



2026 Benefits Overview

Welcome!

Below is a guide to the topics covered in this deck.

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Benefit Essentials

Effective date, How to Enroll, Contacts and Resources

Enrollment Basics

Benefits Effective Date: First of the month following 30 days of employment

If you start March 10th, you will hit 30 days around April 10th and benefits will start May 1st

If enrollment is missed, employees cannot enroll until the next Open Enrollment period in November unless they experience a qualifying life event (e.g., marriage, divorce, birth of a child, loss of dependent eligibility).

To review benefit summaries and the enrollment guide:

Go to <https://www.tradebe.mybenefitslibrary.com/>

Who can be covered:

Legal spouses and dependent children up to age 26

Marriage license and/or birth certificate required for dependents added to verify eligibility

Reminder: Please add your beneficiaries!



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Title: People Services Manager
Phone: 219-798-5773
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Name: Brendan Smith
Title: People Services Specialist
Phone: 708-815-0132
Email: Brendan.Smith@tradebe.com

Ways to Enroll In Benefits?

Option 1: Enroll with an EOI Counselor

Counselors from EOI Services will assist with your benefits enrollment.

To schedule an appointment either

- Call **833-708-1229**
- Go to <https://tradebe.mybenefitsappointment.com/>

Option 2: Self Enroll through Paycor

Start by signing into your Paycor account and then follow the guide [here](#).

If you have not already signed up for Paycor please reach out to your P&C representative for instructions.

Good Morning, New Digital Experience!

It's time to enroll

Your Status: ●●● Not Complete

Enrollment 12/31/2025 11:59
Deadline: PM CT

Visit the Enrollment Center to access important information, make updates to your plans, and explore the resources available to you.

During your enrollment window, you can enroll in available benefit options, make changes to existing elections, add or remove dependents, and review your personal information.

Be sure to complete your enrollment before the deadline above.

[Visit the Enrollment Center](#)



Welcome to your new homepage!

We've refreshed the layout to make it easier to navigate everything you need - from benefit plans and open enrollment tasks, documents, and more. It's the same features you rely on now with a fresh new view. For more details, visit the Help Center to read our Frequently Asked Questions.

[Visit Help Center](#)



Contacts and Resources

Plan	Plan Provider	Phone Number	Website/Email
Medical & Concierge	Health Plans, Inc.	(888) 340-5487	www.hpitpa.com
Telemedicine, Virtual care	First Stop Health	(888) 691-7867	www.fshealth.com
Dental	Cigna	(800) 244-6224	www.mycigna.com
Vision	Cigna	(800) 244-6224	www.mycigna.com
Family Medical Leave	New York Life	(888) 842-4462	www.myNYLGBS.com
Short Term & Long Term Disability	New York Life	(800) 362-4462	www.myNYLGBS.com
Accident Insurance	New York Life	(888) 842-4462	www.myNYLGBS.com
Critical Illness Insurance	New York Life	(888) 842-4462	www.myNYLGBS.com
Hospital Indemnity Insurance	New York Life	(888) 842-4462	www.myNYLGBS.com
Cancer Care Advocate Plus (CAP)	Chubb	(855) 241-9891	CSMail@gotoservice.chubb.com
Basic Life and Voluntary Life and AD&D	New York Life	Contact P&C for questions regarding your coverage	
LifeTime Benefit Term Insurance	Chubb	(855) 241-9891	CSMail@gotoservice.chubb.com
Employee Assistance Program	CuraLinc Healthcare	(888) 881-5462	www.support-linc.com Username: tradebe
FSA & Dependent Care	Wex Health	(833) 225-5939	benefitslogin.wexhealth.com
HSA	HSA Bank	(800) 357-6246	www.hsabank.com
Pet Insurance	PetPartners	(800) 956-2495	mypolicy@petpartners.com
Identity Protection	MetLife	(800) 821-6400	www.metlife.com

Website

Full Info at Tradebe.MyBenefitsLibrary.com

Need Help?

Call Pathways Concierge: 888-340-5487

Pathways Concierge is your **personal advisor** to navigating your benefits plan. It offers personalized support for understanding benefits, resolving billing issues, locating providers, scheduling appointments, and accessing care.



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What can my Pathways Concierge help me with?

- ❖ Finding participating providers
- ❖ Assisting with appointments
- ❖ Understanding your benefits, copays & deductibles
- ❖ Accessing benefits & related services
- ❖ Billing questions
- ❖ Questions about your diagnosis, treatment, or medication
- ❖ Educational resources
- ❖ Self-care education & skill training
- ❖ And more!

What does Pathways Concierge cost me?

Not a penny! The Pathways Concierge program is part of your benefit plan, so there's no additional cost to speak with your Pathways Concierge or care team.

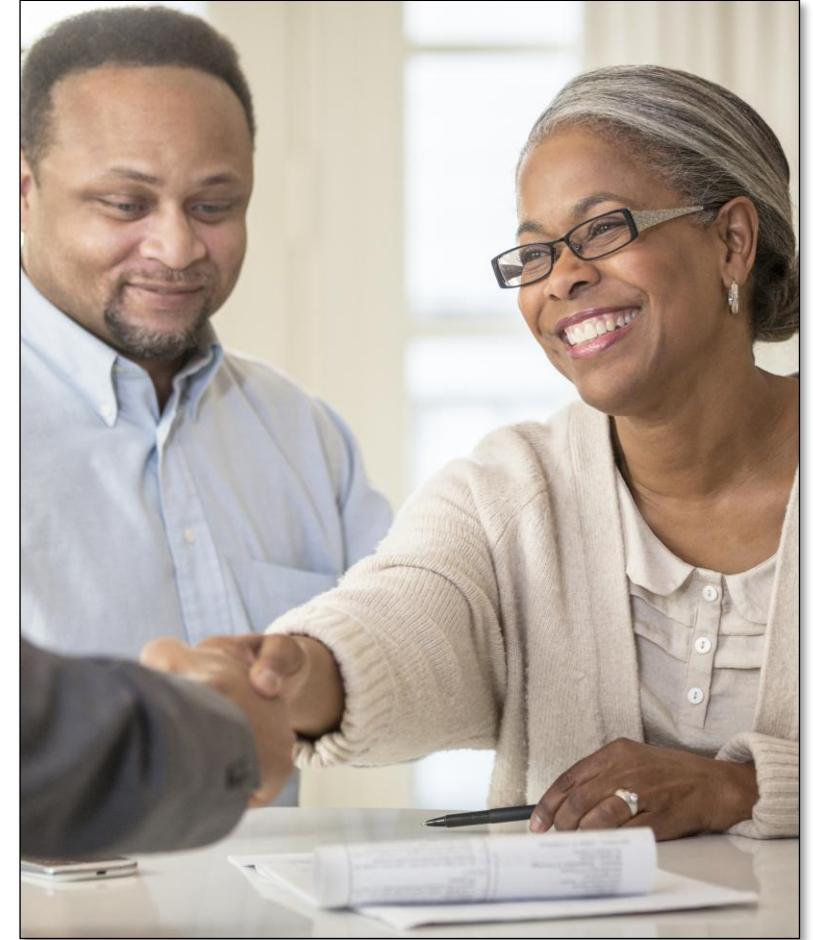
Call them as often as you like. They are here to help!

Contact Info

Call Pathways Concierge: 888-340-5487

Pathways Concierge through MedWatch is your **personal advisor** to navigating your benefits plan. It offers personalized support for understanding benefits, resolving billing issues, locating providers, scheduling appointments, and accessing care.

Learn More!



Health Insurance

Health Plans Inc.

