licensed professionals, including counselors, social workers, and care managers, supported by a multi-disciplinary team. TELUS Health provides:

- 24/7 access via phone, web, and mobile app
- 24/7 live chat support through mobile app
- Access to licensed clinicians for 1:1 support
- Personalized care plans tailored to your unique needs
- Digital well-being tools, including self-guided programs and virtual peer groups
- Legal, financial, and identity theft support
- Work-life services: childcare, elder care, education, adoption and more
- Manager consultations and workplace support
- Well-being and life coaching for personal and professional growth
- Clinically appropriate, solution-focused counseling per issue, per year

Download the TELUS Health One app today
TELUS Health's digital platform is designed for easy, secure access to care. The mobile web app includes:

- Direct access to your care team, care plans and self-guided digital well-being programs with interactive content
- 24/7 access to live chat support
- Resource library with educational videos and articles
- Dynamic well-being assessments with personalized recommendations

Teladoc

Virtual Visits
Teladoc allows you to consult with a network of state-licensed primary care physicians providing cross-coverage consultations over the phone or through a face-to-face online video consultation. Teladoc physicians diagnose non-emergency medical issues, recommended treatment, and prescribe short-term, non DEA controlled medication when necessary.

This services is readily available, convenient, and more cost efficient than going to see your primary care provider. Telephonic consultations are available 24 hours a day, seven days a week, and 365 days a year.

Face-to-face online *video consultations with board-certified physicians are available everyday between 7 a.m. and 9 p.m. in all local time zones. You may call 800.835.2362 or visit www.teladoc.com to learn more. Teladoc can treat symptoms such:

Physician - For issues like:
- Cold & flu symptoms
- Bronchitis
- Allergies
- Pink eye

Therapist - For issues like:
- Stress/anxiety
- Depression
- Addiction
- Domestic abuse
- Grief counseling

Dermatologist - For issues like:
- Skin infection
- Acne
- Skin rash
- Abrasions
- Moles/warts

*Video consultations are available in all states except Idaho, Iowa, Louisiana, Missouri, Ohio, and Texas

Talk Space

Something on your mind? Message a dedicated therapist anytime, anywhere
With UMR's Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No office visit required

Here's how Talkspace can fit your life
- With Talkspace, you can message a licensed therapist, 24/7
- Find a therapist with an online match tool
- Start therapy within hours of choosing your therapist
- Message your therapists whenever - no appointments necessary
- Get message back throughout the day, five days a week
- Choose real-time face-to-face video visits by appointment, when needed
- You can also access Talkspace Psychiatry to schedule live video sessions with a psychiatrist trained in mental health care and prescription management for a tailored treatment plan

Talkspace is convenient, safe, and secure
Simply register (first visit only) and choose a provider and message anywhere, anytime at talkspace.com/connect

After you register, download the Talkspace app on your mobile phone. Talkspace is supported by Chrome, FireFox, Safari or Edge browsers on your desktop computer.

Talkspace is your space to use in your time. It's covered under your plan's behavioral health benefits.**

To learn more, visit www.talkspace.com/connect

**Copayment may apply and will be charged weekly via credit card. You may use Talkspace as often as desired per week once copayment for that week has been paid. iOS is a trademark or registered trademark of Cisco in the U.S. and other countries and is used under license. Android is a registered trademark of Google LLC.

SmartConnect

Simplifying Medicare

SmartConnect is an exclusive, year-round service for you and your family members to explore all that Medicare has to offer, including additional benefits and potential savings. This no-cost service is available 365 says a year with no obligation to enroll in a plan. Recently enrolled in your employer's group plan? Currently on your spouse's health plan? No problem! You can move to Medicare at any time.

What Does SmartConnect Cover?

- Provide Medicare education and guidance via on-demand digital resources and phone consultations
- Evaluate Medicare as a lower-cost alternative to group coverage
- Offer enrollment services for individuals choosing to enroll in Medicare coverage

Who Does SmartConnect Serve?

- Medicare-eligible employees who are still working
- Employees transitioning or considering transitioning to retirement
- Employees assisting friends and family members with Medicare questions

How Does it Work?

- First, your SmartConnect agent will get to know you and your specific healthcare needs
- Then, they will compare your current coverage to a variety of Medicare plans in your area
- Finally, if you find a plan you like, they can help you enroll right away

Travel Assistance

Voya's Travel Assistance service offers enhanced security for leisure and business trips. You and your dependents will have access to Voya Travel Assistance customer service center. When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-trip information, emergency personal services, medical assistance services and emergency transportation services. This service is available to everyone at no cost.

To get started, visit smartconnectplan.com/schedule or call 888-674-1561.

Real Appeal

Lose weight and get help to keep it off
UMR is excited to introduce a new healthy weight management program through Real Appeal. With the help of experts in weight management behavior change, Real Appeal uses the secrets to weight loss that may help people lose weight. They have proven experience in helping people develop simple weight loss plans that actually work.