Plan Provider: Health Plans, Inc (HPI)

- We are self funded provider which means Tradebe pays the claims

Network: Depending on your plan is either

- The Cigna Plans use Cigna PPO Choice Fund network
- The Value-Driven Health Plans (VDHP) use the PHCS network

Services: Finding In-Network provider or pre-certify

Option 1: Call Pathways Concierge Service at 888-340-5487

- Help finding providers
- Answer medical questions
- Assist with making appointments
- Help opening Balance Bill cases

Option 2: Go directly to the network search websites

- Cigna plans (Plan III, IV): Direct Link <http://www.hstconnect.com/>
- VDHP plans (Plan I, II): Direct Link <https://portal.hstechnology.com/PHCS>

Option 3: Go to the plan provider website www.hpitpa.com

Go to Your resources -> For Members -> Find a Provider

- For Cigna plan click the drop down for Cigna
- For VDHP plan click the drop down for PHCS

Need Medical Insurance Cards?

Medical cards will be mailed to your home

Also find online at the plan provider website
www.hpitpa.com



Provider is Health Plans Inc. (HPI)

Plan	VDHP \$930 Plan I	VDHP HSA \$3400 Plan II	PPO \$1545 Plan III	PPO \$3400 HSA Plan IV
Network	PHCS Network	PHCS Network	Cigna PPO Choice Fund Network	Cigna PPO Choice Fund Network
In-Network?	✓ In-Network	✓ In-Network	✓ In-Network (cost only)	✓ In-Network (cost only)
Annual Deductible — Individual	\$930	\$3,400	\$1,545	\$3,400
Annual Deductible — Family	\$1,860	\$6,800	\$3,090	\$6,800
Out of pocket Max — Individual	\$4,635	\$5,000	\$5,150	\$5,000
Out of pocket Max — Family	\$9,270	\$10,000	\$10,300	\$10,000
Coinsurance	80% covered after deductible	100% covered after deductible	80% covered after deductible	100% covered after deductible
Preventive Care	\$0	\$0	\$0	\$0
Physician Visit	\$30 copay	100% covered after deductible	\$30 copay	100% covered after deductible
Specialist Visit	\$50 copay	100% covered after deductible	\$60 copay	100% covered after deductible
Cost of plans per week	Plan I	Plan II	Plan III	Plan IV
Employee	\$17.39	\$7.69	\$31.34	\$18.25
Employee + Spouse	\$59.89	\$35.65	\$95.61	\$62.88
Employee + children	\$51.15	\$30.31	\$81.85	\$53.71
Family	\$108.80	\$72.93	\$162.67	\$114.24

The deductible is calculated on an embedded basis which means no one person pays more than the individual deductible

The out-of-pocket maximum includes the deductible all eligible copays and coinsurance amounts



❖ Medical Rates shown include the premium incentives of a non-tobacco user.

❖ The rates also exclude the Spousal Surcharge of \$100/month and \$60/month charge if you are a tobacco user.

To find a provider visit <http://www.hstconnect.com/>

Provider is Health Plans Inc.	Cigna \$1545 Plan III	Cigna HSA \$3400 HSA Plan IV
Network	Cigna PPO Choice Fund	Cigna PPO Choice Fund
	In-Network/Out-of-Network	In-Network/Out-of-Network
Annual Deductible*	\$1,545 per individual/\$3,500 per individual \$3,090 per family/\$7,000 per family	\$3,400 per individual/\$6,000 per individual \$6,800 per family/\$12,000 per family
Annual Out-of-Pocket Maximum**	\$5,150 per individual/\$12,000 per individual \$10,300 per family/\$24,000 per family	\$5,000 per individual/\$10,000 per individual \$10,000 per family/\$20,000 per family
Plan Coinsurance	80% In network /60% Out of network	100% in network /60% Out of network
Office Visit (PCP/SP)	(Physician) \$30/60% (Specialist) \$60 copay/60%	100% after deductible/60% after deductible
Urgent Care Visit	\$50 copay	100% after deductible
Emergency Room	\$250 copay	100% after deductible
Outpatient Hospital	80% after deductible/60% after deductible	100% after deductible/60% after deductible
Inpatient Hospital	80% after deductible/60% after deductible	100% after deductible/60% after deductible
Rx Retail	\$15 (Generic) \$50 (Brand Formulary) \$80 (Brand Non-Formulary)	100% after deductible (Generic) / Not Covered 20% after deductible (Brand Formulary) / Not Covered 20% after deductible (Brand Non-Formulary) / Not Covered
Rx Mail Order	2x Retail	100%/20%/20% after deductible / Not Covered

*The deductible is calculated on an embedded basis which means no one person pays more than the individual deductible

**The out-of-pocket maximum includes the deductible all eligible copays and coinsurance amounts

Note: If you use a non-participating provider there is a separate out of network* deductible. You may also be responsible for any amount over the maximum reimbursable charge.

To find a provider visit <https://portal.hstechnology.com/PHCS>

Provider is Health Plans Inc.	VDHP \$930 Plan I	VDHP HSA \$3300 Plan II
Network	PHCS Network	PHCS Network
	In-Network	In-Network
Annual Deductible*	\$930 per individual \$1,860 per family	\$3,400 per individual \$6,800 per family
Annual Out-of-Pocket Maximum**	\$4,635 per individual \$9,270 per family	\$5,000 per individual \$10,000 per family
Plan Coinsurance	80%	100%
Office Visit (PCP/SP)	\$30 (PCP) /\$50 copay (Specialist)	Covered at 100% after deductible
Urgent Care Visit	\$50 copay	Covered at 100% after deductible
Emergency Room	\$250 copay	Covered at 100% after deductible
Outpatient Hospital	Covered at 80% after deductible	Covered at 100% after deductible
Inpatient Hospital	Covered at 80% after deductible	Covered at 100% after deductible
Rx Retail	\$15 (Generic) \$60 (Brand Formulary) \$80 (Brand Non-Formulary)	100% after deductible (Generic) 20% after deductible (Brand Formulary) 20% after deductible (Brand Non-Formulary)
Rx Mail Order	2x Retail	100%/20%/20% after deductible

*The deductible is calculated on an embedded basis which means no one person pays more than the individual deductible

**The out-of-pocket maximum includes the deductible all eligible copays and coinsurance amounts

Note: If you use a non-participating provider there is a separate out of network* deductible. You may also be responsible for any amount over the maximum reimbursable charge.

What is a Value Driven Health Plan (VDHP)?

How is it different?

- ❖ Payment philosophy is different than traditional plans. Base pricing is of services is determined by **Reference Based Pricing**.
- ❖ You also have a network of Physicians instead of facilities

How does it work?

- ❖ Select a Physician instead of a facility to be your provider. This allows you to use that specific doctor regardless of which facility they working out of
- ❖ The network is smaller than a traditional network so if choosing VDHP plan which uses the PHCS network please verify if your current provider is in network by going to <https://portal.hstechnology.com/PHCS>
- ❖ All claims are treated as in network



Beware of Balance Bills

What is a Balance Bill?

A balance bill occurs when a provider bills you for more than the amount your insurance (HPI) has determined is the "fair price" for a service.

What is an EOB?

For every service you receive, HPI sends you an Explanation of Benefits (EOB). This is not a bill; it is a document that explains exactly how much your insurance paid and the specific amount you are responsible for paying.

How do I spot a Balance Bill?

Compare your hospital bill to your EOB. If your EOB says you owe \$100, but the hospital sends you a bill for \$200, the extra \$100 is a balance bill.

What should I do if I receive one?

- Pay only the amount listed on your EOB. Do not pay the higher amount on the hospital's bill.
- Contact Pathways Concierge immediately at 888-340-5487. They will advocate on your behalf and handle the next steps with the provider.

What is Reference Based Pricing (RBP)

Reference-based pricing determines provider payments by using an objective benchmark, such as **Medicare**, rather than the hospital's established billing rates.

PPO plans give you discount rates set by hospitals; however, they don't come close to VDHP's reference-based pricing.

VDHP plans negotiate set prices based this is called **Reference-Based Pricing** (RBP). See definition below.

Variable Pricing for a CT scan in the Midwest

	Average Billed Charges (set by hospital) – Think sticker price	Average Actual Cost of Service	Medicare Price	At a 50% Discount the PPO Pays	With a VDHP plan you would pay
Hospital A	\$2,003	\$102	\$150	\$1,002	\$180
Hospital B	\$3,627	\$166	\$158	\$1814	\$190
Hospital C	\$4,451	\$87	\$154	\$2,226	\$184

What is Reference Based Pricing (RBP)

Reference-based pricing determines provider payments by using an objective benchmark, such as **Medicare**, rather than the hospital's established billing rates.

Routine preventive for Adults

Appropriate screenings based on gender and age

- Lipid profile
- Diabetes
- Pelvic exam and pap testing
- Breast exam and mammogram
- Bone density testing
- Colonoscopy
- Aortic aneurysm

Routine preventive for Children*

Appropriate screenings based on gender and age

- Newborn visits
- Tuberculosis testing
- Anemia testing
- Development and behavior
- Depression
- Obesity and counseling
- Nutrition counseling
- Lipid Profile

*Birth to age 18



Ambulatory Surgery Centers (ASC)

What is an ASC?

An ASC is a health care facility that provides same-day surgical care. It is designed specifically for patients who are healthy enough to have a procedure and go home the same day, without needing an overnight hospital stay.

Key Advantages

Cost-Effectiveness

- **Lower Overhead:** Specialized facilities operate with less complex infrastructure than full-scale hospitals.
- **Reduced Patient Out-of-Pocket:** Procedures in ASCs typically cost **35% to 50% less** than the same procedure performed in a hospital.

Health Care Premiums Cost

- Greater use of Ambulatory facilities may help reduce overall claim costs, which can contribute to more favorable premium trends over time.

Enhanced Patient Experience

- **Efficiency:** Streamlined scheduling result in shorter wait times and quicker discharge.
- **Convenience:** Community-based locations are often easier to access than large hospital campuses.

Superior Clinical Outcomes

- **Lower Infection Rates:** Because ambulatory centers do not treat sick patients (ER/ICU), the risk of Healthcare-Acquired Infections (HAIs) is significantly reduced.
- **Specialized Teams:** Staff focus on a narrow range of procedures, leading to high-repetition expertise and better surgical precision.

Physician Autonomy

- Physicians have more control over surgical environments, equipment selection, and scheduling, which directly translates to better bedside care.



What about Specialists?

This philosophy also applies to specialists. The same care can carry a different price tag. Specialist fees vary significantly based on the **site of service**, even when the physician remains the same.

What about Lab work?

Using independent labs to get blood work or other lab work can **reduce costs down to \$0** for some routine bloodwork.

What is First Stop Health?

Is an all-in-one virtual care suite featuring **Primary Care**, **Mental Health**, and **Wellness Specialists**, all accessible 24/7 with **\$0 out-of-pocket costs**.

Who is Eligible?

Available to employees enrolled in Tradebe's health insurance & your immediate family members (even if they are not on our health plan).

To schedule go to:

<https://www.fshealth.com>; download the mobile app or call 888-691-7867

What services does First Stop Health offer?

Virtual Mental Health

Support for mental well-being anytime, anywhere.

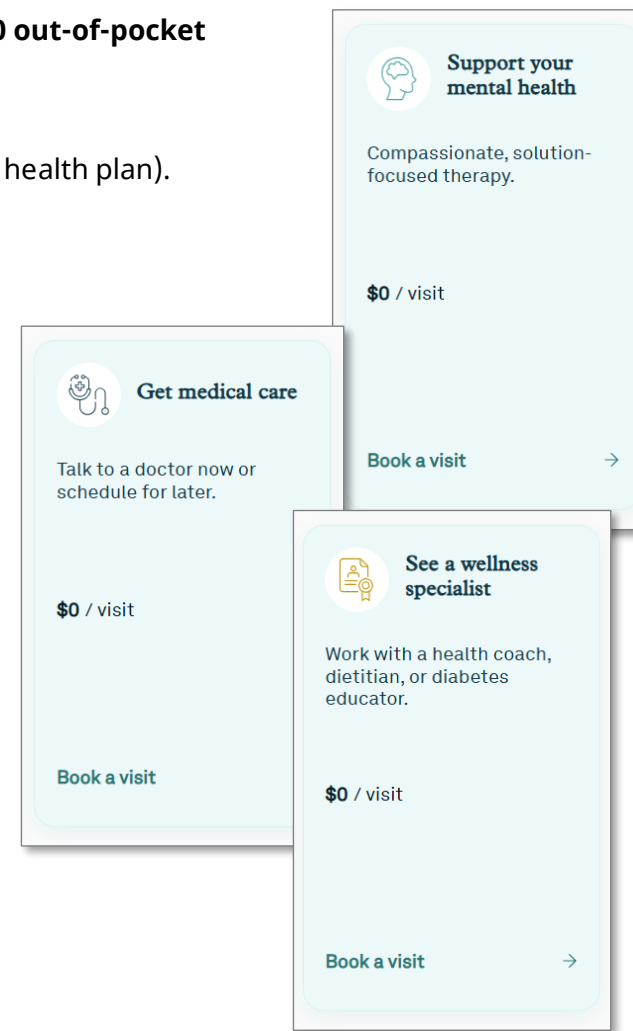
Virtual Primary Care

Support for urgent, chronic and preventive care.

- **Urgent Care:** 24/7 access to doctors who connect to patients within minutes.
- **Chronic Care:** Schedule virtual doctor visits for the management of ongoing health issues and care follow-up.
- **Preventive Care:** Schedule virtual doctor visits for routine screenings with coordinated care for lab, imaging and procedure orders.

Virtual Wellness Specialist

FHS provides dedicated wellness specialists, such as health coaches and registered dietitians, who provide personalized one-on-one guidance to help members reach their health goals.



Pharmacy Benefit

CVS Caremark

What is CVS Caremark?

CVS Caremark is your plan's **Pharmacy Benefit Manager (PBM)**. They handle everything related to your prescription drug coverage, including processing claims, managing a network of pharmacies, and negotiating lower costs for medications.

What is it used for?

- Find in network Pharmacies (Non-CVS pharmacies can also be in network)
- Check prices of drugs
- Search for alternative cheaper prescriptions to discuss with doctor
- This benefit also includes the **Maintenance Choice Program**

Maintenance Choice Program

Pay a **\$0 copay** when you fill a **90-day supply** of qualifying maintenance medications through mail order or an in-network retail pharmacy.

How to use?

Present your medical insurance card to an in-network pharmacy and enjoy the savings

How to sign up?

To view in network Pharmacies, sign up for an account at www.caremark.com

Once signed up you can utilize all the tools that CVS Caremark has to offer



Use your Medical Insurance card

While you can print out a CVS Caremark card you can also use your medical card when picking up prescriptions.



Maintenance Choice Program

\$0 Co-pay for 90 Day Supply on Generic Maintenance Medications

Website Tools

Find an in-network pharmacy

ZIP code or location

[Use my current location](#)

Price a Drug

Drug name or NDC ⓘ

Start typing to view and select an option.

ZIP code, address or location

[Use my current location](#)

[Get price](#)

Dental and Vision

Cigna Healthcare

Dental | Cigna Healthcare

Dental Plan Features

Services	Benefit (In Network & Out of Network)
Annual Deductible	Individual: \$50 Family: \$150
Annual Benefit Maximum per Person	\$1,500
Preventive Care Services (Cleaning, x-rays, etc.)	100%
Basic Services (Fillings, endo, perio, oral surgery)	80%
Major Services (Crowns, bridges, dentures, implants)	50%
Orthodontic for Children and Adults	50% up to \$1,500

Provider is Cigna Healthcare

Dental Rates (per week)	
Employee	\$4.23
Employee + Spouse	\$9.30
Employee + Children	\$7.61
Family	\$13.10

Need Dental Insurance Cards?