How is Real Appeal different from other weight management programs?
Real Appeal uses a highly interactive weekly internet show, with videos and live online coaching to help you make small behavior changes week by week. These tools may help you lose weight and achieve your long-term health goals. Using weight-loss research studies, Real Appeal has designed a program to support you through every stage of weight management. Whether you need to lose a lot of weight, are moderately overweight, or simply need to lose those extra 10 pounds, this program may work for you.

The Real Appeal program includes:

Coaching
- One-on-one coaching with a weight-loss expert
- Weekly group coaching and live online discussion

Personalized Support
- Tools to help support success based on individualized needs
- Nutrition guides, meal plans. Recipes, shopping lists, and tips for dining out
- Video workouts and fitness guides

Engaging Entertainment
- Education videos featuring popular celebrities and experts:
- Samantha Harris - former "Dancing with the Stars" host
- Dr. Ian Smith - co-host of "The Doctors" and correspondent for "Rachael Ray"
- David Jack - recognized sports performance and conditioning coach
- Ellie Krieger - host of the Food Network shoe, "Healthy Appetite with Ellie Krieger"
- And more

Tools and Tracking
- Hands-on tools tailored to participants needs
- Online support tools, including educational website and digital applications
- Online or mobile tracking tools to monitor nutrition and exercise - such as changing moods, cravings, feelings of satiety, exercise and food intake

What are your reasons to lose weight?
Whatever your reasons, Real Appeal may help you lose weight and keep it off, feel and look better, and do things you enjoy such as, have the extra energy to play with your kids, wear clothes more comfortable, sleep better and think better - all the good stuff.

Visit www.realappeal.com to learn more.

One Pass Select

One Pass Select™ is available to employees who are enrolled in the medical plan.

One Pass Select™ can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members or friends can get started with One Pass Select today. Find your fit with One Pass Select today:

At the gym
Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.

At home
Work out at home with live or on-demand online fitness classes. Try the workout builder to get routines created just for you, no matter what your fitness level interests are.

In the kitchen
Get groceries and household essentials delivered to your home. One Pass Select makes it easy to plan for everything you need to enjoy delicious, nutritious meals.

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee*	**$10**	**$34**	**$69**	**$109**	**$249**
Gym network size	(Online fitness classes)	12,000+ gym locations	14,000+ gym and premium locations	16,000+ gym and premium locations	20,000+ gym and premium locations
Grocery delivery	✗	✓	✓	✓	✓

*A one-time enrollment fee will apply

Learn more and enroll at OnePassSelect.com

Complex Condition CARE

UMR Complex Condition CARE has a staff of experienced, caring nurses who help you get the most out of your health plan. They focus on acute, high-cost or complicated cases and ensure they follow clinically appropriate practices throughout an episode of care.

Expert CARE nurse managers can guide you before, during and after your medical care. They will listen to your concerns, answer questions and explain your options.

Your CARE nurse manager will assist with your medical care and treatment by:

- Being a single point of contact, providing continuity of care with no hand off for both medical and behavioral care needs
- Helping support treatment plans from beginning to end
- Helping you look at treatment needs and options under the direction of your provider
- Serving as your advocate
- Providing an understanding of any complex medical concerns
- Helping you better understand your health benefits

Note: Your doctor remains solely responsible for decisions concerning your medical treatment and care.

Questions?
If you have questions about your benefits, call the phone number on your ID card. Members who qualify for the program will be contacted by UMR CARE

NurseLine

Nobody likes to feel alone when it comes to their health. When we have questions about a medical issue,we want answers fast - even if it's not an emergency.

A call to UMR's NurseLine℠ service will connect you to a team of registered nurses who can answer your questions and provide advice. These nurses are standing by to help any time of day, seven days a week. UMR even has nurses available to chat live with you online at umr.com. Best of all, it's part of your health benefits, so there is no cost to you.

UMR's Nurse chat feature gives you convenient access to nurses who can answer questions and provide information about common conditions, treatments and preventive care.

Calling NurseLine is easy. Simply dial the toll-free phone number on the back of your member ID card. Your nurse can help you choose the right health care setting for an illness or injury, or offer information about common health issues or symptoms UMR can assist callers in more than 140 languages, as well as those who need hearing assistance.

Call NurseLine today at 877-950-5083.
Or chat live online:

1) Sign in to umr.com
2) From the Health center drop-down menu, choose "NurseLine"
3) Select "Nurse chat" to get started

Maternity CARE

Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby.

UMR's experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, our registered nurses will support you with timely prenatal education and follow-up calls, and will refer you to case management if a serious condition arises. Your CARE nurse will call you each trimester during your pregnancy and once after your baby is born.

UMR also offers two types of monthly events for members who are enrolled in or have completed the program: virtual classes and a breastfeeding support group. And members have access to certified lactation consultants.

If you are pregnant and are identified as high-risk, a CARE nurse will monitor your condition and work to reduce your claims costs throughout your pregnancy and the post-delivery period. You can self-enroll in Maternity CARE or pre-pregnancy support.

Once enrolled, you'll receive...