Find online at the plan provider website www.mycigna.com



Vision | Cigna Healthcare

Vision Plan Features

Benefit	In-Network Benefits	Out-of-Network Reimbursements	Frequency
Vision Exams			
Copay	\$20	N/A	12 Months
Exam Allowance (once per frequency period)	Covered 100% after copay	Up to \$45	12 Months
Vision Materials			
Materials Copay	\$20	N/A	12 Months
Single Vision Lenses Lined Bifocal Lined Trifocal	Covered 100% after copay	Up to \$32 Up to \$55 Up to \$65	12 Months
Contacts covered in lieu of frames	Up to \$130	Up to \$105	12 Months
Medically necessary contacts may be covered at a higher benefit level	Covered 100%	Up to \$210	12 Months
Frame Retail Allowance	Up to \$130	Up to \$71	24 Months

Provider is Cigna Healthcare

	Employee	Employee + Spouse	Employee + Children	Family
Vision Rates (per week)	\$0.96	\$2.11	\$1.73	\$2.97



Need Vision Insurance Cards?

Find online at the plan provider website www.mycigna.com



Spending Accounts

HSA, FSA, Dependent Care FSA

What is a Health Savings Account (HSA)?

An HSA is a bank account that allows you to contribute pre-tax dollars to pay for healthcare expenses (also reduces your taxable income).

Select what you want to be pulled out per check, **this can be changed anytime** by contacting your P&C representative.

Funds never expire and are 100% owned by you (portable between jobs).

Tradebe will contribute \$250 (individual plan) or \$500 (family plan) FREE every year for just having an account.

HSA bank sends the HSA card and setup directions to your home.

Eligibility Requirements to Contribute?

Must be enrolled in an HSA eligible High-Deductible Health Plan

Not be claimed as a dependent on someone else's tax return

Not be enrolled in Medicare

2026 Contribution Maximums (set by the IRS)

Individual	\$4,400
Family	\$8,750
Individual over-55 catch up	\$5,400
Family over-55 catch up	\$9,750

2026 Employer Contributions

Individual	\$250
Family	\$500

HSA Advanced Uses

Triple tax savings

- Tax-Free Contributions: Pre-tax contributions lower your taxable income
- Tax-Free Growth on investments: No capital gains taxes, taxes on interest/dividends
- Tax-Free withdrawals for money spent on qualified medical expenses

Age 65 rule

- Once you turn 65, the HSA essentially turns into a traditional IRA. You can withdraw funds for anything (not just medical) and pay only standard income tax on it without the 20% penalty

What can I use HSA/FSA funds on?

- **Deductibles**, Co-pays, and Co-insurance: Payments required by your High-Deductible Health Plan (HDHP).
- **Doctor and Specialist Fees**: Visits to a general practitioner, specialists (cardiologist, dermatologist, etc.), and surgeons.
- **Hospital Services**: Inpatient and outpatient care, including lab fees, X-rays, and imaging (MRI, CT scans).
- **Preventive Care**: Annual physicals, screenings (mammograms, colonoscopies), and immunizations (flu shots).
- **Treatments**: Physical therapy, chiropractic care, acupuncture, and psychological care/therapy.
- **Vision**: Eye exams, prescription eyeglasses, prescription sunglasses, contact lenses, contact solution
- **Dental**: Cleanings, exams, X-rays, fillings, root canals, dentures, and orthodontia.

What is a Flexible Spending Account (FSA)

An FSA operates by front loading a pre-tax contribution of money for Healthcare expenses. The Full annual amount is available Day 1.

Lock in your contribution at the beginning of the year. You will then have access to your frontloaded funds immediately.

Throughout the year funds will be pulled from your paycheck pre-tax (reducing your taxable income).

Example: If you want \$520 of FSA funds. Each weekly paycheck \$10 will be pulled

Unlike an HAS, this contribution **cannot be changed** unless there is a qualifying event after open enrollment, and **funds expire** on March 15 the following year.

WEX sends the FSA card along with directions to your home for how to setup.

FSA Contribution Maximums (set by the IRS) 2026	
Individual	\$3,400

Who Is Eligible to Contribute?

Full time employees

What can I use HSA/FSA funds on?

- **Deductibles**, Co-pays, and Co-insurance: Payments required by your High-Deductible Health Plan (HDHP).
- **Doctor and Specialist Fees**: Visits to a general practitioner, specialists (cardiologist, dermatologist, etc.), and surgeons.
- **Hospital Services**: Inpatient and outpatient care, including lab fees, X-rays, and imaging (MRI, CT scans).
- **Preventive Care**: Annual physicals, screenings (mammograms, colonoscopies), and immunizations (flu shots).
- **Treatments**: Physical therapy, chiropractic care, acupuncture, and psychological care/therapy.
- **Vision**: Eye exams, prescription eyeglasses, prescription sunglasses, contact lenses, contact solution
- **Dental**: Cleanings, exams, X-rays, fillings, root canals, dentures, and orthodontia.

Dependent Care Flexible Spending Account (DCFSA)

An DCFSA is an account that allows you to contribute pre-tax dollars to pay for childcare (12 and under) and eldercare services (also reduces your taxable income).

Lock in weekly contribution amount and then spend these funds to pay bills

Example: You want \$1040 of DCFSA funds. Each paycheck \$20 will be pulled

This amount can only be changed if you have a **qualifying event** after open enrollment such as starting daycare, ending day care, etc.

Funds expire on March 15 the following year.

WEX sends the FSA card along with directions to your home for how to setup.

Who Is Eligible to Contribute?

Full time employees

DCFSA Contribution Maximums (set by the IRS) 2026	
Single / Head of household	\$7,500
Married filing jointly	\$7,500
Married Filing Separately	\$3,750

Contribution limit is \$7500 per household*

How to use funds?

- **Auto pilot** – pay out of pocket and submit a recurring Dependent care request form one time. WEX can approve payments for a year.
- **Pay out of pocket** and file a claim for reimbursement
- **Use Wex card** to pay for child care expenses like a debit card

What can I use DCFSA funds on?

- **Care for children** ages 12 and younger claimed as qualifying dependents (e.g., babysitter, nanny, summer day camp)
- **Care for disabled** spouse or dependent of any age, including custodial care of adult dependent

Employer Sponsored Benefits

No Cost to Employees

What is Disability Insurance?

Disability benefits are through New York Life at no cost to the employee. These benefits provide income replacement once the applicable waiting periods have been met.

Short-Term Disability (STD)

Purpose: Income protection for temporary illnesses, injuries, or recovery

Cost: 100% employer-paid (provided at no cost to you)

Coverage: Provides weekly benefits after a 30-day waiting period

Long-Term Disability (LTD)

Purpose: Continued financial support for extended accidents or illnesses

Cost: 100% employer-paid (provided at no cost to you)

Coverage: Monthly salary protection if you are unable to return to work

Eligibility

Must be employed 12 months to be eligible



Short Term Disability Features	
Years of Service	Benefit Amount
1 - 2.99 Years	60%
3 - 5.99 Years	70%
6 - 8.99 Years	80%
9+ Years	100%
Weekly Benefit Maximum	\$2,500
Waiting Period*	Accident: 30 days Sickness: 30 days
Benefit Period	Up to 26 weeks

Long Term Disability Features	
Benefit Amount	60%
Monthly Benefit Maximum	\$10,000
Waiting Period	180 days

*except those covered under the East Chicago USW Collective Bargaining Agreement

What is Basic Life & AD&D Insurance?

Life insurance and AD&D insurance paid for by Tradebe at **NO COST** To you! This benefit is **100% Employer paid!**

The company provides basic life and Accidental Death & Dismemberment (AD&D) insurance to all eligible employees at no cost equal to one times your annual base salary with a minimum of \$25,000 and a maximum of \$50,000, or per applicable Collective Bargaining Agreement.

Coverage is automatic. You do not need to enroll.

- Guarantee Issue Amount – No Medical Questions
- Benefits reduce to 65% at age 65 and to 50% at age 70.



What is the USI Mobile App used for?

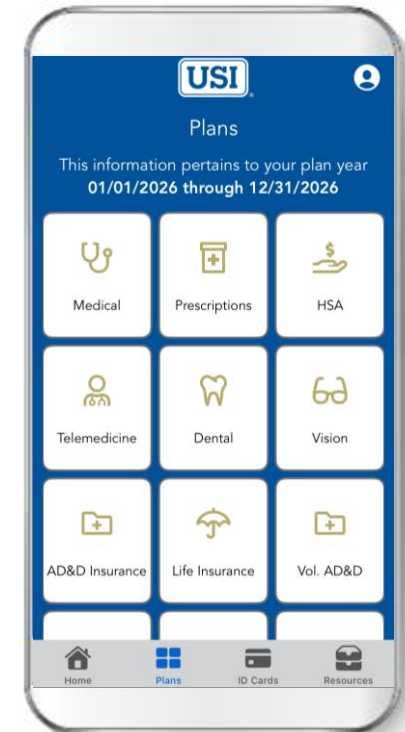
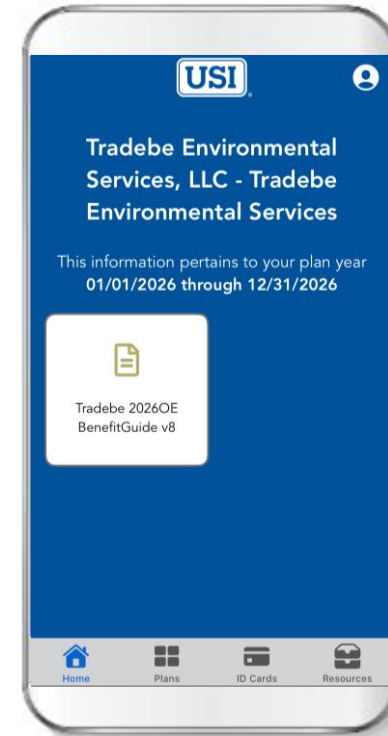
This is a free resource for you to access all of your benefits insurance policy details and contact information while on the go!

Highlights of the Mobile App:

- Upload Medical/Dental/Vision cards all in one place
- Receive the most updated plan information automatically
- Convenient contact information

How to get the MyBenefits2Go App?

1. Download MyBenefits2GO App from the app store
2. Use code **Y38512** to sign up



Save Big on....

- ✓ Travel
- ✓ Auto
- ✓ Electronics
- ✓ Apparel
- ✓ Movie tickets
- ✓ Education
- ✓ Entertainment
- ✓ Restaurants and so much more!!

Go to: <https://tradebe.benefithub.com/>

- ❖ Use the QR code to register
- ❖ Registration code: LVAKQZ

Questions: Call 866-664-4621 or email customercare@benefithub.com



TRADEBE
Environmental
Services

A World of
Discounts is Waiting...

**Save Big.
Every Day.**

Sign up for the Tradebe BenefitHub Perk Program!

**Enjoy discounts, rewards, and perks on 1,000s of brands
you love in a variety of categories:**

- Travel
- Apparel
- Entertainment
- Beauty & Spa
- Auto
- Local Deals
- Restaurants
- Tickets
- Electronics
- Education
- Health & Wellness
- Auto & Home Insurance

Hertz **LEGOLAND** **Office DEPOT** **Lenovo** **GROUPON** **Budget**

TrueCar **sam's club** **DELL** **GARMIN** **CityPASS** **AVIS**

It's easy to access and start saving!

1. Go to: <https://tradebe.benefithub.com/>
2. Not Registered? Click on link for "Don't have an account? Signup"
3. Complete Registration using Referral Code: LVAKQZ

Or scan here now!



What is the Employee Assistance Program?

- Short term counseling for you and your family – up to 5 free sessions
- Not contingent on Medical enrollment
- 100% Confidential
- 24/7 - 365 Toll Free Hot line
- # of visits depends on service
- Personalized coaching with licensed counselor on mobile or desktop
- Self-guided resources on web portal or mobile app
- Moderated group support sessions on an anonymous, chat-based platform

How to use it?

Call Curalinc at 888-881-5462 or go to www.mysupportlinc.com

Use username: tradebe

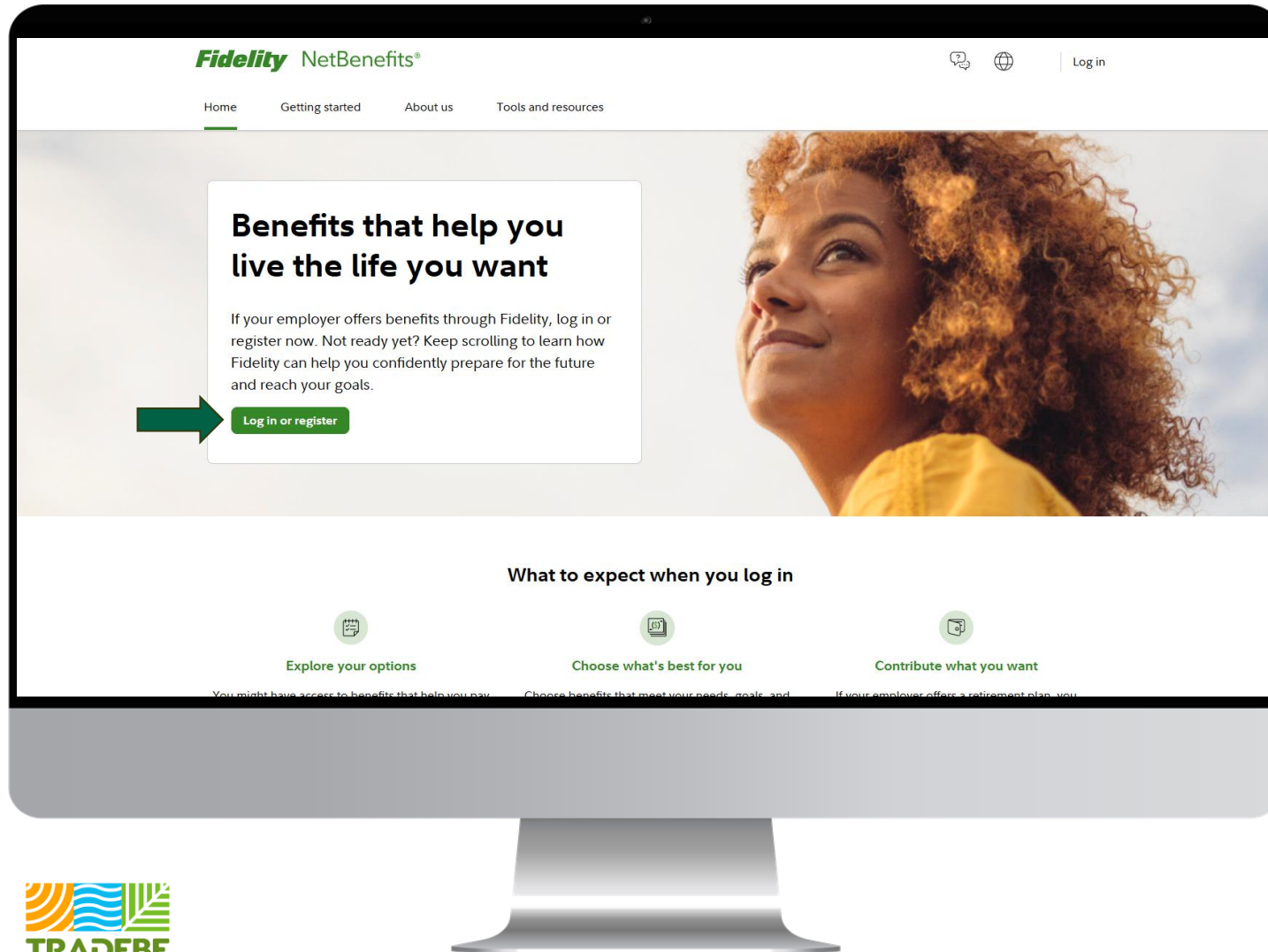
What can I get help with?