One-on-one phone calls with a CARE nurse who:

- Provides comprehensive pre-pregnancy and prenatal assessments
- Shares educational information before you become pregnant and throughout your pregnancy
- Sends a courtesy letter informing your physician that you're in the program
- Encourages you to call with any questions or concerns and continues to reach out each trimester and again after your delivery to see how you and your baby are doing

Guidance for your support person:
You may also choose to identify a support person who can receive an education call and electronic educational packet. The packet includes information to help them support you through your pregnancy, labor and delivery, and postpartum.

No-cost educational materials in the mail:
You can choose from a selection of high-quality books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breastfeeding and infant care.

CARE on the go:
The CARE app allows UMR to meet members where they are by connecting them to CARE nurses through their mobile device. Nurses can view individual health metrics from self-reported data or synchronized monitoring devices and are able to virtually connect with members by text or email. It's free and confidential.

No cost support:
Maternity CARE is a valuable benefit provided by your employer at no additional cost to you.

Confidential care:
UMR CARE takes confidentiality very seriously. It's important to know that UMR won't share any identifiable, personal health information with your employer. Your employer receives group information only. UMR CARE programs operate in compliance with all federal and state privacy laws.

Your first step is to enroll in the Maternity CARE program. Call 888-438-8105 to enroll.

Tips, Tricks & Tools

UMR Value Added Benefits

For your medical benefit questions, claims information, or any other UMR benefit related inquiry, contact: 800.826.9781 or www.umr.com

Online services through UMR
Registering for online services is easy! To register for online services, go to www.umr.com

- Click the members button
- Click login/register and enter your member ID or SSN to get started
- Once you login to your account, there is an abundance of information that you can access 24 hours a day, 7 days a week

If you don't have access to a computer, you can also call the toll-free number on the back of your ID card to find an in-network provider.

Online Provider Search Tool
To find an in-network provider, go to www.umr.com and click "Find a Provider"

Then click "Medical" and select "U" for UnitedHealthcare Choice Plus Network

Click under Medical to access the Provider Search.
Follow the step-by-step process and enter the required information to access the list of in-network providers

Using your online services
At www.umr.com you can:

- View online explanation of benefits (EOB statements)
- Find claims and eligibility information
- Download frequently used forms
- View prescription benefits information
- Search for in-network providers
- Order ID cards
- And more!

Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual exam
- No deductible expenses apply—the exam is completely no cost to you provided it's coded as preventive

Prescription Drugs

- Ask your doctor if there's a generic version of the medication they're prescribing or you're already taking
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network, free-standing imaging center can save you a substantial amount of money

Accessing Medical Care

- The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.
- Doctor's office: for symptoms that aren't extreme, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you*
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

***Please refer to your 2026-2027 Important Notices Packet for detailed Compliance information at**
NapletonCorp.MyBenefitsLibrary.com

Carrier Information

Medical	
Carrier	UMR
Website	www.umr.com
Phone Number	800-826-9781
Network	UnitedHealthcare Choice Plus
Policy Number	7670-00-411822
Pharmacy	
Carrier	CVS Caremark
Website	www.caremark.com
Phone Number	866-818-6911
Policy Number	7896
Optum Banking for HSA Members	
Carrier	Optum
Website	www.optum.com/financial-services/health-savings-accounts
Phone Number	866-234-8913
Dental	
Carrier	MetLife
Website	www.metlife.com
Phone Number	800-438-6388
Network	PDP Plus
Policy Number	279204
Travel Assistance	
Carrier	VOYA Financial
Website	imglobal.com/member
Phone Worldwide	+1 (317)-659-5841
Email	assist@imglobal.com
Referral Code	VOYATRAVEL
Group #	722821
Contract #	17372020
Employee Assistance Program	
Carrier	VOYA Financial (TELUS Health)
Website	www.one.telushealth.com
Phone Number	833-303-3750 or 919-341-7440
Username	Voya
Password	eap

Vision	
Carrier	VSP Choice Network through MetLife
Website	www.metlife.com
Phone Number	855-638-3931
Network	VSP Network Choice Plan
Policy Number	279204
Basic Life and AD&D Insurance and Voluntary Term Life and AD&D Insurance	
Carrier	VOYA Financial
Website	www.voya.com
Phone Number	800-955-7736
Short & Long-Term Disability	
Carrier	VOYA Financial
Website	www.voya.com
Phone Number	800-955-7736
Accident, Critical Illness, & Hospital Indemnity	
Carrier	VOYA Financial
Website	www.voya.com
Phone Number	800-955-7736
Voluntary Whole Life	
Carrier	The Standard (formerly Allstate)
Website	www.standard.com
Phone Number	800-521-3535
Real Appeal	
Carrier	UMR
Website	www.realappeal.com
Talk Space	
Carrier	UMR
Website	www.talkspace.com/connect
Human Resources Contact Information	
Name	Tina Velasquez Tatyana Dotson
Email	Tina.Velasquez@napleton.com Tatyana.Dotson@napleton.com
Phone Number	630-686-8854 630-455-3591

Notes

Notes

NOTE: This Benefits Summary provides a brief overview of your employer's benefit programs and is for informational purposes only. For exact terms, please review the employee handbook and the official carrier plan documents. If there is any conflict between this summary and those governing documents, the governing documents will control.

A Marsh business