- Child-care referrals
- Elder care referrals
- Financial Advice
- Gambling Addiction
- Legal Advice
- Family/Personal counseling
- Grief/depression counseling
- Stress and Anxiety

Voluntary Benefits

Employee Funded

Enrolling in 401(k) | Fidelity



To Enroll: Visit 401K.com and register as a new user (if you have not used Fidelity before) or call 800-835-5097.

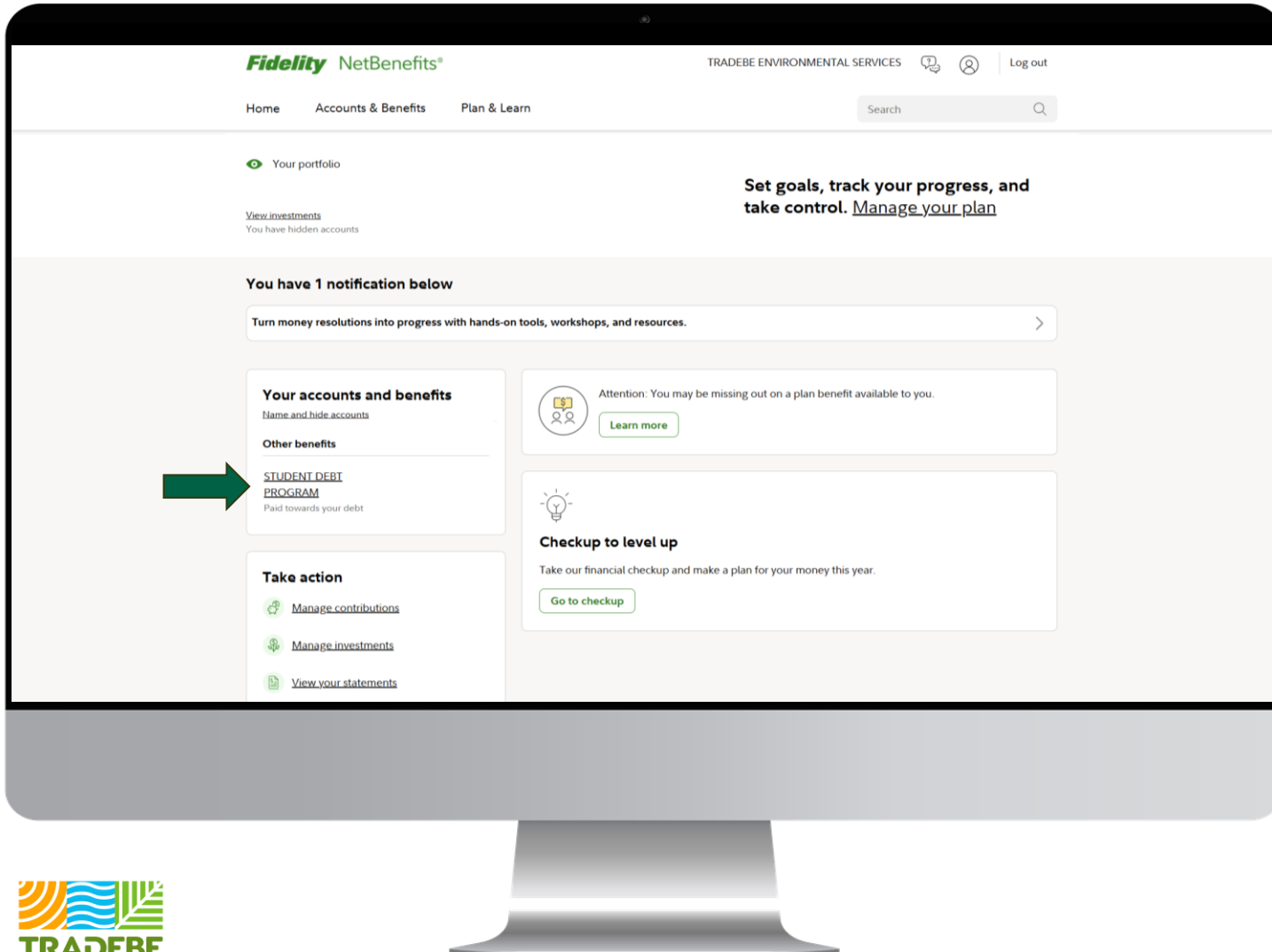
Contribution Amounts: All new hires are automatically enrolled at 5%. You can increase, decrease or opt out at any time* online or by calling 800-835-5097 once registered.

Eligibility: You are eligible to participate in our 401k program on your first day of employment.

Company Match: Company match begins after 6 months of employment. Current company match is **30% up to 20% of participants weekly compensation.**

Vesting:
100% vested immediately.

*Unless covered under certain Union contracts.



What is Tradebe offering?

Tradebe will contribute **\$100** a month for 24 months and then **\$150** per month for the following 36 months, for a total of **\$7800**

Eligibility Requirements?

Must work at least 30 hours a week, be employed at Tradebe for a minimum of 9 months, and not be covered under a collective bargaining agreement

How it works?

1. Log into www.401k.com
2. Click Student Debt Program
3. Provide loan provider information to Fidelity

What is Critical Illness Insurance?

Critical Illness Insurance through NY Life protects your family and assets when it matters most. If you or a loved one is diagnosed with a covered condition like cancer, heart attack, or stroke the **policy pays a lump-sum cash benefit** so you can focus on recovery, not finances.

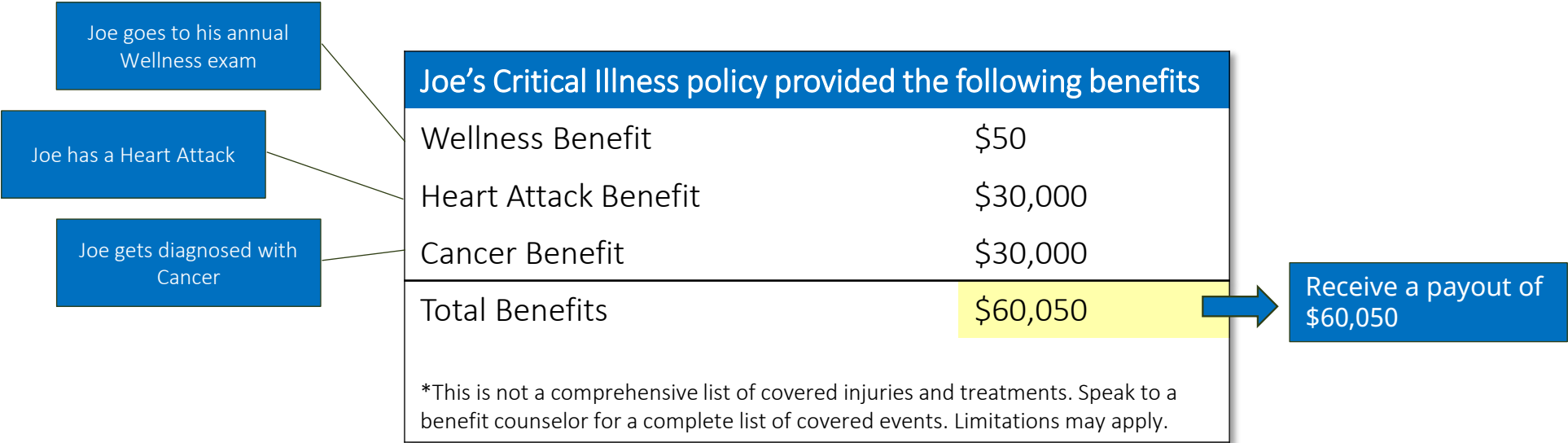
Plus, it includes a \$50 annual benefit for completing a qualified health screening.

Plan Details

- \$10,000, \$20,000 or \$30,000 Plans options available.
- Employee, Spouse and Children coverage available
- Tobacco rates apply – Employee and spouse
- Wellness benefit included
- Will see separate payroll deductions for EE, Spouse and Child elections

How the Coverage Works

Joe Meets with a counselor and elects \$30,000 of coverage.



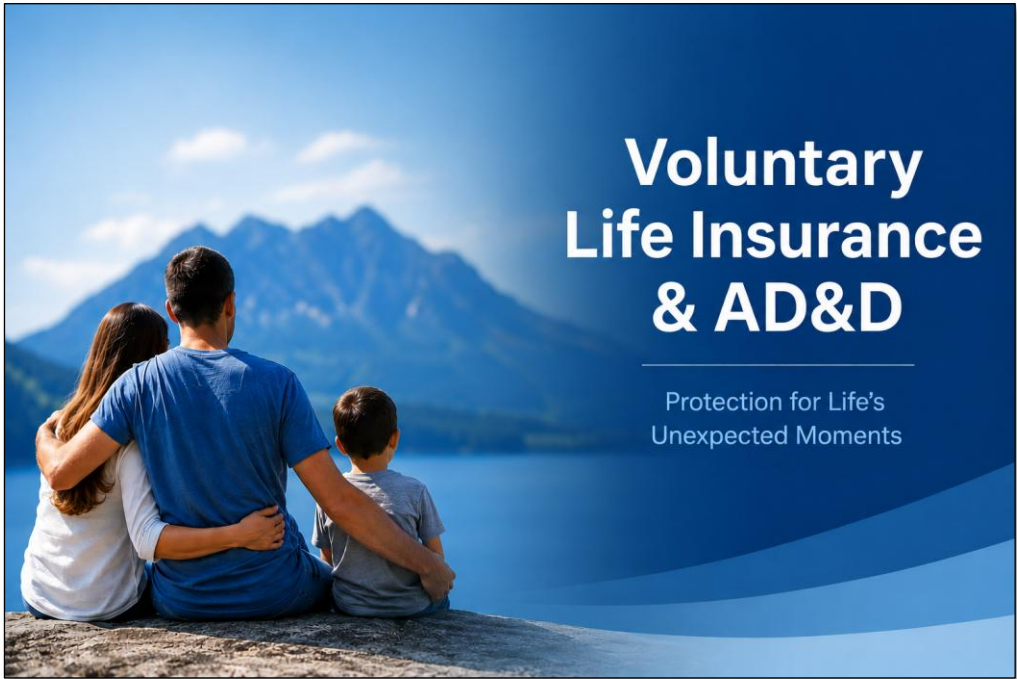
What is Voluntary Life & AD&D Insurance?

An extra layer of protection that pays out if you pass away or suffer a severe, life-changing injury (like losing a limb or eyesight) due to a covered accident.

If you enroll during Open Enrollment, you guarantee Issue Amount no medical questions asked up to \$250,000 for new hires

- Open Enrollment or outside new hire window subject to Evidence of Insurability (EOI)
 - Requesting increases to coverage
 - Newly adding coverage
 - Must fill out EOI form and return to NY Life
 - Children not subject to EOI if added

Employee must be enrolled to cover spouse and/or dependents



Voluntary Life and AD&D Insurance			
	Employee	Spouse	Child
Benefit Increments	\$10,000	\$5,000	\$10,000
Benefit Maximum	5x Salary or \$500,000, whichever is less	50% of employee election up to \$100,000	\$10,000
Guarantee Issue*	\$250,000	\$50,000	\$10,000
You may purchase additional Life AD&D insurance if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect. Benefits reduce to 65% at age 65; 50% at age 70. Speak with a benefit counselor for a customized rate!			

What is Accident Insurance?

Accident Insurance through New York Life is a supplemental, voluntary insurance policy used to:

- Help cover out-of-pocket costs for off-the-job accidents
- There are 2 Plan Options
- Plans can cover the Employee, Spouse and Children

What is Hospital Indemnity Insurance?

Hospital Indemnity Insurance through New York Life is another type of supplemental, voluntary policy used to:

- Help cover out-of-pocket costs for hospital stays
- There are 2 Plan Options
- Plans can cover the Employee, Spouse and Children

Example Accident Benefits*

	Low Plan	High Plan
Hospital Admission	\$1,000	\$1,000
Ground Ambulance	\$100	\$200
ER Treatment	\$100	\$200
Follow-up Visit	\$50	\$100
Physical Therapy	\$30	\$50

*This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.

Example Hospital Indemnity Benefits*

	Low Plan	High Plan
First Day Hospital Confinement Benefit *limit 4 per calendar year	\$500	\$1000
Daily Hospital Confinement Benefit *daily/max payable 30 days	\$200	\$200
Hospital Intensive Care benefit *daily/max payable days 15	\$200	\$200

*If the covered person is a newborn child, confinements due to birth are payable day 2 when the admission benefit is applicable: \$100 for up to 3 days.

*This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.

Pet Insurance

- Available during Open Enrollment or Qualifying Life Events
- Pay per covered pet

Base Plan	Details
Annual Deductible	\$300
Coinsurance	80%
Annual Limit	\$5,000
Age (Min/Max)	8 Weeks / 10 Years*
Benefit Waiting Periods	
Injuries	Waived
Illnesses	Waived
Orthopedics	6 Months
Pre-Existing Conditions	Covered after 12 months
Prior Coverage Credits+	Included

Additional Benefit Info		
Rehabilitation and Physical Therapy	Covers physical therapy, hydrotherapy, thermotherapy, and therapeutic massage	Subject to Deductible and Coinsurance
Inherited and Congenital Care	Covers diabetes, IVDD, luxating patella, osteoarthritis, spondylosis, hip dysplasia, and birth defects (Not available for Accident Only)	Subject to Deductible and Coinsurance and 30-day Benefit Waiting Period
Alternative and Behavioral Care	Covers acupuncture, chiropractic, homeopathy, herbal therapy, naturopathy, and vitamins/supplements (Behavioral Care not available for Accident Only)	Subject to Deductible and Coinsurance. Behavioral Care subject to \$1,000 Annual Limit and 14-day Benefit Waiting Period
Final Respects	Covers cremation and burial expenses	\$300 Limit Paid in excess of Annual Limit (Not subject to Deductible and Coinsurance)



What is Chubb Cancer Advocate plus?

Chubb Cancer Advocate plus is a program that combines financial protection with personalized, genetics-based medical support.

Beyond providing lump-sum cash benefits upon diagnosis and during recovery to help with out-of-pocket costs, it empowers you with proactive tools like hereditary cancer risk screening and pharmacogenomic testing to see how your DNA responds to certain medications.

Features

- Proactive Cancer Screening
- Genetic Counseling & Cancer Advocacy
- Pharmacogenetic Drug Response testing
- Clinical Trial Identification & Enrollment
- Genetic Tumor Testing
- Expert Medical Review
- Prevision Treatment Recommendation Report
- Dedicated Cancer Nurse Advocates
- Cash Benefits
- Cancer Recovery Support
- Recurrence Monitoring

Cancer Advocate Plus Pays Cash Benefits*	
Payment Upon Diagnosis of Cancer	\$5,000
Recovery Payment (6 Months After Diagnosis)	\$2,500
Recovery Payment (12 Months After Diagnosis)	\$2,500
Total Cash Payment	\$10,000
*Cancer Diagnosis must be on or after effective date for the benefits to be payable. This example is solely to illustrate a situation that can result in benefits payable for a claim. It is not based on an actual claim.	

MetLife and Aura Identity & Fraud Protection

To help safeguard against rising cybersecurity threats, enroll in MetLife Identity Protection to get proactive alerts for threats to your identity, accounts, and passwords, while shielding your family from spam and fraud.

What It Offers:

- ✓ 24/7 identity monitoring and alerts
- ✓ Dark web surveillance for compromised data
- ✓ Fraud detection across financial and personal accounts
- ✓ Social media and credit monitoring

Protection & Support:

- Up to \$1 million in identity theft insurance
- Dedicated U.S.-based restoration specialists
- Full-service recovery if your identity is stolen
- Lost wallet protection and replacement assistance

Why It Matters:

- Prevent financial loss and credit damage
- Gain peace of mind with proactive protection
- Quickly recover from identity theft incidents



Commuter Benefit | For Chicago Residents | RTA

What is the Commuter Benefit?

A Commuter transit program allows employees to set aside tax-free money to pay for Mass transit and qualified paid parking. Employees can use the **RTA Mastercard** and/or the **Ventra App** to participate in this benefit.

Fund Loading Deadlines

Please note the election benefit deadline operates a month in advance. Elections made before the monthly deadline will fund at the end of the current month, while missed deadlines delay funding until the end of the following month.



RTA Mastercard -> for Transit and Parking

The funds loaded are loaded onto 1 card with two different accounts.

*Please note you are required to create a Transit account and load a \$10.00 balance to create a Parking Account.

RTA Transit

- Metra, CTA

RTA Parking*

- Mobile parking apps
- Pace Park & Ride stations
- Parking garages where Mastercard is accepted

Any unused funds will be forfeited for these accounts



Ventra App -> for autoloading into Ventra App

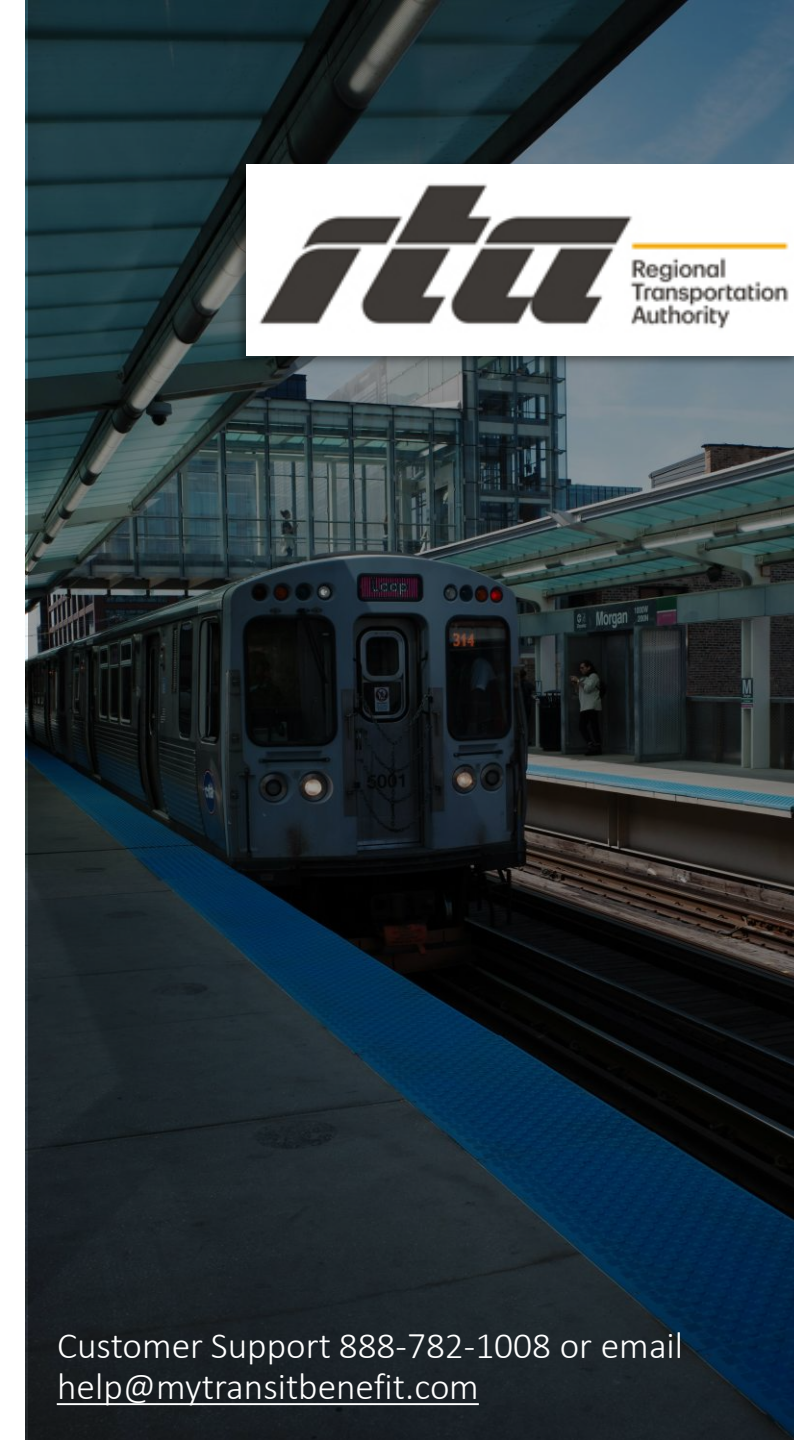
Use at

- Metra
- CTA
- Pace

Any unused funds are NOT forfeited

How to sign up?

- 1) Go to www.mytransitbenefit.com
- 2) Select Login at the top right and then select "Employee"
- 3) Select "New Employee" from the left side navigation
- 4) Use Company ID: **RCD2272** to register



Customer Support 888-782-1008 or email help@mytransitbenefit.com

Support and FAQs

Questions? We are here to Help!

If you have any questions about your benefits, please reach out. We're happy to help clarify information and provide support.

Need to Report an Issue?

Please also contact us if you notice any errors or if something doesn't seem to be working correctly.

Frequently Asked Questions

When do my benefits begin?

- New Hires: First of the month following 30 days of employment
- Open Enrollment: Complete your benefit selections in November for the upcoming year
- Qualifying Event: Date of the qualifying event

Where can I get my Medical/Dental/Vision cards?

- Medical cards will be shipped to your house. They can also be found online at www.hpitpa.com
- Dental/Vision cards are NOT shipped. They can be found online at www.mycigna.com



Name: Jennifer Wolfe
Title: People Services Manager
Phone: 219-798-5773
Email: Jennifer.Wolfe@tradebe.com



Name: Brendan Smith
Title: People Services Specialist
Phone: 708-815-0132
Email: Brendan.Smith@tradebe.com

Website

Full Info at Tradebe.MyBenefitsLibrary.com

Need Help?

Call Pathways Concierge: 888-340-5487

Pathways Concierge is your **personal advisor** to navigating your benefits plan. It offers personalized support for understanding benefits, resolving billing issues, locating providers, scheduling appointments, and accessing care.